

# Avon Lifecare Limited - Avon Life Care

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## Introduction

This report records the results of a Partial Provisional 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:

<b>Legal entity:</b>	Avon Lifecare Limited
<b>Premises audited:</b>	Avon Life Care
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 17 April 2020    End date: 17 April 2020
<b>Proposed changes to current services (if any):</b>	Virtual Partial Provisional audit in respect of changing 31 rest home beds in Holdsworth House rest home to dual-purpose. Holdsworth House is a stand-alone building that is part of Avon Lifecare and connects to the rest of the service (hospital and dementia units) by a walkway.
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	89



# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Avon Lifecare has been privately owned since January 2019. The owner/director also operates another local aged care facility. Avon Lifecare provides care for up to 90 residents across rest home, hospital and dementia service levels. On the day of audit there were 89 residents.

A virtual partial provisional audit was completed in respect of changing 31 rest home beds in Holdsworth House rest home to dual-purpose. Holdsworth House is a stand-alone building that is part of Avon Lifecare and connects to the rest of the service (hospital and dementia units) by a short external walkway. This audit was completed remotely with a live-streamed video tour of the environment, review of documentation and interview with the manager.

The facility manager is an RN with many years of management experience in the aged care sector. She is supported by a clinical manager and two unit coordinators.

There is an implemented transition plan around configuring Holdsworth House. The business operations plan for 2018-2020 includes operational objectives.

This audit verified Holdsworth House as suitable to provide dual-purpose level care.

## 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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## Organisational management

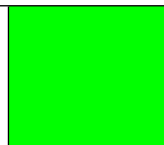
Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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There is a current quality plan and transition plan around the increase in bed numbers. The clinical manager oversees the service in the absence of the facility manager. The owner visits daily and is very supportive of the management team.

There are human resources policies including recruitment, selection, orientation and staff training and development. The service has in place an orientation programme that provides new staff with relevant information for safe work practice. An annual education schedule is being implemented and includes all required topics. A draft roster provides sufficient and appropriate coverage for the effective delivery of care and support and can be adjusted for support acuity level.

## 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.



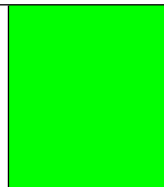
Standards applicable to this service fully attained.

Medication policies reflect legislative requirements and guidelines. The service utilises an electronic medication system. There is a secure treatment room in the rest home. Registered nurses and senior healthcare assistants responsible for administration of medicines complete education and medication competencies.

All meals and baking are prepared and cooked on site. The kitchen has been renovated and upgraded since the last audit. The kitchen is adjacent to the dining room. Residents' food preferences and dietary requirements are identified at admission. Special dietary requirements and dislikes are accommodated.

## 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.

Documented processes for the management of waste and hazardous substances are in place. There is a locked sluice room in Holdsworth House that includes a sanitiser. There are secure cleaners' rooms. Safety data sheets and product information is readily available.

Holdsworth House is a stand-alone facility and has a current building warrant of fitness. The fulltime maintenance person implements the reactive and preventative maintenance plan. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade. Resident bedrooms are personalised with access to either full ensuites or communal


facilities. Each resident room is large enough for mobility equipment and has appropriately located call bells. There is an equipment list developed for the increased hospital beds and equipment has been purchased for the increase in hospital beds.

Holdsworth House has a large open plan lounge and two smaller lounges including a library area. There are a number of sitting alcoves. There is a separate dining room adjacent to the kitchen.

Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place. Documented systems are in place for essential, emergency and security services. There is a staff member trained in first aid on duty at all times.

The facility is appropriately heated and ventilated.

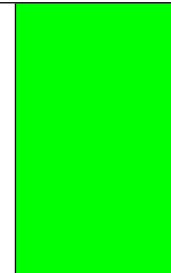
## Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Restraint minimisation and safe practice policies and procedures are in place to guide staff in the use of an approved enabler and/or restraint. Policy is aimed at using restraint only as a last resort. Staff receive regular education and training on restraint minimisation. There were no residents using enablers or 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.

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. A unit coordinator/registered nurse is the infection control coordinator. The service has implemented strategies around managing Covid-19. There is sufficient supplies of personal protective equipment.



