

T M & D L Beer Holdings Limited - Cardrona

Current Status: 5 June 2014

The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Certification Audit conducted against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008) on the audit date(s) specified.

General overview

Cardrona Rest Home is certified to provide hospital (medical and geriatric) and rest home level care for up to 33 residents. On the day of the audit there were seven hospital residents and 21 rest home residents. Cardrona Rest Home's manager and executive nurse manager are well qualified for their roles. Staff turnover remains low.

There are systems to guide appropriate care for residents. An orientation programme and in-service training programme is in place that provides staff with appropriate knowledge and skills to deliver care.

There are improvements required around policy implementation, incident reporting, assessments, and water temperature monitoring.

Audit Summary as at 5 June 2014

Standards have been assessed and summarised below:

Key

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
	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

Indicator	Description	Definition
	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

Consumer Rights as at 5 June 2014

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 as at 5 June 2014

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.		Some standards applicable to this service partially attained and of low risk.
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Continuum of Service Delivery as at 5 June 2014

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.
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Safe and Appropriate Environment as at 5 June 2014

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.		Some standards applicable to this service partially attained and of low risk.
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Restraint Minimisation and Safe Practice as at 5 June 2014

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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Infection Prevention and Control as at 5 June 2014

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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Audit Results as at 5 June 2014

Consumer Rights

Cardrona Rest Home provides care in a way that focuses on the individual resident. There is a Maori Health Plan and cultural safety policy supporting practice. Cultural assessment is undertaken on admission and during the review processes. Policies are in place to support individual rights such as privacy, dignity, abuse/neglect, culture, values and beliefs, complaints, advocacy and informed consent. The service functions in a way that complies with the Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code). Information about the Code and related services is readily available to residents and families. A staff training programme is being implemented that supports staff understanding of residents' rights. Care plans accommodate the choices of residents and/or their family. Complaints processes are implemented. Residents and family interviewed verified on-going involvement with community.

Organisational Management

Cardrona Rest Home has a quality and risk management system to supports the provision of clinical care. Components of the quality management system are discussed at the monthly staff meetings. This includes a summary of incidents, infections and internal audit results. An annual relative satisfaction survey is completed and there are monthly resident meetings. There are human resources policies including recruitment, selection, orientation and staff training and development. The service has an orientation programme that provides new staff with relevant information for safe work practice. There is an in-service training programme covering relevant aspects of care and support and external training is supported. The staffing policy aligns with contractual requirements and includes skill mixes. There are two improvements required around policy implementation and incident reporting.

Continuum of Service Delivery

Assessments, care plans and evaluations are completed by the registered nurses. Care plans are individualised and risk assessment tools and monitoring forms are available. Care plans demonstrate service integration and are evaluated six monthly. The resident and family confirm they are involved in the care planning process and are complimentary about the staff and standard of care provided. Short term care plans are in use for changes in health status. There are improvements required around pain and continence assessments. The two activity co-ordinators provide an activities programme for the rest home and hospital residents that is varied, interesting

and involves volunteers and community visitors. There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration complete annual competencies and education. The GP and nurse practitioner reviews the medication chart three monthly. Meals are prepared on site and the menu has been approved by a dietitian. Individual and special dietary needs are catered for. Residents interviewed responded favourably to the food that was provided.

Safe and Appropriate Environment

Cardrona rest home holds a current building warrant of fitness. Fire equipment checks are conducted by an external fire safety contractor. Chemicals are stored safely throughout the facility. There is sufficient space to allow the movement of residents around the facility using the mobility aids or lazy boy chairs. The hallways are wide and have hand rails appropriately placed. There is an on-going plan for bedroom refurbishment and new lounge and dining room chairs. The outdoor areas are safe and easily accessible. There is an approved fire evacuation scheme. There are six monthly fire drills. There is a first aider on site at all times. Housekeeping staff maintain a clean and tidy environment. There is an improvement required around the monitoring of hot water temperature.

Restraint Minimisation and Safe Practice

The restraint policy and procedure has a clear definition of restraint and enablers and includes a philosophy of restraint minimisation. There are no residents requiring restraint and one using an enabler. Staff receive education related to restraint minimisation during orientation and as part of the education programme. Documentation is in place for assessment, approval, monitoring, review and evaluation should restraint be required.

Infection Prevention and Control

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control co-ordinator (executive nurse manager) is responsible for coordinating education and training for staff. The infection control co-ordinator has attended external training. There are a suite of infection control policies, standards and guidelines to support practice. Appropriate training of staff is included as part of the programme. The infection control co-ordinator uses the information obtained through surveillance to determine infection control activities and education needs within the facility. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. Staff receive on-going training in infection control.

HealthCERT Aged Residential Care Audit Report (version 4.2)

Introduction

This report records the results of an audit against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008) of an aged residential care service provider. The audit has been conducted by an auditing agency designated under 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).

It is important that auditors restrict their editing to the content controls in the document and do not delete any content controls or any text outside the content controls.

Audit Report

Legal entity name:	T M & D L Beer Holdings Limited		
Certificate name:	T M & D L Beer Holdings Limited - Cardrona		
Designated Auditing Agency:	Health and Disability Auditing New Zealand Limited		
Types of audit:	Certification Audit		
Premises audited:	Cardrona 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: 5 June 2014	End date: 6 June 2014	
Proposed changes to current services (if any):			
Total beds occupied across all premises included in the audit on the first day of the audit:			33

Audit Team

Lead Auditor	XXXXX	Hours on site	12	Hours off site	8
Other Auditors	XXXXX	Total hours on site	12	Total hours off site	8
Technical Experts		Total hours on site		Total hours off site	
Consumer Auditors		Total hours on site		Total hours off site	
Peer Reviewer	XXXXX			Hours	2

Sample Totals

Total audit hours on site	24	Total audit hours off site	18	Total audit hours	42
Number of residents interviewed	3	Number of staff interviewed	8	Number of managers interviewed	2
Number of residents' records reviewed	6	Number of staff records reviewed	7	Total number of managers (headcount)	2
Number of medication records reviewed	12	Total number of staff (headcount)	24	Number of relatives interviewed	3
Number of residents' records reviewed using tracer methodology	2			Number of GPs interviewed	

Declaration

I, XXXXX Director of Christchurch hereby submit this audit report pursuant to section 36 of the Health and Disability Services (Safety) Act 2001 on behalf of Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Act.

I confirm that:

a)	I am a delegated authority of Health and Disability Auditing New Zealand Limited	Yes
b)	Health and Disability Auditing New Zealand Limited has in place effective arrangements to avoid or manage any conflicts of interest that may arise	Yes
c)	Health and Disability Auditing New Zealand Limited has developed the audit summary in this audit report in consultation with the provider	Yes
d)	this audit report has been approved by the lead auditor named above	Yes
e)	the peer reviewer named above has completed the peer review process in accordance with the DAA Handbook	Yes
f)	if this audit was unannounced, no member of the audit team has disclosed the timing of the audit to the provider	Not Applicable
g)	Health and Disability Auditing New Zealand Limited has provided all the information that is relevant to the audit	Yes
h)	Health and Disability Auditing New Zealand Limited has finished editing the document.	Yes

Dated Monday, 7 July 2014

Executive Summary of Audit

General Overview

Cardrona Rest Home is certified to provide hospital (medical and geriatric) and rest home level care for up to 33 residents. On the day of the audit there were seven hospital residents and 21 rest home residents. One of the hospital level residents is a young disabled person. Cardrona Rest Home's manager and executive nurse manager are well qualified for their roles. Staff turnover remains low. There are systems to guide appropriate care for residents. An orientation programme and in-service training programme is in place that provides staff with appropriate knowledge and skills to deliver care. There are improvements required around policy implementation, incident reporting, assessments, and water temperature monitoring.

Outcome 1.1: Consumer Rights

Cardrona Rest Home provides care in a way that focuses on the individual resident. There is a Maori Health Plan and cultural safety policy supporting practice. Cultural assessment is undertaken on admission and during the review processes. Policies are in place to support individual rights such as privacy, dignity, abuse/neglect, culture, values and beliefs, complaints, advocacy and informed consent. The service functions in a way that complies with the Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code). Information about the Code and related services is readily available to residents and families. A staff training programme is being implemented that supports staff understanding of residents' rights. Care plans accommodate the choices of residents and/or their family. Complaints processes are implemented. Residents and family interviewed verified on-going involvement with community.

Outcome 1.2: Organisational Management

Cardrona Rest Home has a quality and risk management system to support the provision of clinical care. Components of the quality management system are discussed at the monthly staff meetings. This includes a summary of incidents, infections and internal audit results. An annual relative satisfaction survey is completed and there are monthly resident meetings. There are human resources policies including recruitment, selection, orientation and staff training and development. The service has an orientation programme that provides new staff with relevant information for safe work practice. There is an in-service training programme covering relevant aspects of care and support and external training is supported. The staffing policy aligns with contractual requirements and includes skill mixes. There are two improvements required around policy implementation and incident reporting.

