

The Ultimate Care Group Limited - Maupuia

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	The Ultimate Care Group Limited
Premises audited:	Maupuia Hospital & Rest Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 20 November 2014 End date: 20 November 2014
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:	25

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

Maupuia Hospital and Rest Home is located in an elevated position in the south of Wellington, which provides hospital and rest home level care for up to 31 people. The facility is a part of the Ultimate Care Group. On the day of this audit there were 25 residents; 18 receiving hospital level care and seven residents receiving rest home level care. All residents have single rooms with shared bathroom facilities.

There were no areas requiring improvement identified during the audit. All previous outstanding areas requiring improvement have now been addressed.

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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Residents and families interviewed reported that services are provided in a manner that respects residents' rights and facilitates informed choice. They reported they are happy with the service provided and that staff are providing care appropriate to their needs. The facility staff were effective in their timely communication with families following any events or change in condition of

residents. The facility has a number of staff who speak a variety of languages to aid communication for residents who are not fluent English speakers.

The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) was displayed. Complaint forms were available at the front reception area. The facility manager is responsible for complaints and a complaints register was maintained, with all complaints recorded. All complaints reviewed were resolved satisfactorily within the required timeframes.

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 Ultimate Care Group Limited is the governing body for the facility and is responsible for the service provided at Maupuia. The vision statement, values, quality objectives, quality and risk management plan, quality indicators and quality projects reflected a commitment to providing quality care to residents and have been reviewed regularly. Systems were in place for monitoring the service provided at Maupuia including regular monthly reporting by the facility manager to the Ultimate Care Group Head Office. A previous area requiring improvement in relation to corrective action planning has now been addressed.

The facility is managed by a suitably qualified and experienced manager who is a registered nurse with a number of years of aged care experience. The facility manager has been in the role for two years and was well supported by an experienced clinical lead who is a registered nurse and responsible for oversight of clinical care.

There were policies and procedures on human resources management and all health professionals had the required current practising certificates. There was a comprehensive education programme in place. All care staff are required to complete the Aged Care Education programme.

There was a documented rationale for determining staffing levels and skill mix in order to provide safe service delivery that was based on best practice. Staff interviewed were happy working at the facility and showed real commitment to the residents care and wellbeing.

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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Maupuia provided safe, well-coordinated, timely and appropriate services to residents. Registered nurses were on duty 24 hours a day. There were robust systems in place to ensure service coordination, and care delivery staff were provided with the appropriate support and guidance.

A comprehensive range of clinical assessment tools were used by the registered nurses as part of the care planning process. The results of the initial and ongoing assessments, and regular evaluations of progress towards goals, were clearly reflected in the residents' care plans.

Residents were seen at least three monthly by their general practitioner, and there was evidence of more frequent visits when a resident's needs changed, and of close liaison with a range of other health professions, such as dietitians and mental health staff. The family members and residents who were interviewed, together with one general practitioner, stated they were satisfied with the services provided to residents.

All food safety requirements were met in the provision and storage of food, and residents reported that they enjoyed the meals. A new summer menu, approved by a registered dietitian, had just been implemented. There were several dining areas available to residents, although the wishes of residents who wanted to eat in their own rooms were respected. Staff were noted to be assisting residents with their meals in a calm and unhurried manner. The monitoring of resident's nutritional status was comprehensive and ongoing.

All aspects of medication management at Maupuia complied with legislative and professional requirements. Medications were only administered by registered nurses, all of whom had been assessed as being competent in that role. Detailed record keeping relating to all aspects of medication management were evident.

A recreation officer was employed for 30 hours per week to coordinate the activities programme. Although this staff member was relatively new to the role, plans were in place for ongoing training, development and support. The individual activity preferences of each resident were assessed and plans developed to reflect these. Residents could participate in a range of activities, including outings in the van, board games, bingo, and visiting entertainers. Residents who did not wish to take part in group activities were offered one-on-one activities. A previous required improvement related to activities planning has been addressed.

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 which expires on 10 November 2015.

