

Bainlea House (2013) Limited - Bainswood on Victoria

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 Health and Disability Auditing New Zealand 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:	Bainlea House (2013) Limited
Premises audited:	Bainswood on Victoria
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 7 May 2019 End date: 8 May 2019
Proposed changes to current services (if any):	
Total beds occupied across all premises included in the audit on the first day of the audit:	54

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

Bainswood on Victoria is part of the Arvida Group. The service is certified to provide rest home and hospital level care for up to 57 residents. On the day of the audit, there were 52 residents.

There is a village manager (non-clinical) and clinical manager/registered nurse who manage Bainswood on Victoria and Bainslea House. Both are experienced in aged care management. They are supported by a care lead/registered nurse at Bainswood on Victoria and stable workforce. Family and residents interviewed all spoke positively about the care and support provided.

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

The service is commended for maintaining a continued improvement rating around a quality improvement project for reduction of falls.

This audit did not identify any areas requiring improvement.

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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Policies are implemented to support residents' rights, communication and complaints management. There are residents' meetings, and management promote an open-door policy. Complaints and concerns have been managed and a complaints register is maintained.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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The quality and risk management programme includes service philosophy, goals and a quality/business plan. Meetings are held to discuss quality and risk management processes. Residents/family meetings are held regularly, and residents and families are surveyed annually. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported. Falls prevention strategies are in place that includes the analysis of falls incidents. The service has an orientation programme that provides new staff with relevant information for safe work practice. An education and training programme has been implemented with a current training plan in place for 2019. A roster provides sufficient and appropriate coverage for the effective delivery of care and support.

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 registered nurses are responsible for each stage of provision of care. Initial assessments are completed by a registered nurse, including interRAI assessments.

Electronic care plans reviewed were based on the interRAI outcomes and other assessments. Allied health professionals provide input into residents' care. There is at least a three-monthly resident review by the medical practitioner.

The activity coordinator develops and implements a varied and interesting programme that includes entertainers and outings. Individual activity plans have also been developed in consultation with resident/family.

Medicines are stored and managed appropriately in line with legislation and guidelines. Annual medication competencies have been completed for staff responsible for medication administration. General practitioners review medication charts at least three-monthly or more frequently if needed.

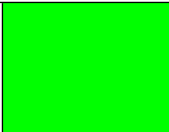
All meals are prepared on site. Resident's individual food preferences, dislikes and dietary requirements are met. The service has a current food control plan in place.

Safe and appropriate environment

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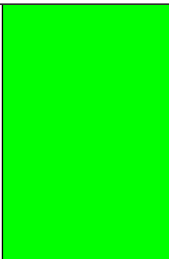
The building has a current warrant of fitness and a reactive and planned maintenance plan.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Bainswood on Victoria has restraint minimisation and safe practice policies and procedures in place. Staff receive training around restraint minimisation and the management of challenging behaviour. There were no residents using an enabler or with a restraint.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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The type of surveillance undertaken is appropriate to the size and complexity of both facilities. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated and reported to relevant personnel in a timely manner.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	16	0	0	0	0	0
Criteria	1	40	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 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The service has a complaints policy and procedure in place and residents and their family/whānau are provided with information on the complaints process on admission through the information pack. Complaint forms and advocacy brochures are available at the main entrance of the facility. Staff interviewed are aware of the complaints process and to whom they should direct complaints. A complaints register is maintained. There has been one written complaint in 2018 and none to date for 2019. The complaint documentation evidenced the complaint had been managed appropriately with acknowledgement, investigations and responses within the required timeframes. Residents and family members advised that they are aware of the complaints procedure and how to access forms.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment</p>	FA	<p>There is an open disclosure policy. Incident forms are entered into the eCase system which generates a monthly report and evidence if the family have been informed of an accident/incident. Thirteen incident forms reviewed for March 2019 identified family were notified following a resident incident. Interviews with the care lead/registered nurse (RN), one RN and one enrolled nurse (EN) confirmed family are kept informed on the resident's health status. Two relatives of hospital level residents interviewed confirmed they were notified of any changes in their family member's health status. Discussions with residents (three rest home and three hospital) and family members confirmed they were given time and explanation about services on admission. Interpreter services are provided if residents or family/whānau have difficulty with written or spoken English. Resident meetings occur every three</p>