## 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)
<b>Standards</b>	0	16	0	0	0	0	0
<b>Criteria</b>	0	36	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	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 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Avon Lifecare provides rest home, hospital (geriatric and medical) and secure dementia levels of care for up to 90 residents. There are 20 dementia beds in the secure Deans House, 31 rest home level beds in Holdsworth House and 39 hospital level beds in Avon House (all dual-purpose beds).</p> <p>On the day of the audit there were 89 residents. This included 29 hospital and 10 rest home residents in Avon House including one YPD resident. There were 20 residents assessed at dementia level care in Deans House including one funded through mental health services. There are 30 rest home residents in Holdsworth House including a resident on an LTS-CHC contract.</p> <p>To support medical level care there are two GP practices that work with the service. Both visit the services weekly and as needed. There is a contracted physiotherapist contracted for 3 hours a week currently and this will be increased as needed. There is a contracted dietitian and link to a local hospice for support.</p> <p>This virtual partial provisional audit was completed in respect of changing 31 rest home beds in Holdsworth House rest home to dual-purpose. Holdsworth House is a stand-alone building that is part of Avon Lifecare and connects to the rest of the service (hospital and dementia houses) by a short external walkway. This audit was completed remotely with a live-streamed video tour of the environment, review of documentation and interview with the manager. This audit verified Holdsworth House as suitable to provide dual-purpose level care.</p> <p>There is an implemented transition plan around configuring Holdsworth House. The business operations plan for 2018-2020 includes operational objectives. The monthly quality meetings sighted identified that the annual quality</p>

		<p>improvement and business plan progress is reviewed monthly through the meeting. The owner visits daily and is very supportive of the management team. There are daily management meetings that the owner attends where able.</p> <p>The facility manager is an RN with many years of management experience in the aged care sector. She has maintained a minimum of eight hours of professional development per year relating to the management of an aged care facility. There is a clinical manager (CM) that commenced September 2019. The CM has many years' experience in the role and in aged care. There is a weekend manager (DT) with many years' experience in management.</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>	FA	<p>There is a clinical manager who is responsible for clinical operations in the absence of the facility manager. The owner assumes administrative responsibilities in the absence of the facility manager.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>Human resources policies are in place, including recruitment, selection, orientation and staff training and development.</p> <p>The orientation programme provides new staff with relevant information for safe work practice that is specific to the job role. There is a competencies and orientation register that monitors that all orientation documentation and annual competencies are up to date. The register (sighted) identified the following (but not limited to) annual competencies are up to date (restraint, moving &amp; handling, medication, infection control, syringe driver(RN), infection control).</p> <p>The facility manager advised that they currently have enough overall staff to manage an increase in hospital residents in Holdsworth House. Further staff will be employed as numbers increase. There are sufficient RNs to provide 24/7 cover in both Holdsworth House and Avon House.</p> <p>Ongoing training is offered to all staff that meets contractual obligations. The service uses a combination of on-line training, guest speakers, in-service training and additional training is also provided through staff meetings. The 2019</p>

		<p>and 2020 education plan was reviewed. A register of current practising certificates for health professionals is maintained.</p> <p>There are 12 RNs in total including the clinical manager, and 9 are interRAI trained.</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>The staffing policy aligns with contractual requirements. The facility manager (RN) and clinical manager are on site five days a week and on-call when not available on site 24/7. A business manager is available on call for non-clinical related issues.</p> <p>There are two unit coordinators (RNs). One unit coordinator oversees the hospital residents (Avon Houses) and one oversees the rest home (Holdsworth House) and dementia level residents (Deans House). One is on duty Monday to Friday and the other works Sunday to Thursday. Staffing is flexible to meet the acuity and needs of the residents.</p> <p>The current roster for the service includes:</p> <p>Hospital (29 hospital level residents' and 10 rest home on the day of audit).</p> <p>AM; unit coordinator (RN) and two RNs and eight HCAs (four long and four short shifts). PM; one RN and six HCAs (three long and three short shifts). Night; one RN and two HCAs.</p> <p>Dementia Deans House (20 residents).</p> <p>AM; two long shifts. PM; one long shift and one short shift. At night there is one HCA.</p> <p>Rest home Holdsworth House (30 rest home residents).</p> <p>AM; two HCAs, PM; one long shift and one short shift HCA, Night; one HCA.</p> <p>A unit coordinator is also rostered full time and covers Deans House and Holdsworth House.</p> <p>An initial draft roster has been developed for up to (5 hospital and 25 rest home).</p> <p>An RN is rostered across each shift.</p> <p>The RNs are supported by three HCAs on a morning shift; two HCAs on the PM shift and two HCAs at night.</p> <p>There is a DT across seven days in Holdsworth House. Two other DTs are rostered across the other two houses.</p> <p>The roster can be adjusted to support resident acuity levels.</p>
<p>Standard 1.3.12: Medicine</p>	FA	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. There is a treatment room in each of the three areas. The treatment room in Holdsworth House is key padded and supports hospital level care. Medication room and fridges temperatures are monitored daily (records sited). Clinical</p>