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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The facility has implemented a process of restraint minimisation for residents that was consistent with its policy. The service has maintained a process to determine approval for all types of restraint, including enablers. This was supported by consistent

assessment, evaluation and monitoring of all types of restraint in use. The service has demonstrated a reduction in the use of restraints at the facility over the past year.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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The infection control policy clearly outlined the infections that were to be monitored as part of the infection surveillance process. There was evidence of careful and detailed monitoring, recording and responding to these infections. Surveillance data was reported monthly to the quality committee, discussed with staff and appropriate actions taken. Infection surveillance data was also captured in the Ultimate Care Group electronic database, which can then be benchmarked across facilities.

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	0	39	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>	<p>FA</p>	<p>The service had a detailed complaints policy and procedure that was used nationally by the Ultimate Care Group (UCG). It complied with Right 10 of the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code). Training for all staff around the Code has been included in the induction programme with ongoing training regularly scheduled. A flow chart was used to illustrate the process used for all complaints. The manager is advised immediately if a complaint is received, it is risk rated, logged into the national 'Inscribe' reporting system then entered into the complaints register. The investigation and responses were all recorded along with the outcome.</p> <p>A copy of the complaints procedure was included in the introductory pack for all new residents and there were forms and a box to place all comments, compliments and complaints, located in the reception area of the facility.</p> <p>The register was reviewed and six complaints had been received so far this year. All had followed the required process and had been satisfactorily resolved with all documentation filed in the register.</p>

<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>The services provided at Maupuia reflected an environment of effective communication with residents and their families.</p> <p>The accident / incident monitoring reports reviewed, reported and recorded all types of incidents and included timely notification to families / whanau as appropriate.</p> <p>The service has open disclosure and informed consent policies which provided guidance to staff around the principles and practice of open disclosure and informed consent. Staff confirmed they understood that relatives and residents must be informed of any changes in care provision and this was recorded in a specific family communication section in all residents' files. The files reviewed confirmed this. In house education is given to all staff emphasising the need for effective communication with residents and their families. Residents and family interviewed said communication with staff was open and effective and that they were always consulted and informed of any untoward event or change in care provision.</p> <p>Interpreter services are available. Staff use communication aids and there are a number who are multilingual. Also prominently displayed at the facility were the language line and interpreter services contact details should outside assistance be required.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>The organisation is a part of the UCG which has a newly appointed chief executive officer (CEO). The CEO manages an executive team comprising a chief clinical officer, two regional managers, a chief financial officer, a property consultant and a human resources manager. The facility manager felt well supported by this team. The documented values, mission statement and philosophy and goals were displayed in the reception area. The service philosophy was in an understandable form and available to residents and their family / representative or other services involved in referring clients to the service. These were last reviewed by the organisation in April 2014.</p> <p>The manager has now been in the position for two years. He is a registered nurse (RN) and had previously been the clinical nurse manager at another facility within the group. He has been working in the aged care sector for six years and was currently completing post graduate studies in operations management through an international university. The findings from the previous audit have now been addressed.</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>The UCG 'Quality and Risk Management Plan' was used to guide the quality programme and included quality goals and objectives. The UCG quality and risk management systems were in place at Maupuia. Maupuia has a quality and risk plan that is used to plan quality projects and respond to any corrective actions that are raised.</p> <p>There is an 'Ultimate Care Group Clinical Advisory Group' (CAG) in place. This comprises three clinical leads, one facility manager, two regional managers, the chief clinical officer and the audit and compliance manager who are responsible for reviewing clinical issues, and policies and procedures following feedback from each of the UCG sites.</p> <p>There was an internal audit programme in place and completed internal audits for 2014 were reviewed. Review of quality improvement data evidences the data was being reported to UCG Head Office via the intranet as well as to staff via various meetings. Separate quality improvement and staff meetings were held monthly and there was documented evidence of reporting on numbers of various clinical indicators and quality and risk issues in those meetings. The quality committee was made up of the manager, the clinical lead, the RNs, caregiving staff representatives, a kitchen staff representative, the activities coordinator and the laundry staff. This committee meets monthly in conjunction with the staff meetings so all relevant information was able to be shared. Minutes kept from the last meeting were sighted and any staff who were unable to attend were required to read and sign those minutes.</p> <p>Month by month graphs of various clinical indicators were produced to inform staff of the trends and progress. All staff interviewed reported they were kept informed of quality improvements and were involved in implementing the quality improvement activity. A communications book in the nurses' station also ensured all relevant information was available for staff.</p> <p>The manager provided weekly and monthly reports to UCG Head Office and these included reporting of numbers of clinical indicators, education provided and internal audits completed. Other areas reported on included occupancy, staffing and HR, resident 'ins and outs', property/environmental issues, financial and general comments.</p> <p>The residents have two monthly meetings and any concerns raised at this forum were subsequently raised at the quality meeting.</p> <p>Relevant standards were identified and included in the policies and procedures manuals. Policies and procedures reviewed were relevant to the scope and</p>
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		<p>complexity of the service, reflected current accepted good practice and referenced legislative requirements. Policies / procedures were available with systems in place for reviewing and updating regularly, including a policy for document reviews and a document control policy. All old policies were archived appropriately. Care staff interviewed confirmed the policies and procedures provided appropriate guidance for service delivery and they were advised of new policies / revised policies via handover and meetings.</p> <p>When indicated corrective action plans were raised to address any areas of concern or where improvements could be made. These were recorded on the quality improvement action template. This was identified as an area for improvement in the last audit and is now in place. Two recent quality initiatives around food were reviewed and had been implemented with compliments received from residents.</p> <p>A Health & Safety Manual was available that included relevant policies and procedures. There was a hazard reporting system in use nationally and the facility hazard register was reviewed and was up to date.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>The adverse event reporting system provided evidence of a planned and co-ordinated process. Staff documented adverse, unplanned or untoward events on an incident/accident form which were then recorded on the UCG electronic quality system. They were then filed in both residents' files and the facility register. All incidents were reviewed and analysed at the monthly quality meetings and any corrective actions identified to improve service delivery and mitigate any risks raised.</p> <p>Documentation for the previous month was reviewed and all reports followed the required process with all actions and outcomes recorded, including notification of families. All adverse events were analysed, graphed, taken to the quality meeting with corrective actions raised if needed.</p> <p>Policy and procedures complied with essential notification reporting including health and safety, human resources and infection control. The manager demonstrated a clear understanding of what is required for essential notification reporting and the appropriate authorities to contact. Relevant information was kept in the office and in the register.</p>
Standard 1.2.7: Human Resource Management	FA	There were well described human resources management systems.