Outcome 1.3: Continuum of Service Delivery

Assessments, care plans and evaluations are completed by the registered nurses. Care plans are individualised and risk assessment tools and monitoring forms are available. Care plans demonstrate service integration and are evaluated six monthly. The resident and family confirm they are involved in the care planning process and are complimentary about the staff and standard of care provided. Short term care plans are in use

for changes in health status. There are improvements required around pain and continence assessments. The two activity co-ordinators provide an activities programme for the rest home and hospital residents that is varied, interesting and involves volunteers and community visitors. There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration complete annual competencies and education. The GP and nurse practitioner reviews the medication chart three monthly. Meals are prepared on site and the menu has been approved by a dietitian. Individual and special dietary needs are catered for. Residents interviewed responded favourably to the food that was provided.

Outcome 1.4: Safe and Appropriate Environment

Cardrona rest home holds a current building warrant of fitness. Fire equipment checks are conducted by an external fire safety contractor. Chemicals are stored safely throughout the facility. There is sufficient space to allow the movement of residents around the facility using the mobility aids or lazy boy chairs. The hallways are wide and have hand rails appropriately placed. There is an on-going plan for bedroom refurbishment and new lounge and dining room chairs. The outdoor areas are safe and easily accessible. There is an approved fire evacuation scheme. There are six monthly fire drills. There is a first aider on site at all times. Housekeeping staff maintain a clean and tidy environment. There is an improvement required around the monitoring of hot water temperature.

Outcome 2: Restraint Minimisation and Safe Practice

The restraint policy and procedure has a clear definition of restraint and enablers and includes a philosophy of restraint minimisation. There are no residents requiring restraint and one using an enabler. Staff receive education related to restraint minimisation during orientation and as part of the education programme. Documentation is in place for assessment, approval, monitoring, review and evaluation should restraint be required.

Outcome 3: Infection Prevention and Control

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control co-ordinator (executive nurse manager) is responsible for coordinating education and training for staff. The infection control co-ordinator has attended external training. There are a suite of infection control policies, standards and guidelines to support practice. Appropriate training of staff is included as part of the programme. The infection control co-ordinator uses the information obtained through surveillance to determine infection control activities and education needs within the facility. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. Staff receive on-going training in infection control.

Summary of Attainment

	CI	FA	PA Negligible	PA Low	PA Moderate	PA High	PA Critical
Standards	0	41	0	4	0	0	0
Criteria	0	89	0	4	0	0	0

	UA Negligible	UA Low	UA Moderate	UA High	UA Critical	Not Applicable	Pending	Not Audited
Standards	0	0	0	0	0	0	0	5
Criteria	0	0	0	0	0	0	0	8

Corrective Action Requests (CAR) Report

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)
HDS(C)S.2008	Standard 1.2.3: Quality And Risk Management Systems	The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.	PA Low			
HDS(C)S.2008	Criterion 1.2.3.3	The service develops and implements policies and procedures that are aligned with current good practice and service delivery, meet the requirements of legislation, and are reviewed at regular intervals as defined by policy.	PA Low	Policies and procedures are available to guide practice. During the audit there are a number of instances where documented policies were not evidenced as being implemented examples include (but not limited to): the complaints policy	Ensure policies are implemented that align with good practice.	90

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)
				<p>prescribed the use of a register, this was not initially in place (noting this was corrected during the audit); the policy prescribing hot water temperature thresholds was not followed (link 1.4.2); policies were in place describing the use and frequency of assessment tools and these were not evidenced in files reviewed (link 1.3.4). However, residents are being monitored and treated accordingly.</p>		
HDS(C)S.2008	Standard 1.2.4: Adverse Event Reporting	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.	PA Low			
HDS(C)S.2008	Criterion 1.2.4.3	The service provider documents adverse, unplanned, or untoward events including service shortfalls in order to identify opportunities to improve service delivery, and to	PA Low	Ten incident forms were tracked through two resident files, one was a high falls risk, the other had instances of reported skin tears. The following non-conformities were	Ensure resident incidents are recorded in the prescribed manner.	60

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)
		identify and manage risk.		<p>noted:</p> <p>a) Seven out of ten incident forms did not include completion of the 'incident prevention' section of the form.</p> <p>b) One completed incident form (skin tear) was recorded in the resident progress notes and summary sheet, but was not part of the aggregated monthly data.</p> <p>c) Eight incidents were reported in progress notes that did not have an accompanying incident form, and therefore were not included in monthly data. Three incidents related to resident falls and five skin tears/bruising.</p>		
HDS(C)S.2008	Standard 1.3.4: Assessment	Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	PA Low			
HDS(C)S.2008	Criterion 1.3.4.2	The needs, outcomes, and/or goals of consumers are identified via the assessment process and are documented to serve as the basis for service delivery planning.	PA Low	There is no evidence of pain assessments forms being completed for two rest home residents and one hospital resident who identify as having pain. There is no evidence of	Ensure pain and continence assessments (where applicable) are completed and reviewed at least six monthly.	30

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)
				<p>continence assessment forms and reviews for one rest home and one hospital resident. One rest home does not have a continence assessment form completed on admission. It was noted however, that pain and continence monitoring is being completed for these residents.</p>		
HDS(C)S.2008	Standard 1.4.2: Facility Specifications	Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	PA Low			
HDS(C)S.2008	Criterion 1.4.2.1	All buildings, plant, and equipment comply with legislation.	PA Low	<p>Hot water temperature readings in resident areas for January, February, March, April and May 2014 are reading above 45 degrees Celsius (55-65 degrees Celsius). There is no evidence of corrective action.</p>	<p>Ensure resident hot water area temperatures are maintained at the required temperature. The plumber was contacted on the day of audit to correct the tempering valve. More frequent hot water temperature monitoring is recommended until temperatures are stable.</p>	30

Continuous Improvement (CI) Report

Code	Name	Description	Attainment	Finding

NZS 8134.1:2008: Health and Disability Services (Core) Standards

Outcome 1.1: Consumer Rights

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, facilitates informed choice, minimises harm, and acknowledges cultural and individual values and beliefs.

Standard 1.1.1: Consumer Rights During Service Delivery (HDS(C)S.2008:1.1.1)

Consumers receive services in accordance with consumer rights legislation.

ARC D1.1c; D3.1a ARHSS D1.1c; D3.1a

Attainment and Risk: FA

Evidence:

Cardrona has policies and procedures that align with the requirements of the Code of Health and Disability Services Consumer Rights (the Code). Families and residents are provided with information on admission which includes the Code. Staff receive training about abuse and neglect and advocacy services that includes the Code, at orientation and as part of the annual in-service programme. Interview with two caregivers (who work across rest home and hospital) demonstrate an understanding of the Code. Code of rights training was provided January 2013 (10 attended). Residents interviewed (two rest home and one hospital) and relatives (one rest home and two hospital) confirm staff respect privacy, and support residents in making choices where able.

Criterion 1.1.1.1 (HDS(C)S.2008:1.1.1.1)

Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.1.2: Consumer Rights During Service Delivery (HDS(C)S.2008:1.1.2)

Consumers are informed of their rights.

ARC D6.1; D6.2; D16.1b.iii ARHSS D6.1; D6.2; D16.1b.iii

Attainment and Risk: FA

Evidence:

There is a welcome pack that includes information about the Code and with the opportunity to discuss prior to, and during the admission process with the resident and family. Large print posters of the Code and advocacy information are displayed through the facility. The monthly resident meetings also provide the opportunity for residents to raise issues (minutes sighted). Residents interviewed (two rest home and one hospital) and relatives (one rest home and two hospital) inform information has been provided around the Code.

D6.2 and D16.1b.iii The information pack provided to residents on entry includes how to make a complaint, Code of Rights pamphlet, advocacy and Health & Disability Commission. The manager, executive nurse manager and registered nurses describe discussing the information pack with residents/relatives on admission.

D16.1bii. The families and residents are informed of the scope of services and any liability for payment for items not included in the scope. This is included in the service agreement.

Criterion 1.1.2.3 (HDS(C)S.2008:1.1.2.3)

Opportunities are provided for explanations, discussion, and clarification about the Code with the consumer, family/whānau of choice where appropriate and/or their legal representative during contact with the service.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.1.2.4 (HDS(C)S.2008:1.1.2.4)

Information about the Nationwide Health and Disability Advocacy Service is clearly displayed and easily accessible and should be brought to the attention of consumers.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect (HDS(C)S.2008:1.1.3)

Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.