<p>Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>staff who administer medications (RNs and senior healthcare assistants) have been assessed for competency on an annual basis. Education around safe medication administration has been provided. The RN checks incoming medication blister packs against the electronic medication chart. The service implements an electronic medication system. Advised that a medication verification form is signed when the packs have been checked. Impress stock including antibiotics is maintained in the current hospital unit. Standing orders are not used. Processes are in place to support self-medicating where the resident is deemed competent. The pharmacist visits weekly and is readily available for any advice or support. Medication internal audits monitor implemented processes.</p> <p>There are two GP practices that work with the service. Both visit the services weekly and as needed.</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>	FA	<p>The service employs two cooks and five kitchenhands to prepare and cook all meals on site. All have completed food safety certificates. There is a summer and winter menu that has been reviewed by a registered dietitian (20 June 2019) who also provides dietetic input around the provision of special menus and diets where required. The cook receives a resident dietary assessment completed by the RN for all residents and is notified of any dietary changes or weight loss. Dislikes, food allergies and cultural requirements are accommodated. The kitchen is adjacent to the dining room in Holdsworth House and meals are served from the kitchen bain marie to the residents. Meals are delivered to the hospital and dementia unit serveries in hot boxes. Specialised utensils and lip plates are available to assist residents with independence at mealtimes.</p> <p>The kitchen was renovated and upgraded in 2019. The chiller, fridge and freezer temperatures are taken and recorded daily. End-cooked food temperatures and serving temperatures are taken and recorded at each meal. There is a Food Control Plan in place which was verified 1 April 2020.</p> <p>Feedback on satisfaction with meals is obtained from residents through resident meetings and satisfaction surveys.</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,</p>	FA	<p>Documented processes for the management of waste and hazardous substances are in place. There is a locked sluice room in Holdsworth House that includes a sanitiser. Chemical bottles sighted have correct manufacturer labels. There are secure cleaners' rooms. Safety data sheets and product information is readily available. Personal protective clothing is available for staff in the sluice room. Staff have completed chemical safety training. There is a chemical spills kit available. The facility is currently in lockdown to visitors. There is a Covid-19 policy/procedure currently in place and sufficient supplies of PPE.</p>

infectious or hazardous substances, generated during service delivery.		
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>There are two separate buildings. Holdsworth House is currently a 31-bed rest home facility. The 39-bed hospital unit and 20 bed dementia unit are in one building. The buildings are connected by an external walkway (not currently covered). The owner/director advised they intend to close-in the covered walkway so it will be a corridor between the two buildings.</p> <p>Both buildings have a current building warrant of fitness that expires 1 April 2021. The business manager oversees property and maintenance. There is a full-time maintenance person (qualified builder) who is responsible for the daily maintenance and planned maintenance across both buildings.</p> <p>There is a reactive and preventative maintenance plan. The planned maintenance schedule has been completed to date and includes indoor, outdoor and equipment (wheelchairs, hoists, electric beds) maintenance. There are essential contractors available 24 hours. Electrical equipment has been tested and tagged (sighted). Hot water temperatures in resident areas are monitored and maintained below 45 degrees Celsius (sighted).</p> <p>Each resident room viewed virtually had an external window, was spacious enough to provide an increased level of care and had appropriately located call bells. In 2019, the owners had refurbished most areas within the facility including, painting, new carpets and furniture, new reception area in the main foyer, new nurses' stations in the hospital and dementia unit, new hairdressing salon, new dining room in the dual-purpose wing for rest home residents, new dining room in the dementia unit and LED lighting throughout the facility.</p> <p>In Holdsworth House, there are wide enough corridors with handrails. There is sufficient space for residents to safely mobilise using mobility aids. There is a nursing station and staff rooms. There is safe access to the internal courtyard and gardens. Seating and shade is provided in the outdoor courtyard.</p> <p>There is an equipment list developed for the increased hospital beds. Equipment such as (but not limited to) hospital beds, hoists etc have been purchased for up to five residents. Further equipment will be purchased as needed.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate</p>	FA	<p>Toilet and shower facilities are of an appropriate design to meet the needs of the residents. Sixteen rooms have full ensembles. One wing of 15 rooms have handbasins only. In that wing, there are two mobility communal bathrooms (showers/toilets) and two stand-alone toilets. All are suitable for mobility equipment and have locks for privacy. Communal toilets are located near the dining area.</p>

<p>toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>		
<p>Standard 1.4.4: Personal Space/Bed Areas  Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>Residents have personalised their rooms as viewed virtually on the day of audit. The rooms in the rest home are single. All rooms have adequate space to safely manoeuvre mobility aids and transferring equipment such as hoists in the resident bedrooms.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining  Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>Holdsworth House has a large open plan lounge and two smaller lounges including a library area. There are a number of sitting alcoves. There is a separate dining room adjacent to the kitchen. The lounges and dining room are spacious enough for hospital residents and increased mobility equipment such as lazy boy chairs.</p> <p>There is easy access to the internal courtyard/garden from the lounge.</p>