<p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>Written policies and procedures in relation to human resources management were reviewed. The skills and knowledge required for each position within the service was documented in job descriptions which outlined accountability, responsibilities and authority. These were reviewed on staff files along with reference checking, criminal record vetting, interview questionnaires, employment agreements, completed orientations and competency assessments.</p> <p>Professional qualifications were validated during recruitment. A copy of the annual practising certificates (APC) for all qualified nurses employed by Maupuia were kept on their personnel file. All files reviewed had the appropriate qualifications recorded. A copy of all current APCs for the pharmacist, podiatrist, GPs and allied health professionals were kept in a separate file which was also reviewed.</p> <p>There was a planned education programme which included modules on restraint, the Code, infection prevention and control, challenging behaviours, wound care, back care, nutrition and continence. Annual medication competencies were included where indicated. All registered nurses have current first aid certificates. The manager is an ACE assessor and reported that the ACE programme was required to be completed by all care givers. Many staff were also supported to participate in Weltec programmes. This included effective communication and reporting skills. The induction programme was comprehensive and included all the required elements.</p> <p>All staff members interviewed reported they had received appropriate training to be able to do their jobs safely and well. Individual training records were kept in the education file and all staff have completed required training or have plans in place to do so. The manager ensures training is regarded as an important part of each person's role at the facility. Residents and families reported satisfaction with staff who they felt were well trained, competent and able to meet their needs.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>The manager completes all the rosters for the facility and uses the standard UCG rostering tool. This has ensured the allocation for hours and staff meets the required levels to reflect the needs of the residents who were in Maupuia at the time of audit. The roster was sent to head office every Friday to show the level and skill mix rostered for the coming week. If there were any queries the manager discussed these with the regional operations manager.</p> <p>The rosters for the current week and the previous two weeks were reviewed. These all showed sufficient staff levels and skill mixes were in place to meet the current</p>