conducive to effective communication.		months and family meetings occur every six months.
<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>Bainswood on Victoria is part of the Arvida Group. The service is certified to provide rest home and hospital (medical and geriatric) level care for up to 57 residents. All beds are dual purpose. There were 52 residents on the days of audit, 20 residents at rest home level and 32 residents at hospital level including one resident on an ACC contract. There were no other residents under the medical component and all other residents were under the ARC contract.</p> <p>The facility is managed by an experienced village manager, who has been in the role for six years. The village manager oversees two Arvida facilities including Bainlea House dementia care. She is supported by a clinical manager (previously at Bainlea House) who has been providing clinical oversight for the two facilities (Bainswood and Bainlea) for the past year. The clinical manager was on planned leave during the audit and the care lead/RN was providing clinical support for both facilities.</p> <p>The village manager provides a monthly report to the Arvida Group Support Office on a variety of operational issues and progress towards meeting the service quality goals. Arvida Group has an overall business/strategic plan and Bainswood on Victoria has an annual business plan February 2019-2020 in place. The organisation has a philosophy of care, which includes a vision, values and mission statement. The 2018 business plan has been reviewed. Goals for 2019 align with the Arvida living well model of care. Bainswood on Victoria is in the process of implementing the household model of care.</p> <p>The service has a quality and risk management system with associated policies and procedures. The quality plan includes objectives, policies and procedures, implementation, monitoring, quality risk and corrective action plans.</p> <p>The village manager has maintained at least eight hours of professional development in the past twelve months including attending an aged care managers workshop, one-day workshop on mastering performance conversations and attending an Arvida managers two-day conference, and health and safety training.</p> <p>The clinical manager also attended a workshop on mastering performance conversations, an aged care managers workshop and the Clinical Managers Forum. The clinical manager has maintained interRAI competency and completed annual medication competency.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has</p>	FA	<p>There is a quality plan that includes quality goals and risk management plans for Bainswood on Victoria. A quality coordinator is contracted for 16 hours per month to oversee and monitor contractual and standards compliance across the three local Arvida facilities (Bainswood on Victoria, Bainlea House and Bainswood House).</p> <p>The service uses the Arvida Group suite of policies, which meet all current requirements. Head office sends new/updated policies. Staff have access to the policy manuals.</p>