<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>There is a laundry room in Holdsworth House where all laundry is completed for the residents at this house. There is an entry and exit door and defined clean/dirty area within the laundry. There is adequate ventilation and external windows and good workflow within the laundry. HCAs do the laundry at Holdsworth House, there are plans to change this as hospital numbers increase.</p> <p>There is a dedicated cleaner on duty in Holdsworth House daily across seven days. Cleaning trolleys in each unit are well equipped and kept in locked cleaners' cupboards when not in use. All staff have completed chemical safety training (last February 2020). The service conducts regular reviews and internal audits of cleaning and laundry services to ensure these are safe and effective. The chemical provider monitors the effectiveness of laundry and cleaning processes.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>Emergency and disaster policies and procedures and a civil defence plan are documented for the service. Fire drills occur every six months (at a minimum) with the last fire drill taking place on November 2019. There is a New Zealand Fire Service approved evacuation scheme. There have been no changes to the current Holdsworth House building and therefore no changes required to the evacuation procedure. The orientation programme and annual education and training programme includes fire and security training. Required fire equipment was sighted in various areas of the facility. Fire equipment has been checked within required timeframes as part of the requirements of the BWOFF.</p> <p>A civil defence plan is documented for the service and monitored/checked six monthly. There are adequate supplies available in the event of a civil defence emergency including food, water and blankets. Two gas barbeques are available and a civil defence book in each area of the facility. There is an onsite generator available.</p> <p>A call bell system is in place. Call bells are checked monthly by maintenance. All call bells ring through to staff pagers. In larger resident rooms call bell pendants are available for residents if needed.</p> <p>There is always at least one staff available 24 hours a day, seven days a week with a current first aid/CPR certificate. All staff are required to complete their first aid training. Doors are secured at dusk. Security procedures are in place and security cameras are installed in public areas and hallways. Security guards visit during the night.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with</p>	<p>FA</p>	<p>Holdsworth House has adequate heating. There are heat pumps in the lounge and scope/wall heaters in resident rooms. Facility environmental temperature monitoring is recorded daily (sighted). The maintenance person interviewed ensures the heating systems are running smoothly and that appropriate checks are performed.</p>



adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.		
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>Avon Life Care has an established infection control programme. The infection control programme has been reviewed last October 2019. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. It is linked into the incident reporting system. The Holdsworth unit coordinator is the unit coordinator. The infection control coordinator has support from all staff including the GP. Internal audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation. There was a gastric outbreak February 2020, that was maintained to the one house.</p> <p>Monthly quality meetings reviewed identified regular review of Covid-19 preparation and prevention. The April meeting identified the following implemented strategies.</p> <p>Discussion on measures implemented so far; (i) Covid plan developed and implemented; (ii) Covid plan circulated to all areas for staff to read and sign acknowledgment; (iii) Restricted visiting implemented 2 weeks before lockdown and total since; (iv) Additional PPE, Chemicals and food supplies ordered; (v) Frequent email information for staff; (vi) Merino masks supplied one each to all staff for wearing whilst in community shopping etc; (vi) Vitamin C supplied to staff members; (vii) Staff moved to live in spare units to minimise contact with housemates working in other facilities or supermarkets. A register of staff living arrangements during the lockdown. Hourly rate increase for all worked hours during the Covid lockdown period; (viii) Mandatory temperature recordings of all staff at the start of their shifts. If a temperature is recorded at 37.3 or above, the RN is advised, and the staff member is screened; (ix) Staff assigned to individual working areas with no crossover between areas. Separate staff rooms set up in each House. Frequent staff communication with updates, best practise and management initiatives and management plans emailed directly to personal emails; (x) Additional infection control and outbreak training of small groups at handover. Hand hygiene competencies completed on all staff in April; (xi) Stand down for all staff with flu like or upper respiratory tract infections. Stand down for 2 weeks for all new staff. Stand down for 2 weeks for all staff who have been overseas. Stand down post Covid testing; (xii) Increased family and resident communication include memo's x 3, weekly newsletters during lockdown, increased phone and skype access, set up Facebook page.</p>
Standard 2.1.1: Restraint minimisation	FA	Avon Lifecare has policies and procedures on restraint minimisation and safe practice. Policy includes guidelines and definitions for use of enablers and restraint. On the day of the audit there were no residents using restraints or enablers. The restraint coordinator (hospital unit coordinator) confirmed that the service promotes a restraint-free environment. Restraint/enabler and challenging behaviour education is included in the education and training

Services demonstrate that the use of restraint is actively minimised.		programme.
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## Specific results for criterion where corrective actions are required

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

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

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

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

No data to display
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End of the report.