		<p>residents' needs.</p> <p>The facility had 24 hour and seven day a week registered nurse (RN) cover supported by five caregivers on in the morning shift, four on the afternoon shift and two overnight. The clinical lead was also there during the week days.</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>Medication management at Maupuia was safe, timely, and consistent with legislative and safe practice guidelines.</p> <p>Only registered nurses administer medications. Records were sighted that confirmed all RNs had been assessed as medication competent. Some caregivers had also undergone a medication competency assessment, but their role was restricted to double-checking medications with the registered nurse.</p> <p>The 10 medication records sighted (4 rest home, 6 hospital) had each medication individually signed by the prescriber, discontinued medications were dated and signed, and there was evidence of medication being consistently reviewed as part of the three-monthly general practitioner resident review. All charts included a recent photograph of the resident, and their allergy status. Medication administration records were complete, only approved abbreviations were used, and a signature log was maintained of all health professionals involved in the medication process. Observation of a medication round confirmed that medications are administered to residents in a safe and unhurried manner. No residents were self-medicating, although processes were in place to enable this should it be required.</p> <p>Regular medications were dispensed by the pharmacy using the blister pack system. Evidence was sighted of the reconciliation of these medications by a registered nurse when they are received at the facility. Records also maintained of the medications that are returned back to the pharmacy. All medications sighted, including those on the medication trolley and in the stock cupboards, were within current usage dates. All eye drops currently in use had the date of first use recorded on them. The facility no longer uses Standing Orders.</p> <p>Records were sighted of the daily monitoring of the medication fridge temperature. The clinical leader outlined the processes associated with checking the controlled medications weekly, with a six monthly stocktake also being undertaken. This was confirmed in a review of the controlled drug register. Medication errors were closely monitored by management, and included in sighted monthly reports to the quality committee, with action plans developed.</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>All aspects of food and fluid service provision were consistent with recognised nutritional guidelines and food and safety requirements.</p> <p>The kitchen was maintained in a hygienic and organised manner. Food supplies were stored appropriately in the storage and pantry areas. Foods requiring refrigeration were covered and dated, and evidence was sighted of daily monitoring of food and fridge temperatures, with these being maintained within safe temperature ranges. Detailed cleaning schedules were in place. An external agency conducts a monthly facility audit, which includes monitoring the performance of the dishwasher. Records of these audits were sighted.</p> <p>The two cooks responsible for food service provision were suitably qualified, having completed the relevant food safety training. Ongoing chemical and food safety updates were provided on a regular basis - at least annually.</p> <p>A new four-week summer menu, developed in consultation with a registered dietitian, has just been implemented. The kitchen was able to cater to a range of diets, such as low residue diets, diabetic diets, and diets associated with religious and cultural requirements. Resident satisfaction with the food was monitored by the cooks through informal discussions with residents, observation of food returned to the kitchen, feedback from staff and families, two monthly resident meetings, and through formal satisfaction surveys.</p> <p>A range of appropriate feeding equipment, including lip plates and specialised cutlery was sighted. The monitoring of resident nutrition and hydration was a strength of the service. Fluid intake charts were noted in all of the reviewed residents' records. The regular monitoring of residents' weight and action plans related to the analysis of weight loss or weight gain, was comprehensive, consistent and detailed. . Residents' weight loss was routinely reported to the monthly quality meetings as one of the clinical quality indicators.</p> <p>There were two dining areas for residents, but residents who chose to eat in their rooms were able to do so. During the midday meal, staff were observed patiently feeding those residents who required assistance in a safe, dignified and unhurried manner.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p>	<p>FA</p>	<p>All of the residents' records reviewed demonstrated regular, timely and ongoing</p>