ARC D3.1b; D3.1d; D3.1f; D3.1i; D3.1j; D4.1a; D14.4; E4.1a ARHSS D3.1b; D3.1d; D3.1f; D3.1i; D3.1j; D4.1b; D14.4

Attainment and Risk: FA

Evidence:

There are policies in place to guide practice in respect of independence, privacy and respect (link 1.2.3). A tour of the facility confirms there is the ability to support personal privacy for residents. Staff were observed to be respectful of residents' personal privacy by knocking on doors prior to entering resident rooms during the audit. Resident files are stored out of sight. Staff could describe aspects of abuse and neglect. Training on the Code and residents rights, including privacy was provided January 2013. Three relatives interviewed stated the care provided is very good and staff are respectful. A relative satisfaction survey is completed annually (November 2013). The surveys reviewed indicated relatives are either satisfied or very satisfied with the service. The resident meetings provide the opportunity for residents to raise issues (minutes sighted).

D3.1b, d, f, i The service has a philosophy that promotes quality of life, involves residents in decisions about their care, respects their rights and maintains privacy and individuality. Resident preferences are identified during the admission and care planning process with family involvement. The service actively encourages residents to have choices and this includes voluntary participation in daily activities. Interview with two caregivers describe how choice is incorporated into resident cares. Interview with residents (two rest home and one hospital) and relatives (one rest home and two hospital) inform staff are respectful. There is a resident's rights policy and staff attend in-service (January 2013). Interviews with residents and family members were extremely positive about the care provided.

D4.1a Six resident files reviewed identified that cultural and /or spiritual values, individual preferences are identified on admission with family involvement and integrated with the residents' care plan. This includes cultural, religious, social and ethnic needs. Interviews with residents confirm their values and beliefs were considered.

D14.4 There are clear instructions provided to residents on entry regarding responsibilities of personal belonging in their admission agreement. Personal belongings are documented and included in resident files.

Criterion 1.1.3.1 (HDS(C)S.2008:1.1.3.1)

The service respects the physical, visual, auditory, and personal privacy of the consumer and their belongings at all times.

<p>Attainment and Risk: FA</p> <p>Evidence:</p> <p>Finding:</p> <p>Corrective Action:</p> <p>Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i></p>
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Criterion 1.1.3.2 (HDS(C)S.2008:1.1.3.2)

Consumers receive services that are responsive to the needs, values, and beliefs of the cultural, religious, social, and/or ethnic group with which each consumer identifies.

<p>Attainment and Risk: FA</p> <p>Evidence:</p> <p>Finding:</p> <p>Corrective Action:</p> <p>Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i></p>
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Criterion 1.1.3.6 (HDS(C)S.2008:1.1.3.6)

Services are provided in a manner that maximises each consumer's independence and reflects the wishes of the consumer.

<p>Attainment and Risk: FA</p> <p>Evidence:</p>

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.1.3.7 (HDS(C)S.2008:1.1.3.7)

Consumers are kept safe and are not subjected to, or at risk of, abuse and/or neglect.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.1.4: Recognition Of Māori Values And Beliefs (HDS(C)S.2008:1.1.4)

Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.

ARC A3.1; A3.2; D20.1i ARHSS A3.1; A3.2; D20.1i

Attainment and Risk: FA

Evidence:

A3.2 Cardrona has a Maori health plan that includes a description of how they will achieve the requirements set out in A3.1 (a) to (e). There is a cultural safety policy to guide practice including recognition of Māori values and beliefs and identify culturally safe practices for Māori. Family/whanau involvement is encouraged in assessment and care planning and visiting is encouraged. Links are established with community representative groups as requested by the resident/family. Cultural needs are addressed in the care plan. At the time of audit the staff report there are no residents that identify as Maori.

D20.1i There are policies that guide staff in providing a cultural safe service. Special events and occasions are celebrated and this could be described by staff.

Criterion 1.1.4.2 (HDS(C)S.2008:1.1.4.2)

Māori consumers have access to appropriate services, and barriers to access within the control of the organisation are identified and eliminated.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.1.4.3 (HDS(C)S.2008:1.1.4.3)

The organisation plans to ensure Māori receive services commensurate with their needs.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.1.4.5 (HDS(C)S.2008:1.1.4.5)

The importance of whānau and their involvement with Māori consumers is recognised and supported by service providers.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs (HDS(C)S.2008:1.1.6)

Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.

ARC D3.1g; D4.1c ARHSS D3.1g; D4.1d

Attainment and Risk: FA

Evidence:

The resident and family are invited to be involved in care planning. It is at this time that any beliefs or values are further discussed and incorporated into the care plan. Six monthly reviews are scheduled and occur to assess if needs are being met. Family are invited to attend. Discussions with three relatives inform values and beliefs are considered. Discussion with residents (two rest home and one hospital) confirm that staff take into account their culture and values.

D3.1g The service provides a culturally appropriate service by ensuring it understands each resident's preferences and where appropriate their family/whānau.

D4.1c Care plans reviewed included the residents' social, spiritual, cultural and recreational needs.

Criterion 1.1.6.2 (HDS(C)S.2008:1.1.6.2)

The consumer and when appropriate and requested by the consumer the family/whānau of choice or other representatives, are consulted on their individual values and beliefs.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.1.7: Discrimination (HDS(C)S.2008:1.1.7)

Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.

ARHSS D16.5e

Attainment and Risk: FA

Evidence:

Job descriptions include responsibilities of the position and signed copies of all employment documents are included in staff files. Staff meetings occur monthly and include discussions on professional boundaries and concerns as they arise (minutes sighted). Interviews with the executive nurse manager and one registered nurse confirm an awareness of professional boundaries. Interview with two caregivers (who work across both rest home and hospital) could discuss professional boundaries in respect of gifts.

Criterion 1.1.7.3 (HDS(C)S.2008:1.1.7.3)

Service providers maintain professional boundaries and refrain from acts or behaviours which could benefit the provider at the expense or well-being of the consumer.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.1.8: Good Practice (HDS(C)S.2008:1.1.8)

Consumers receive services of an appropriate standard.

ARC A1.7b; A2.2; D1.3; D17.2; D17.7c ARHSS A2.2; D1.3; D17.2; D17.10c

Attainment and Risk: FA

Evidence:

Cardrona has a suite of appropriate policies and procedures available to guide practice (link 1.2.3.3). There is also a copy of the Registered Nurse (RN) Guides to provide additional guidance. There is a quality improvement programme being implemented that includes monitoring against clinical indicators. There is a culture of on-going staff development with the aged care education (ACE) programme being implemented – five caregivers are currently doing ACE training and five have completed ACE training.

There is evidence of external education being supported.

ARC A2.2 Services are provided at Cardrona that adhere to the health & disability services standards.

ARC D1.3 all approved service standards are adhered to.

ARC D17.7c There are implemented competencies for caregivers and registered nurses including but not limited to: medication and fire and safety.

Discussions with residents (two rest home and one hospital) and relatives (one rest home and two hospital) were positive about the care they receive. Interview with two caregivers (who work across both areas) inform they are well supported by the RN's and management team.

Criterion 1.1.8.1 (HDS(C)S.2008:1.1.8.1)

The service provides an environment that encourages good practice, which should include evidence-based practice.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.1.9: Communication (HDS(C)S.2008:1.1.9)

Service providers communicate effectively with consumers and provide an environment conducive to effective communication.

ARC A13.1; A13.2; A14.1; D11.3; D12.1; D12.3a; D12.4; D12.5; D16.1b.ii; D16.4b; D16.5e.iii; D20.3 ARHSS A13.1; A13.2; A14.1; D11.3; D12.1; D12.3a; D12.4; D12.5; D16.1bii; D16.4b; D16.53i.i.3.iii; D20.3

Attainment and Risk: FA

Evidence:

There is a policy to guide staff on the process around open disclosure. Accident/incident forms have a section to indicate if family have been informed (or not) of an accident/incident. Ten of ten incident forms reviewed across 2014 identify family were notified following a resident incident. Interview with two caregivers (who work across both services) and one RN inform family are kept informed. Cardrona uses a communication sheet to log to record family contact and it is noted monthly contact is part of standard practice irrespective of changes in resident health status. There is evidence of email communication to family members outside of New Zealand.

D12.1 Non-Subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The Ministry of Health

“Long-term Residential Care in a Rest Home or Hospital – what you need to know” is provided to residents on entry.
D16.1b.ii The residents and family are informed prior to entry of the scope of services and any items they have to pay that is not covered by the agreement.
D16.4b Relatives (one rest home and two hospital) stated that they are informed when their family members health status changes.
D11.3 The information pack is available in large print and this can be read to residents.

Criterion 1.1.9.1 (HDS(C)S.2008:1.1.9.1)

Consumers have a right to full and frank information and open disclosure from service providers.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.1.9.4 (HDS(C)S.2008:1.1.9.4)

Wherever necessary and reasonably practicable, interpreter services are provided.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.1.10: Informed Consent (HDS(C)S.2008:1.1.10)

Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.