<p>an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>The village manager advised that she is responsible for providing oversight of the quality programme on site, which is also monitored at an organisational level. There are monthly leadership and risk management meetings where operational management is discussed including review of quality goals, organisational key performance indicators, trends and concerns and audit outcomes. Other meetings include staff meetings, RN meetings, kitchen, laundry and household meetings. There are combined quality/infection control/health and safety committee meetings. Meeting minutes are made available to staff. Interviews with staff confirmed that there is discussion about quality data at the various staff meetings.</p> <p>Data are collected in relation to a variety of quality activities (staff and resident accident/incidents, hazards, near misses, infection control, complaints and compliments and audit outcomes). Areas of non-compliance identified through quality activities are actioned for improvement. Restraint and enabler use (when used) is reported within the quality and clinical staff meetings.</p> <p>An internal audit schedule continues to be implemented and all issues identified had corrective action plans and resolutions. The quality coordinator maintains a corrective action register which is signed off when the corrective action has been completed. Senior staff interviewed could describe the quality programme corrective action process. Other staff interviewed stated they were informed on the outcomes of audits at the staff meetings (as evidenced in meeting minutes). Meeting minutes and graphs were displayed on the staff room noticeboard.</p> <p>Residents/relatives are surveyed annually to gather feedback on the service provided and the outcomes are communicated to residents, staff and families. The 2019 results demonstrate an improvement above the overall average for safety and security, care staff, individualised care, food services, activities, laundry and cleaning. Residents and relatives interviewed stated they were very happy with the services provided at Bainswood on Victoria.</p> <p>The service has a health and safety management system and policies that are regularly reviewed by the health and safety committee. There is a quality/health and safety/infection control committee including health and safety representatives who meet monthly. The village manager is the health and safety officer who has attended health and safety updates within the last year. Risk management, hazard control and emergency policies and procedures are in place. There is a current hazard register available to all staff. Care staff interviewed, including one health and safety representative, are made aware of upcoming meetings and any staff concerns are raised and outcomes fed back to staff.</p>
<p>Standard 1.2.4: Adverse Event Reporting All adverse, unplanned, or</p>	<p>FA</p>	<p>There is an accidents and incidents reporting policy. All incidents are entered into the eCase system with a monthly report with end of the month analysis. The clinical manager investigates accidents and near misses and provides a detailed monthly analysis and trends of incident/accidents. There is a discussion of incidents/accidents at staff meetings, including actions to minimise recurrence. A registered nurse conducts clinical follow-up of residents. Thirteen incident forms reviewed demonstrated that all appropriate clinical follow-up and investigation had occurred following incidents. Appropriate care and support has been provided by caregivers and registered nurses post</p>

<p>untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>		<p>incident including neurological observations in four of four incident/accident forms for unwitnessed falls. Discussions with the village manager and care lead confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. There were no critical incidents to report. There have been no outbreaks.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. This includes that the recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. A register of practising certificates is kept for RNs, ENs and allied health professionals including the GPs. Six staff files were reviewed (one clinical manager, one registered nurse, one enrolled nurse, two caregivers, one diversional therapist) and there was evidence of reference checks and other documentation related to employment. Annual staff appraisals were evident in five of six staff files reviewed. One staff member was recently employed. The service has an orientation programme (on-line and on-site) that provides new staff with relevant information for safe work practice. Staff interviewed were able to describe the orientation process and stated that they believed new staff were adequately orientated to the service.</p> <p>The in-service education programme for 2018 has been completed and the plan for 2019 is being implemented. A training calendar is sent out from the support office. The organisation has developed online "Altura" modules which covers the mandatory training requirements. Staff are required to complete modules over a set timeframe. There are "live" trainings on-site with a speaker arranged to provide education. The physiotherapist and physiotherapy assistant complete safe manual handling competencies for all staff. Twice monthly palliative care courses are held at the hospice. Discussions with the caregivers and the RNs confirmed that ongoing training is encouraged and supported by the service</p> <p>Staff are supported to complete Careerforce level one and two which is processed at the support office. Level three and four are completed through the open polytechnic.</p> <p>There are five interRAI trained RNs, plus the clinical lead and clinical manager.</p>
<p>Standard 1.2.8: Service Provider Availability</p>	<p>FA</p>	<p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. The village manager and the clinical manager work full-time. between the two Arvida facilities (Bainswood on Victoria and Bainlea House). The clinical manager and the care lead share the on-call requirement. There are two wings of</p>