<p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>		<p>assessment of needs, which then informed the provision of care services.</p> <p>Registered nurses utilised a comprehensive range of assessment tools and referral information received as part of the admission process, to develop an initial care plan for each resident, with a long term care plan developed within three weeks. All five residents' records reviewed confirmed ongoing, regular and timely review of residents' progress towards their identified goals, and the updating of care plans when resident's needs changed. Registered nurses are on duty 24 hours a day and care giving staff confirmed they were kept well informed of residents' requirements, and felt comfortable approaching the nursing staff at any time if they required additional information or support.</p> <p>Four residents and two family members interviewed reported their satisfaction with the services provided, which was also confirmed by the general practitioner.</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>On admission, each resident and/or their family completed a social admission form, which included information such as personal history, family details, and activity preferences. This information was used to develop an individualised activity plan for each resident, which was then evaluated six monthly or earlier if the resident's condition changed. Individual records were maintained of all activities residents participated in. The previous area for improvement related to activities has been addressed.</p> <p>A calendar of planned activities was developed, with copies distributed to all residents (sighted). These activities included current events, board games, church services, crafts, music, entertainers, and flower arranging. Residents were taken on outings using a van shared with another UCG facility. A resident advocate is on site four hours per week. A number of the residents at Maupuia are not able or do not wish to participate in group activities, and a range of one-on-one activities is undertaken with them.</p> <p>A recreation officer was employed at Maupuia for 30 hours each week. Although relatively new to the role, they were being well supported by management, and a recreation officer from another UCG facility. The recreation officer was currently completing the pre-requisites for the ACE diversional therapy training, and plans were in place for then undertaking the ACE diversional therapy training programme.</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>Evidence was sighted in all reviewed residents' records that care plans were evaluated in a comprehensive and timely manner. Each individual aspect of the care plan was evaluated by a registered nurse, and included documentation related to resident progress towards identified goals. Where goals had not been achieved, or residents' needs had changed, care plans were updated.</p> <p>Evaluations of care plans were undertaken at least six monthly, with short-term care plans being evaluated at least weekly. Residents also underwent a three-monthly review, which included input from the multidisciplinary team, and results of this were communicated to the resident's family.</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 manager advised there have been no alterations to the building since the last audit. The current building Warrant of Fitness is displayed in the main entrance and expires on 10 November 2015.</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>The infection control policy specified the infections that will be monitored. These were eye, ear, nose and mouth, gastrointestinal, skin and wounds, urinary tract, upper and lower respiratory tract, systemic infections, multidrug resistant organisms, and staff workplace infections. The type of surveillance undertaken was appropriate to the size and complexity of the facility. When infections were identified, appropriate action was taken to support the reduction and prevention of further infections.</p> <p>The facility manager advised that surveillance results were entered into the UCG electronic data base. The monthly reports generated by that system were sighted, and records confirm these were being tabled at the quality meetings, and then subsequently discussed at staff meetings.</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>The facility implements a process of restraint minimisation for residents that was consistent with its policy. The national philosophy is to commit to, and promote a restraint free environment. This was demonstrated in this facility as they have reduced the use of restraints from 13 to one, over the last 12 months.</p> <p>The policy sighted, stated that the use of enablers is 'voluntary use of equipment by a resident that limits normal freedom of movement with the intention of promoting independence, comfort and safety'. There were three residents who were using</p>

		<p>enablers at Maupuia; all involved the use of bedrails. The files kept for the use of enablers was reviewed. The assessments and consents were sighted along with evidence of ongoing three monthly reviews and evaluation. Relevant monitoring processes were in place for each resident and these were completed.</p> <p>The restraint coordinator was a registered nurse who stated the use of restraint is actively minimised. She reported this is being achieved by the use of low beds, landing pads, perimeter mattresses, sensor mats and education programmes around de-escalation and managing challenging behaviours. Ongoing analysis of all residents who are falling frequently has also helped in the management of restraint use.</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, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display

End of the report.