ARC D3.1d; D11.3; D12.2; D13.1 ARHSS D3.1d; D11.3; D12.2; D13.1

Attainment and Risk: FA

Evidence:

The informed consent policy includes responsibilities and procedures for staff. Informed consent information is provided to residents and their families on admission. This is also discussed with residents and their families during the admission process. Two caregivers interviewed are familiar with the code of rights and informed consent when delivering resident cares. There are written general consents in the resident files for photo, release of information and outings. There are appropriately signed resuscitation authorisations in six of six resident files. The service acknowledges the resident is for resuscitation in the absence of a signed directive by the resident.

D3.1.d Discussion with three family members identifies that the service actively involves them in decisions that affect their relative's lives. Advance directives are completed for residents who are competent to make the decision.

D13.1 There are six signed admission agreements.

Criterion 1.1.10.2 (HDS(C)S.2008:1.1.10.2)

Service providers demonstrate their ability to provide the information that consumers need to have, to be actively involved in their recovery, care, treatment, and support as well as for decision-making.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.1.10.4 (HDS(C)S.2008:1.1.10.4)

The service is able to demonstrate that written consent is obtained where required.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.1.10.7 (HDS(C)S.2008:1.1.10.7)

Advance directives that are made available to service providers are acted on where valid.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.1.11: Advocacy And Support (HDS(C)S.2008:1.1.11)

Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.

ARC D4.1d; D4.1e ARHSS D4.1e; D4.1f

Attainment and Risk: FA

Evidence:

Residents are provided with a copy of the Code of Health and Disability Services Consumer Rights and Advocacy pamphlets on entry. Interviews with the manager and executive nurse manager confirm practice. Interviews with residents (two rest home and one hospital) confirm that they are aware of their right to access advocacy. D4.1d; Discussions with three family members confirm that the service provides opportunities for the family/EPOA to be involved in decisions ARC D4.1e. The resident files include information on residents' family/whānau and chosen social networks.

Criterion 1.1.11.1 (HDS(C)S.2008:1.1.11.1)

Consumers are informed of their rights to an independent advocate, how to access them, and their right to have a support person/s of their choice present.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.1.12: Links With Family/Whānau And Other Community Resources (HDS(C)S.2008:1.1.12)

Consumers are able to maintain links with their family/whānau and their community.

ARC D3.1h; D3.1e ARHSS D3.1h; D3.1e; D16.5f

Attainment and Risk: FA

Evidence:

D3.1h: Interview with three residents and three relatives confirm relatives and friends can visit at any time and are encouraged to be involved with the service and care. Visitors were observed coming and going at all times of the day during the audit. Maintaining links with the community is encouraged. Activities programmes include opportunities to attend events outside of the facility. Interviews with three residents confirm the activity staff help them access the community such as going shopping, going

on site seeing tours, and going to church.

D3.1.e Discussion with two caregivers, the activities coordinator, three relatives and three residents confirm residents are supported and encouraged to remain involved in the community and external groups.

Criterion 1.1.12.1 (HDS(C)S.2008:1.1.12.1)

Consumers have access to visitors of their choice.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.1.12.2 (HDS(C)S.2008:1.1.12.2)

Consumers are supported to access services within the community when appropriate.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.1.13: Complaints Management (HDS(C)S.2008:1.1.13)

The right of the consumer to make a complaint is understood, respected, and upheld.

ARC D6.2; D13.3h; E4.1biii.3 ARHSS D6.2; D13.3g

Attainment and Risk: FA

Evidence:

There is a complaints policy to guide practice. The executive nurse manager leads the investigation of complaints (verbal and written). Complaints are discussed at the monthly staff meeting. Complaints forms are visible around the facility on noticeboards. The last recorded complaint was received in October 2013 (respite resident) and was closed out in November 2013. There are no further complaints following this date. The complaints register was updated during the audit. Discussion with three residents and three relatives confirm they are aware of how to make a complaint.

D13.3h. A complaints procedure is provided to residents within the information pack at entry.

Criterion 1.1.13.1 (HDS(C)S.2008:1.1.13.1)

The service has an easily accessed, responsive, and fair complaints process, which is documented and complies with Right 10 of the Code.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.1.13.3 (HDS(C)S.2008:1.1.13.3)

An up-to-date complaints register is maintained that includes all complaints, dates, and actions taken.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Outcome 1.2: Organisational Management

Consumers receive services that comply with legislation and are managed in a safe, efficient, and effective manner.

Standard 1.2.1: Governance (HDS(C)S.2008:1.2.1)

The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.

ARC A2.1; A18.1; A27.1; A30.1; D5.1; D5.2; D5.3; D17.3d; D17.4b; D17.5; E1.1; E2.1 ARHSS A2.1; A18.1; A27.1; A30.1; D5.1; D5.2; D5.3; D17.5

Attainment and Risk: FA

Evidence:

Cardrona provides care for up to 33 residents across two service levels (rest home and hospital). On the day of audit there were 21 rest home residents and seven hospital residents. One of the hospital level residents is a young disabled person. The 12 hospital level rooms are suitable to care for either rest home or hospital level care. There were no respite residents at the time of audit.

The manager (owner) is at the facility full time and works closely with the (full time) executive nurse manager. The main quality goal for the 2014 year relates to increasing occupancy. There is a quality programme that is implemented with information (e.g. incident trends, infection rates) being taken to staff via the monthly staff meetings.

The service is managed by the owner (non-clinical) with a full time executive nurse manager (registered nurse). The executive nurse manager has been in post approximately four years. There is a team of registered nurses who have experience within the aged residential care environment. In the absence of the executive nurse manager one of the registered nurses covers the role with the support of the manager (owner).

ARC, D17.3di (rest home), D17.4b (hospital), The manager has maintained at least eight hours annually of professional development activities related to managing a hospital.

Criterion 1.2.1.1 (HDS(C)S.2008:1.2.1.1)

The purpose, values, scope, direction, and goals of the organisation are clearly identified and regularly reviewed.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.2.1.3 (HDS(C)S.2008:1.2.1.3)

The organisation is managed by a suitably qualified and/or experienced person with authority, accountability, and responsibility for the provision of services.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.2.2: Service Management (HDS(C)S.2008:1.2.2)

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.

ARC D3.1; D19.1a; E3.3a ARHSS D3.1; D4.1a; D19.1a

Attainment and Risk: FA

Evidence:

During a temporary absence of the manager (owner) the executive nurse manager provides cover. In the absence of the executive nurse manager one of the registered nurses provides clinical cover supported by the manager (owner).

D19.1a; A review of the documentation, policies and procedures and from discussion with staff identified that the service operational management strategies, QI programme which includes culturally appropriate care, to minimise risk of unwanted events and enhance quality.

Criterion 1.2.2.1 (HDS(C)S.2008:1.2.2.1)

During a temporary absence a suitably qualified and/or experienced person performs the manager's role.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.2.3: Quality And Risk Management Systems (HDS(C)S.2008:1.2.3)

The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.

ARC A4.1; D1.1; D1.2; D5.4; D10.1; D17.7a; D17.7b; D17.7e; D19.1b; D19.2; D19.3a.i-v; D19.4; D19.5 ARHSS A4.1; D1.1; D1.2; D5.4; D10.1; D16.6; D17.10a; D17.10b; D17.10e; D19.1b; D19.2; D19.3a-iv; D19.4; D19.5

Attainment and Risk: PA Low

Evidence:

Cardrona is implementing a quality and risk management system. There are policies and procedures available that meet accepted good practice and adhere to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. Policies are reviewed on a regular basis. The content of policy and procedures are detailed to allow implementation by staff. There are a number of instances where documented policies were not evidenced as being implemented and this is an area requiring improvement.

Quality matters are taken to the monthly staff meetings. Meeting minutes demonstrate key components are discussed including internal audit, infection control and incidents, and complaints received. Quality activities are coordinated by the manager and executive nurse manager, and staff are encouraged to participate – for example by completing internal audits.

Cardrona infection control and health and safety matters are managed via the monthly staff meetings including infections (number and type) and staff accidents. Meeting minutes reviewed indicate issues raised are followed through and closed out, including resident meetings (monthly).

Cardrona is implementing an internal audit programme that includes aspects of clinical care – such as medication management. Where issues arise from internal audits quality improvement form can be developed – e.g. Medication audit was completed in May (2014) and a quality improvement form (QIF 17) was developed and actions recorded at the staff meeting.

D19.3: There is an H&S and risk management programme in place including policies to guide practice. The executive nurse manager is the health and safety coordinator for the facility who monitors staff accidents and incidents.

D19.2g: Falls prevention strategies are in place that includes the analysis of falls incidents and the identification of interventions on a case by case basis to minimise future falls. This has included particular residents identified as high falls-risk and the use of hip protectors. At the time of audit two sensor mats had been ordered with delivery imminent.