<p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>		<p>dual-purpose beds. Ivory wing has 27 beds and Victoria wing has 30 beds. In the day of audit there were 25 residents (15 hospital and 10 rest home) in Ivory wing and 27 residents in Victoria wing (17 hospital and 10 rest home).</p> <p>The care lead works from 0800 – 1630 Sunday to Wednesday. There is an RN in both wings on morning and afternoon shifts and one RN on night shift.</p> <p>Caregivers on duty are as follows for Ivory wing; two on the full morning shift and three caregivers finishing at 1330. On afternoon shift there are four caregivers with two on the full shift, one finishing at 2100 and one from 1700 – 2200. There is one caregiver on night shift with the night RN covering both wings.</p> <p>Caregivers on duty are as follows for Victoria wing; two on the full morning shift and two caregivers finishing at 1330. There is a caregiver on duty from 0700 – 1130 that can be extended as needed due to increased resident acuity or increased occupancy. On afternoon shift there are four caregivers with two on the full shift, one finishing at 2100 and one from 1700 – 2100. There are two caregivers on night shift.</p> <p>There are designated activity staff, food services, housekeeping and laundry staff.</p> <p>Residents and families interviewed advised that there is sufficient staff on duty to provide the care and support required.</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>There are policies and procedures in place for all aspects of medication management, including self-administration. Registered nurses and enrolled nurses administer medications. Qualified nurses for medication administration have completed annual medication competencies. Senior caregivers' complete competencies for medication checks. Registered nurses have completed syringe driver training. Medications (blister packs) are checked on arrival by the night shift RN and any pharmacy errors recorded and reported to the supplying pharmacy. There was one rest home resident self-medicating on the day of audit. The resident had a self-medication competency which had been reviewed three monthly by the GP. There was documented evidence of monitoring of medication administration and safe storage of medications in the resident's room.</p> <p>There is a bulk supply order for hospital residents only. The supply is checked regularly for expiry dates. All eyedrops had been dated on opening. The medication fridge is monitored daily, and temperatures were within acceptable limits. There is standing orders in place that meet requirements and has been reviewed by the GPs annually.</p> <p>All medication charts are paper-based. Ten medication charts and administration sheets were reviewed. All were legible and medication charts had been reviewed three monthly by the GP. 'As required' medications had indications for use. The effectiveness was reported in the progress notes. One RN and one EN was observed administering medications and practice was observed to be compliant with policy.</p>

<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>Bainswood on Victoria has a commercial kitchen where all food is prepared and served. The service employs three cooks to cover the seven-day week. The cooks are supported by morning and afternoon kitchenhands. All staff have completed food safety hygiene and chemical safety. The service obtained a current food control plan. The four weekly Arvida menu has been reviewed by a dietitian and reflects the resident preferences and resident choice. There are buffet breakfasts. The main meal is in the evening. Special diets and dislikes are accommodated. Modified diets are provided. The cooks receive resident dietary profiles. Meals are served directly to residents in one dining room and plated and transported in hot boxes to the second dining room and resident rooms.</p> <p>Daily monitoring for fridges, freezers, chiller, dishwasher wash and rinse cycles, delivery of goods, end cooked food and serving temperatures are recorded. A cleaning schedule is maintained. All containers in the pantry and perishable goods were dated. Staff have access to a night fridge with snacks available for residents.</p> <p>Residents and families interviewed, expressed satisfaction with the food service and can provide feedback through a food survey and at resident and relative meetings. The cook visits residents and receives feedback from resident meetings and surveys. The 2019 survey results around the food service, meals and dining experience has improved above the overall rating for Arvida.</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>When a resident's condition changes the RN initiates the appropriate monitoring, a GP consultation or nurse specialist referral. The relevant care plan and work log is updated to reflect the resident's current health status. Relatives are notified (as evidenced in electronic progress notes) of any resident changes to health including infections, medication changes, incidents, GP visits and care plan updates. Family members interviewed expressed satisfaction with the clinical care and that they are notified of any health changes and involved in care and medical decisions.</p> <p>Caregivers and the RNs interviewed stated there is adequate equipment provided including continence and wound care supplies. Wound assessment forms and ongoing assessment and treatment forms are generated on the eCase system for all wounds (including abrasions, skin tears, venous ulcers and pressure injuries). There were three residents (one rest home and two hospital) with facility acquired pressure injuries on the day of audit (one stage one and two stage two). The GP and wound nurse have been involved in non-healing and more complex wounds.</p> <p>Monitoring occurs for weight, vital signs, blood glucose, neurological observations, pain, re-positioning, behaviour and food and fluid. The frequency of monitoring is determined by the RN, generated on the worklog and signed as completed. The RN reviews all progress notes at least weekly.</p>