Criterion 1.2.3.1 (HDS(C)S.2008:1.2.3.1)

The organisation has a quality and risk management system which is understood and implemented by service providers.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.2.3.3 (HDS(C)S.2008:1.2.3.3)

The service develops and implements policies and procedures that are aligned with current good practice and service delivery, meet the requirements of legislation, and are reviewed at regular intervals as defined by policy.

Attainment and Risk: PA Low

Evidence:

There is a suite of policies and procedures that cover all aspects of service delivery and align with accepted good practices. Policies are reviewed on a regular basis. The content of policy and procedures are detailed to allow implementation by staff.

Finding:

Policies and procedures are available to guide practice. During the audit there are a number of instances where documented policies were not evidenced as being implemented examples include (but not limited to): the complaints policy prescribed the use of a register, this was not initially in place (noting this was corrected during the audit); the policy prescribing hot water temperature thresholds was not followed (link 1.4.2); policies were in place describing the use and frequency of assessment tools and these were not evidenced in files reviewed (link 1.3.4). However, residents are being monitored and treated accordingly.

Corrective Action:

Ensure policies are implemented that align with good practice.

Timeframe (days): 90 (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.2.3.4 (HDS(C)S.2008:1.2.3.4)

There is a document control system to manage the policies and procedures. This system shall ensure documents are approved, up to date, available to service providers and managed to preclude the use of obsolete documents.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.2.3.5 (HDS(C)S.2008:1.2.3.5)

Key components of service delivery shall be explicitly linked to the quality management system.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.2.3.6 (HDS(C)S.2008:1.2.3.6)

Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.2.3.7 (HDS(C)S.2008:1.2.3.7)

A process to measure achievement against the quality and risk management plan is implemented.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.2.3.8 (HDS(C)S.2008:1.2.3.8)

A corrective action plan addressing areas requiring improvement in order to meet the specified Standard or requirements is developed and implemented.

Attainment and Risk: FA

Evidence:

Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.2.3.9 (HDS(C)S.2008:1.2.3.9)

Actual and potential risks are identified, documented and where appropriate communicated to consumers, their family/whānau of choice, visitors, and those commonly associated with providing services. This shall include:

- (a) Identified risks are monitored, analysed, evaluated, and reviewed at a frequency determined by the severity of the risk and the probability of change in the status of that risk;
- (b) A process that addresses/treats the risks associated with service provision is developed and implemented.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 1.2.4: Adverse Event Reporting (HDS(C)S.2008:1.2.4)

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.

ARC D19.3a.vi.; D19.3b; D19.3c ARHSS D19.3a.vi.; D19.3b; D19.3c

Attainment and Risk: PA Low
Evidence:
D19.3c: There is an incident policy and monthly tracking that is taken to staff meetings. Completed incident forms are filed in the resident records, and then archived. Record of the incident is recorded in the resident progress notes and also on a summary sheet in the resident file. Family are seen to have been notified. Two resident files were

reviewed and there were resident incidents recorded in progress notes that did not have a completed incident form, and there were incident forms that had not been completed as prescribed. This is an area requiring improvement.

D19.3b; The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made. Trending data is considered. Discussions with service management, confirms an awareness of the requirement to notify relevant authorities in relation to essential notifications.

Criterion 1.2.4.2 (HDS(C)S.2008:1.2.4.2)

The service provider understands their statutory and/or regulatory obligations in relation to essential notification reporting and the correct authority is notified where required.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.2.4.3 (HDS(C)S.2008:1.2.4.3)

The service provider documents adverse, unplanned, or untoward events including service shortfalls in order to identify opportunities to improve service delivery, and to identify and manage risk.

Attainment and Risk: PA Low

Evidence:

There is an incident policy and monthly tracking that includes the type of incident and time of occurrence. Monthly summaries are taken to staff meetings. Incident forms are completed and include registered nurse review. Completed incident forms are filed in the resident records, and then archived. Record of the incident is recorded in the resident progress notes and also on a summary sheet in the resident file. Family are seen to have been notified. Interview with the executive nurse manager confirmed an awareness of resident incidents and resulting outcomes.

Finding:

Ten incident forms were tracked through two resident files, one was a high falls risk, the other had instances of reported skin tears. The following non-conformities were noted:

a) Seven out of ten incident forms did not include completion of the 'incident prevention' section of the form.

b) One completed incident form (skin tear) was recorded in the resident progress notes and summary sheet, but was not part of the aggregated monthly data.

c) Eight incidents were reported in progress notes that did not have an accompanying incident form, and therefore were not included in monthly data. Three incidents related to resident falls and five skin tears/bruising.

Corrective Action:

Ensure resident incidents are recorded in the prescribed manner.

Timeframe (days): 60 (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.2.7: Human Resource Management (HDS(C)S.2008:1.2.7)

Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.

ARC D17.6; D17.7; D17.8; E4.5d; E4.5e; E4.5f; E4.5g; E4.5h ARHSS D17.7, D17.9, D17.10, D17.11

Attainment and Risk: FA

Evidence:

There are human resources policies to support recruitment practices. A list of practising certificates is maintained. Seven staff files were reviewed (executive nurse manager, registered nurse, caregiver, cleaner, laundry/caregiver, activities coordinator and cook) and all had relevant documentation relating to employment. Performance appraisals are current in all files reviewed.

The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme includes documented competencies and induction checklists. Staff interviewed (two caregivers, one registered nurse) were able to describe the orientation process and believed new staff were adequately orientated to the service.

There is an education plan that includes required education as part of these standards. The plan is being implemented. There is evidence that additional training opportunities are offered to staff such as attendance at a RN study day (held in Tokoroa) and the ACE programme (interview with two care givers). A competency programme is in place. Staff interviewed are aware of the requirement to complete competency training – such as medication competency.

The RN's are all first aid trained.

Criterion 1.2.7.2 (HDS(C)S.2008:1.2.7.2)

Professional qualifications are validated, including evidence of registration and scope of practice for service providers.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.2.7.3 (HDS(C)S.2008:1.2.7.3)

The appointment of appropriate service providers to safely meet the needs of consumers.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.2.7.4 (HDS(C)S.2008:1.2.7.4)

New service providers receive an orientation/induction programme that covers the essential components of the service provided.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.2.7.5 (HDS(C)S.2008:1.2.7.5)

A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.2.8: Service Provider Availability (HDS(C)S.2008:1.2.8)

Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.

ARC D17.1; D17.3a; D17.3 b; D17.3c; D17.3e; D17.3f; D17.3g; D17.4a; D17.4c; D17.4d; E4.5 a; E4.5 b; E4.5c ARHSS D17.1; D17.3; D17.4; D17.6; D17.8

Attainment and Risk: FA
Evidence: The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. Staffing is as follows: an RN on each shift, and two caregivers on each of the morning, afternoon and night duty. The registered nurses are all first aid qualified. The manager and executive nurse manager are both on-call dependent on the issue (i.e. Clinical vs. operational). The activities coordinators work a total of 20 hours per week. The caregivers, residents and relatives interviewed inform there are sufficient staff on duty at all times.

Criterion 1.2.8.1 (HDS(C)S.2008:1.2.8.1)

There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.

Attainment and Risk: FA
Evidence:
Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.2.9: Consumer Information Management Systems (HDS(C)S.2008:1.2.9)

Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.

ARC A15.1; D7.1; D8.1; D22; E5.1 ARHSS A15.1; D7.1; D8.1; D22

Attainment and Risk: FA

Evidence:

The resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within required timeframes into the resident's individual record. An initial care plan is also developed in this time. Information containing personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Resident files are protected from unauthorised access by being held in a locked staff area. Care plans and notes are legible. All resident records contain the name of resident and the person completing. Individual resident files demonstrate service integration including records from allied health professionals and specialists involved in the care of the resident. D7.1 Entries are legible, dated and signed by the relevant caregiver or registered nurse including designation. Policies contain service name.

Criterion 1.2.9.1 (HDS(C)S.2008:1.2.9.1)

Information is entered into the consumer information management system in an accurate and timely manner, appropriate to the service type and setting.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.2.9.7 (HDS(C)S.2008:1.2.9.7)

Information of a private or personal nature is maintained in a secure manner that is not publicly accessible or observable.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.2.9.9 (HDS(C)S.2008:1.2.9.9)

All records are legible and the name and designation of the service provider is identifiable.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.2.9.10 (HDS(C)S.2008:1.2.9.10)

All records pertaining to individual consumer service delivery are integrated.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Outcome 1.3: Continuum of Service Delivery

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.

Standard 1.3.1: Entry To Services (HDS(C)S.2008:1.3.1)

Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.

ARC A13.2d; D11.1; D11.2; D13.3; D13.4; D14.1; D14.2; E3.1; E4.1b ARHSS A13.2d; D11.1; D11.2; D13.3; D13.4; D14.1; D14.2

Attainment and Risk: FA

Evidence:

Prior to entry all potential residents have a needs assessment completed by the needs assessment and co-ordination service to assess suitability for entry to the service. The service has an admission policy, admission agreement and a resident information pack available for residents/families at entry. The information pack includes all relevant aspects of service and residents and/or family are provided with associated information such as the health and disability code of rights, how to access advocacy and the complaints process. Three residents (two rest home and one hospital) and three family/whanau (one rest home and two hospital) confirm they had received all relevant information prior to or on admission. The owner/manager and executive nurse manager (ENM) screen potential clients ensuring the service can meet the needs of assessed level of care. The GP is notified of an impending admission and an admission visit is arranged within 48 hours of the resident entry to services.

D13.3 The admission agreement reviewed aligns with a) -k) of the ARC contract in six of six admission agreements sampled.

D14.1 Exclusions from the service are included in the admission agreement.

D14.2 The information provided at entry includes examples of how services can be accessed that are not included in the agreement.

Criterion 1.3.1.4 (HDS(C)S.2008:1.3.1.4)

Entry criteria, assessment, and entry screening processes are documented and clearly communicated to consumers, their family/whānau of choice where appropriate, local communities, and referral agencies.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.3.2: Declining Referral/Entry To Services (HDS(C)S.2008:1.3.2)

Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.

ARHSS D4.2

Attainment and Risk: FA

Evidence:

The admission policy describes the declined entry to services process. Cardrona records the reason for declining service entry to residents should this occur and communicates this to residents/family/whānau and refers the resident/family/whānau back to the referral agency. There are no declined entries recorded.

Criterion 1.3.2.2 (HDS(C)S.2008:1.3.2.2)

When entry to the service has been declined, the consumers and where appropriate their family/whānau of choice are informed of the reason for this and of other options or alternative services.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.3.3: Service Provision Requirements (HDS(C)S.2008:1.3.3)

Consumers receive timely, competent, and appropriate services in order to meet their assessed needs and desired outcome/goals.

ARC D3.1c; D9.1; D9.2; D16.3a; D16.3e; D16.3l; D16.5b; D16.5ci; D16.5c.ii; D16.5e ARHSS D3.1c; D9.1; D9.2; D16.3a; D16.3d; D16.5b; D16.5d; D16.5e; D16.5i

Attainment and Risk: FA

Evidence:

There is a policy and process that describes resident's admission and assessment procedures.

D16.2, 3, 4 A registered nurse undertakes the assessments on admission, with the initial care plan completed within 24 hours of admission. Within three weeks the long term care plan is developed in the six of six resident files sampled (three hospital, three rest home). In all files sampled the initial admission assessment, initial care plans and long term care plans are completed and signed off by a registered nurse. Five of six long term care plans have been reviewed six monthly. One rest home resident has not been at the service long enough for a care plan review. RNs complete a resident annual healthcare review. The executive nurse manager (ENM) has completed InterRAI training and in the process of changing over to the InterRAI assessments as resident needs change or require assessment. As other registered nurses (RNs) complete the training care plans will be changed over to the InterRAI system. There is evidence of resident and/or family/whanau/EPOA involvement in the care planning process. Activity assessments, activity plans and reviews are completed by the activity co-ordinators.

Care plans are used by nursing staff and caregivers to ensure care delivery meets the residents assessed needs. There is a verbal and written handover for caregivers and registered nurses at the beginning of each shift and any resident concerns or events are communicated to the oncoming staff. Progress notes are completed by the RNs each shift. Caregivers sign a daily cares checklist for each resident. All six files identified integration of allied health including general practitioner, nurse practitioner, mental health services for the older person, podiatrist, physiotherapist and speech language therapist.

Medical assessments are completed within 48 hours of admission by the GP in six of six resident files sampled. Cardrona has a contracted GP who visits as required and is available by phone or fax communication. There is a nurse practitioner (interviewed) is contracted to Cardrona via another medical centre. She liaises closely with the GP and can carry out routine reviews, unscheduled visits for non-complicated illness, order blood tests and x-rays, arrange admission to hospital and review blood tests. The nurse practitioner (NP) is completing competency for prescribing rights and currently prescribes under GP supervision. The NP provides education and advice during on-site visits and is available at other times for telephone advice and is on call. There is also a GP on call after hours.

Tracer Methodology: hospital resident

XXXXXX *This information has been deleted as it is specific to the health care of a resident.*

Tracer Methodology: Rest home resident

XXXXXX *This information has been deleted as it is specific to the health care of a resident.*

Criterion 1.3.3.1 (HDS(C)S.2008:1.3.3.1)

Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is undertaken by suitably qualified and/or experienced service providers who are competent to perform the function.

<p>Attainment and Risk: FA</p> <p>Evidence:</p> <p>Finding:</p> <p>Corrective Action:</p> <p>Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i></p>
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Criterion 1.3.3.3 (HDS(C)S.2008:1.3.3.3)

Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.

<p>Attainment and Risk: FA</p> <p>Evidence:</p> <p>Finding:</p> <p>Corrective Action:</p> <p>Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i></p>
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Criterion 1.3.3.4 (HDS(C)S.2008:1.3.3.4)

The service is coordinated in a manner that promotes continuity in service delivery and promotes a team approach where appropriate.

<p>Attainment and Risk: FA</p> <p>Evidence:</p>

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.3.4: Assessment (HDS(C)S.2008:1.3.4)

Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.

ARC D16.2; E4.2 ARHSS D16.2; D16.3d; D16.5g.ii

Attainment and Risk: PA Low

Evidence:

Admission documentation obtained on interview with resident/relative or advocate includes (but not limited to): personal and next of kin identification, ethnicity and religion, current and previous health and/or disability conditions, medication and allergies, activities of daily living, mobility status, equipment needs, dietary needs, activities preferences, spiritual, cultural and social needs. Information in discharge summaries, referral letters, medical notes and nursing care discharge summaries received from referring agencies is gathered by the RN to develop the initial assessment and the first resident care plan within the required timeframes. All resident files sampled evidenced an initial assessment and care plan with reference to the information gathered on admission. Relatives (three) and residents (three) advised on interview that assessments are completed in the privacy of their single room. A range of assessment tools available for completion on admission are (but not limited to); a) nutrition and diet profile b) Norton pressure area risk assessment, c) continence assessment, review and continence diary d) falls risk assessment e) pain assessment and abbey pain scale and f) wound assessment. There is an improvement required around the use of pain and continence assessment tools.

Criterion 1.3.4.2 (HDS(C)S.2008:1.3.4.2)

The needs, outcomes, and/or goals of consumers are identified via the assessment process and are documented to serve as the basis for service delivery planning.

Attainment and Risk: PA Low

Evidence:

A range of assessment tools available for completion on admission are (but not limited to); a) nutrition and diet profile b) Norton pressure area risk assessment, c) continence assessment, review and continence diary d) falls risk assessment e) pain assessment and abbey pain scale and f) wound assessment.

Finding:

There is no evidence of pain assessments forms being completed for two rest home residents and one hospital resident who identify as having pain. There is no evidence of continence assessment forms and reviews for one rest home and one hospital resident. One rest home does not have a continence assessment form completed on admission. It was noted however, that pain and continence monitoring is being completed for these residents.

Corrective Action:

Ensure pain and continence assessments (where applicable) are completed and reviewed at least six monthly.

Timeframe (days): 30 (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.3.5: Planning (HDS(C)S.2008:1.3.5)

Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.

ARC D16.3b; D16.3f; D16.3g; D16.3h; D16.3i; D16.3j; D16.3k; E4.3 ARHSS D16.3b; D16.3d; D16.3e; D16.3f; D16.3g

Attainment and Risk: FA

Evidence:

An initial assessment forms the basis of an initial care plan within the first 48 hours to guide staff in the safe delivery of care during the first three weeks of their admission. The RN develops the long term care plan from information gathered over the first three weeks of admission. There is evidence in six of six files sampled that care planning involves the resident and family as appropriate. Family members unable to attend the care plan review are contacted and kept informed of care plan changes and outcomes of the review as documented in the family contact sheet and emails sighted in the resident records. There is evidence of six monthly review and written evaluation in five of six resident files which is signed by a registered nurse. One rest home resident has not been at the service six months. Other allied health care professionals providing input such as nurse practitioner, GP, physiotherapist, are involved in evaluations as required. The integrated resident file also contains admission documents, informed consent forms, care documents, falls, pressure area and nutritional assessments and reviews, medical documentation, test results (laboratory and radiology), allied health notes, referrals and other relevant health information, associated assessments such as activities, recordings (weight, blood pressure), incidents and accidents and any correspondence. Short term care plans sighted in place with interventions, management and evaluations of short term needs such as hypertension, diabetes, UTIs, falls, chest infection and change in toileting needs. All are evaluated, signed off when resolved or added to the long term care plan if an on-going problem. Notes by the GP and allied health professionals are evidenced. Residents (three) and family/whanau (three) interviewed are positive and complimentary about the staff, clinical and medical care provided.