<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>There is an activity coordinator who has been in the role two months who works from 0800 - 1600 Tuesday to Saturday. She is supported by an activity assistant for 25 hours a week Monday to Friday. The activity programme is planned in advance and residents have copies in their rooms with the current week displayed throughout the facility. The programme has integrated activities including (but not limited to); newspaper reading, exercises, walks, quizzes and word games, bowls and weekly happy hour with entertainment. On days where there are two activity staff, there are activities occurring in both lounges. The service has a van and car for weekly drives/outings. The weekly knitting group is taken by a caregiver. The physiotherapy assistant is involved in resident exercises and walks. Community visitors include speakers, Lions, RSA, church groups/services, school children and day care children and inter-home challenges. One-on-one time is spent with residents who prefer to stay in their room.</p> <p>Residents have an assessment completed over the first few weeks after admission, obtaining a complete history of past and present interests, career, family etc. A leisure care plan and social activity is completed for each resident.</p> <p>Resident meetings and surveys provide residents and relatives an opportunity to provide feedback on the activity programme. Residents and relatives interviewed were satisfied with the activities provided. Residents were observed participating in activities on the days of audit.</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>Care plans are evaluated by the registered nurse six monthly or earlier due to changes in resident's health status. Four of five care plans (including the ACC resident) reviewed had been updated following a six-monthly evaluation in consultation with the resident/relative (as appropriate). Care plan evaluations identified if the resident goals had been met or unmet. The family are notified of GP visits and care plan evaluations by phone/email and if unable to attend, they are informed of all the changes. There is at least a three-monthly medical review by the medical practitioner. The family members interviewed confirmed they are invited to attend GP visits. Progress notes are updated as health changes. Registered nurse input and follow-up and review after significant events and health changes are evident in the progress notes.</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>The building has a current building warrant of fitness which expires 1 March 2020. The building is well maintained. The dining room has been upgraded to accommodate buffet breakfasts. All beds are now electric with posture temp mattresses.</p>

<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the Arvida infection control manual. Infection events are entered into the eCase data base. All infections are based on the standard definition of signs and symptoms for infections. A monthly infection register is generated with an end of month trends and analysis. This data is discussed at staff meetings. Meeting minutes with infection event reports attached are made available to staff. Outcomes and actions for infection rates above the key performance indicator for Arvida group are implemented and monitored for effectiveness.</p> <p>There have not been any outbreaks since the previous audit.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>There is a restraint policy and manual with associated procedures and templates. The policy states that the use of restraints is used as last resort. Restraint education is included in the annual education planner. The restraint approval group meet annually to review policies and procedures. At the time of audit there were no enablers or restraints in use.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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
Criterion 1.2.3.6 Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.	CI	Data is collected in relation to a variety of quality activities including infection rates, hazards and resident incident/accidents. The service has continued to monitor falls and implement interventions that has led to a downward trend over the past year.	The service has implemented a quality improvement project to reduce falls. Falls statistics are analysed and trended to location and time of day and post falls assessments to ensure the resident level of care and supports are being met. The GP is notified, and the resident medication reviewed, and clinical risks eliminated or identified and treated. Falls prevention strategies are implemented including sensor mats, hip protectors, call bells within reach, uncluttered room and good fitting footwear. The physiotherapist completes resident assessments and individual mobility and transfer plans. Residents are encouraged to participate in the morning exercise programme. There is continuing education in falls prevention. Near miss reports have increased and are investigated to implement interventions for residents identified at risk. There is one-on-one communication with at risk residents and their families to raise awareness around falls prevention, including good fitting footwear and the purchasing of hip protectors. In 2017 there were 136 falls (including near misses) compared to 119 in 2018. There have been 25 falls for the first quarter (January to April) for 2019 which demonstrates a downward trend to date for 2019.

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End of the report.