D16.3f: Six of Six resident files reviewed identified that family were involved.

D16.3k: Short term care plans are in use for changes in health status.

Criterion 1.3.5.2 (HDS(C)S.2008:1.3.5.2)

Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.

Attainment and Risk: FA

Evidence:**Finding:**

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.3.5.3 (HDS(C)S.2008:1.3.5.3)

Service delivery plans demonstrate service integration.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.3.6: Service Delivery/Interventions (HDS(C)S.2008:1.3.6)

Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.

ARC D16.1a; D16.1b.i; D16.5a; D18.3; D18.4; E4.4 ARHSS D16.1a; D16.1b.i; D16.5a; D16.5c; D16.5f; D16.5g.i; D16.6; D18.3; D18.4

Attainment and Risk: FA

Evidence:

The service provides services for residents requiring rest home and hospital level care. Individualised care plans are completed by registered nurses. When a resident's condition alters, the registered nurses initiate a review and if required, GP or nurse practitioner consultation. The two caregivers and one RN interviewed state they have all the equipment referred to in long and short term care plans necessary to provide care, including hoists (checked May 2014), electric beds, pressure relieving mattresses and cushions, shower chairs, transfer belts, wheelchairs, hospital level lazy boy chairs on wheels, wheelchair scale (on loan monthly), electronic floor scales (calibrated September 2013), gloves, aprons and masks.

Wound assessment, wound evaluation and care plans are completed for four skin tears, one surgical wound (photo taken) and one lesion (awaiting surgical intervention). There is evidence of GP/nurse specialist involvement as required. There are regular wound evaluations. Wounds not resolved after six weeks are transferred to a chronic wound care plan and advice sought as required. The ENM is able to describe the referral process around accessing wound care advice/input into wound management. A reference is documented in the long term care plan for wounds being currently managed.

Continence products are available and resident files include a continence diary identifying products for day and night use. There are policies and procedures to guide staff in the management of catheters and catheter care. There are adequate supplies of continent products in all areas.

Palliative care support is available through the hospice and palliative nurse's visit by referral or request.

Resident weight is recorded on admission and monitored monthly. Weight loss interventions are documented on a short term care plan (sighted) such as a review of the nutritional profile, more regular weighing frequency, dietary supplements, dietary modification (if required), GP notification, dietitian referral or speech language referral for swallowing difficulties.

Three family/whanau advised on interview that they are involved in the development of the care plan and kept well informed of changes to care or health status and support by staff is consistent with their expectations. A courtesy call is made to the family monthly which allows for open discussion including any concerns the relatives may have regarding their family members health.

D18.3 and 4; Dressing supplies are available and there are adequate supplies of wound care products, blood glucose monitoring equipment and other medical equipment.

Criterion 1.3.6.1 (HDS(C)S.2008:1.3.6.1)

The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.3.7: Planned Activities (HDS(C)S.2008:1.3.7)

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.

ARC D16.5c.iii; D16.5d ARHSS D16.5g.iii; D16.5g.iv; D16.5h

Attainment and Risk: FA

Evidence:

There are two activity co-ordinators employed for 20 hours per week. They plan and implement the Monday to Friday programme across the rest home and hospital. One activity co-ordinator (12 hours per week) has completed the ACE programme and has a current first aid certificate. Both activity co-ordinators have commenced the NZQA unit - quality of life. The activity co-ordinators network with other activities persons/DTs during inter-home visits. Community links are maintained – for example: attendance at the Waikato rest home games, inter-home visits, community visitors to the home such as pet therapy, church visitors, volunteers, entertainers, and school and kindergarten

children. Church services are held at least fortnightly with four religions involved in providing church services. Volunteers call bingo weekly. The activity programme is planned monthly. Rest home and hospital residents join together for the activity programme. One on one time is spent with residents who choose not to participate or unable to join in the activity programme. Activities take place in the spacious rest home recreational room. Activities include (but not limited to); board games, discussion, movies, men's group, daily exercises, current affairs, newspaper reading and crafts. The programme is flexible and includes a daily "people's choice" of activity. Resident meetings and surveys provide residents with an opportunity to feedback on the activity programme. Caregivers involve themselves in the programme and visit with their children, grandchildren and pets. Festive and religious occasions are celebrated such as Easter, Christmas, resident birthdays, St Patrick's Day. The service has recently purchased a wheelchair hoist van and regular outings are planned with all residents having the opportunity to go on outings. All van drivers have received training in the use of the wheelchair hoist. Residents and the family are involved in the completion of an activity assessment on admission. The individual activity plan completed within two weeks of admission includes the resident's physical, intellectual, social, cultural and spiritual abilities and preferences. There is a co-ordinated approach to the planning and review of activity plans. The activity co-ordinators receive a resident status/ handover daily from the RN and read the communication book.

Residents and relatives interviewed are satisfied with the content and variety of the activity programme.

D16.5d There is a schedule in place to coordinate the review of all the individual activity plans at the time of residents long term care plan review.

Criterion 1.3.7.1 (HDS(C)S.2008:1.3.7.1)

Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.3.8: Evaluation (HDS(C)S.2008:1.3.8)

Consumers' service delivery plans are evaluated in a comprehensive and timely manner.

ARC D16.3c; D16.3d; D16.4a ARHSS D16.3c; D16.4a

Attainment and Risk: FA

Evidence:

All initial assessments and initial care plans are developed by a RN within 48 hours of admission. The long term care plan is developed within three weeks of admission and evaluated at least six monthly or if there is a change in health status. There is a resident annual healthcare review undertaken by the RN.

There is a three monthly review by the GP or nurse practitioner. There is documented evidence that care plan evaluations are up to date in five of six resident files sampled. One rest home resident has not been at the service long enough for a six monthly evaluation. Written evaluations identify and changes to care, if resident goals have been met or not met and if the resident and/or family member is present at the review. Care plan reviews are signed as completed by an RN. Short term care plans are evaluated and resolved or added to the long term care plan if the problem is on-going as sighted in resident files sampled.
D16.4a; Care plans are evaluated six monthly more frequently when clinically indicated.
ARC: D16.3c; All initial care plans were evaluated by the RN within three weeks of admission.

Criterion 1.3.8.2 (HDS(C)S.2008:1.3.8.2)

Evaluations are documented, consumer-focused, indicate the degree of achievement or response to the support and/or intervention, and progress towards meeting the desired outcome.

<p>Attainment and Risk: FA</p> <p>Evidence:</p> <p>Finding:</p> <p>Corrective Action:</p> <p>Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i></p>
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Criterion 1.3.8.3 (HDS(C)S.2008:1.3.8.3)

Where progress is different from expected, the service responds by initiating changes to the service delivery plan.

<p>Attainment and Risk: FA</p> <p>Evidence:</p> <p>Finding:</p> <p>Corrective Action:</p> <p>Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i></p>
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Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) (HDS(C)S.2008:1.3.9)

Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.

ARC D16.4c; D16.4d; D20.1; D20.4 ARHSS D16.4c; D16.4d; D20.1; D20.4

Attainment and Risk: FA

Evidence:

The ENM is able to describe the referral process to other medical and non-medical services. Referral documentation is maintained on resident files. Examples of referrals sighted were to NASC, dietitian, physiotherapist, and speech language therapist, mental health services for the older person, social worker, eye clinic, ophthalmologist and skin specialist. Residents and family interviewed confirmed they are consulted regarding referrals and choice of treatment.

D16.4c: The service provided examples of where a resident's condition had changed and the resident was reassessed for a higher level of care.

D 20.1; Discussions with the ENM identified that the service has access to wound care nurse specialist, incontinence specialist, podiatrist, nurse practitioner, occupational therapist and physiotherapist.

Criterion 1.3.9.1 (HDS(C)S.2008:1.3.9.1)

Consumers are given the choice and advised of their options to access other health and disability services where indicated or requested. A record of this process is maintained.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.3.10: Transition, Exit, Discharge, Or Transfer (HDS(C)S.2008:1.3.10)

Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.

ARC D21 ARHSS D21

Attainment and Risk: FA

Evidence:

There are policies to describe guidelines for death, discharge, transfer, documentation and follow up. There is an associated form for staff to complete. A record is kept and a copy of details is kept on the resident's file. All relevant information is documented and communicated to the receiving health provider or service. A transfer form accompanies residents to receiving facilities. Follow up occurs to check that the resident is settled, or in the case of death, communication with the family is made and this is documented. Family contact records document regular communication with family/enduring power of attorney (EPOA) regarding the transfer and updates on residents' condition.

Criterion 1.3.10.2 (HDS(C)S.2008:1.3.10.2)

Service providers identify, document, and minimise risks associated with each consumer's transition, exit, discharge, or transfer, including expressed concerns of the consumer and, if appropriate, family/whānau of choice or other representatives.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.3.12: Medicine Management (HDS(C)S.2008:1.3.12)

Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.

ARC D1.1g; D15.3c; D16.5e.i.2; D18.2; D19.2d ARHSS D1.1g; D15.3g; D16.5i.i.2; D18.2; D19.2d

Attainment and Risk: FA

Evidence:

There are policies and processes that describe medication management that align with accepted guidelines. The supplying pharmacy is contracted to provide the medication robotic rolls packs and other pharmaceuticals. The RN checks and signs to declare medications are checked on delivery against the medication charts. PRN medications have the expiry dates recorded on the medication on delivery. Medications to be returned are stored safely until collected by the pharmacy. A medication disposal log is maintained. The service holds a GP antibiotic impress supply with expiry dates recorded. All eye drops and ointments are dated on opening. RNs complete annual medication competencies and attend annual medication education. Caregivers complete an assessment to check out controlled drugs with the RN. Controlled drugs are stored safely in the controlled drug safe and are checked weekly as evidenced in the controlled drug register. Two RNs complete a six monthly stocktake of all controlled drugs. All signing sheets are completed correctly. Staff signatures are sighted on the medication sheet signature register. PRN medications include date and time of administration. The nurse practitioner is contacted to initiate standing orders. There are no self-medicating residents. There is emergency oxygen and suction (checked September 2013). The emergency equipment is checked monthly.

Twelve medication charts sampled (six hospital, six rest home) and signing sheets sampled identified all medication charts had photo identification and allergies/adverse reactions noted. All 12 medication charts evidenced three monthly GP reviews.

D16.5.e.i.2; Twelve out of 12 medication charts reviewed identified that the GP had seen and reviewed the resident three monthly and the medication chart was signed.

Criterion 1.3.12.1 (HDS(C)S.2008:1.3.12.1)

A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.3.12.3 (HDS(C)S.2008:1.3.12.3)

Service providers responsible for medicine management are competent to perform the function for each stage they manage.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.3.12.5 (HDS(C)S.2008:1.3.12.5)

The facilitation of safe self-administration of medicines by consumers where appropriate.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.3.12.6 (HDS(C)S.2008:1.3.12.6)

Medicine management information is recorded to a level of detail, and communicated to consumers at a frequency and detail to comply with legislation and guidelines.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.3.13: Nutrition, Safe Food, And Fluid Management (HDS(C)S.2008:1.3.13)

A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.

ARC D1.1a; D15.2b; D19.2c; E3.3f ARHSS D1.1a; D15.2b; D15.2f; D19.2c

Attainment and Risk: FA

Evidence:

There are food policies/procedures for food services and menu planning appropriate for the service. There is a Monday to Friday cook and weekend cook from 7.30am to 1.30pm. The cook is supported by a morning and evening kitchen hand. There is a four week rotating menu that has been approved by a dietitian. Variations to the menu are recorded. The cook receives a diet profile on a resident's admission and is notified if there are any changes. Dietary needs and dislikes are known. There is a dislikes board in the kitchen. Normal, pureed and diabetic desserts are provided. The cook is aware of any residents with weight loss and provides non-prescribed supplements as instructed by the RN. Lip plates and specialised utensils are provided for residents as assessed. The main meal is at midday. Hot food temperatures (end cooked) are recorded weekly. Food wastage is monitored daily. The two freezers and four fridges are temperature checked daily with evidence of corrective actions taken as needed (recordings sighted). All foods sighted in fridges and freezers are dated. Dry goods in the pantry are sealed, dated, labelled and off the floor. Food items are rotated fortnightly with the deliveries.

Staff are observed wearing correct protective wear, caps, aprons and gloves. There are cleaning schedules in place. Chemicals are stored safely. The dining room (adjacent to the kitchen) is locked when unattended. All food services staff have completed the ACE module – nutrition and food safety and hygiene, and chemical safety.

The cook meets with residents during meal times and receives verbal feedback on the menu. Residents have the opportunity to provide feedback and suggestions on the menu through resident meetings and surveys. The cook supports resident activities such as the preserving of tomatoes and making of relishes from produce in the rest home garden.

D19.2 ; Staff have been trained in safe food handling.

Criterion 1.3.13.1 (HDS(C)S.2008:1.3.13.1)

Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer group.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.3.13.2 (HDS(C)S.2008:1.3.13.2)

Consumers who have additional or modified nutritional requirements or special diets have these needs met.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.3.13.5 (HDS(C)S.2008:1.3.13.5)

All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Outcome 1.4: Safe and Appropriate Environment

Services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensures 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.

Standard 1.4.1: Management Of Waste And Hazardous Substances (HDS(C)S.2008:1.4.1)

Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.

ARC D19.3c.v; ARHSS D19.3c.v

Attainment and Risk: FA

Evidence:

The service has waste management policies and procedures for the safe disposal of waste and hazardous substances. These include (but are not limited to): needles and sharps policy; chemical storage policy; waste disposal policy. There is an incident reporting system that includes investigation of incidents. Chemicals are labelled and there is appropriate protective equipment and clothing for staff. Safety data sheets are available in the sluice room and locked chemical cupboard. The hazard register identifies hazardous substance and staff indicated a clear understanding of processes and protocols. Infection control policies state specific tasks and duties for which protective equipment is to be worn. Chemicals are evidenced stored safely in the laundry, sluice and kitchen areas. Staff attended chemical safety December 2013.

Criterion 1.4.1.1 (HDS(C)S.2008:1.4.1.1)

Service providers follow a documented process for the safe and appropriate storage and disposal of waste, infectious or hazardous substances that complies with current legislation and territorial authority requirements.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.4.1.6 (HDS(C)S.2008:1.4.1.6)

Protective equipment and clothing appropriate to the risks involved when handling waste or hazardous substances is provided and used by service providers.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.4.2: Facility Specifications (HDS(C)S.2008:1.4.2)

Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.

ARC D4.1b; D15.1; D15.2a; D15.2e; D15.3; D20.2; D20.3; D20.4; E3.2; E3.3e; E3.4a; E3.4c; E3.4d ARHSS D4.1c; D15.1; D15.2a; D15.2e; D15.2g; D15.3a; D15.3b; D15.3c; D15.3e; D15.3f; D15.3g; D15.3h; D15.3i; D20.2; D20.3; D20.4

Attainment and Risk: PA Low

Evidence:

The facility holds a current building warrant of fitness which expires on 9 December 2014. Cardrona is a spacious single story building with safe internal access between the bedrooms and communal areas. The corridors (with handrails) are sufficiently wide enough to allow residents to mobilise with the aid of walking frames safely and other mobility aids. There is on-going internal maintenance that includes refurbishment of resident rooms. There is ramp access to the outdoor areas with seating and shaded areas, award winning rose gardens and vegetable gardens.

Reactive and preventative maintenance occurs. A maintenance person is employed. Medical equipment is calibrated. Where required preferred contractors are contacted to address repairs. Hot water temperature in resident areas are monitored monthly. However there is an improvement required to ensure the hot water is maintained within the required temperature range.

ARC D15.3; There is adequate equipment available for the rest home and hospital. The two caregivers and one RN interviewed stated that they have all the equipment referred to in long and short term care plans necessary to provide care, including hoists (checked May 2014), electric beds, pressure relieving mattresses and cushions, shower chairs, transfer belts, wheelchairs, hospital level lazy boy chairs on wheels, wheelchair scale (on loan monthly), electronic floor scales (calibrated September 2013), gloves, aprons and masks.

Criterion 1.4.2.1 (HDS(C)S.2008:1.4.2.1)

All buildings, plant, and equipment comply with legislation.

Attainment and Risk: PA Low

Evidence:

Hot water temperature in resident areas are monitored monthly.

Finding:

Hot water temperature readings in resident areas for January, February, March, April and May 2014 are reading above 45 degrees Celsius (55-65 degrees Celsius). There is no evidence of corrective action.

Corrective Action:

Ensure resident hot water area temperatures are maintained at the required temperature. The plumber was contacted on the day of audit to correct the tempering valve. More frequent hot water temperature monitoring is recommended until temperatures are stable.

Timeframe (days): 30 (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.4.2.4 (HDS(C)S.2008:1.4.2.4)

The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.4.2.6 (HDS(C)S.2008:1.4.2.6)

Consumers are provided with safe and accessible external areas that meet their needs.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.4.3: Toilet, Shower, And Bathing Facilities (HDS(C)S.2008:1.4.3)

Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.

ARC E3.3d ARHSS D15.3c

Attainment and Risk: FA

Evidence:

There are adequate numbers of toilets and showers for each wing. All bedrooms have hand basins. There is safe flooring, seating and hand rails appropriately placed in the shower rooms. Fixtures, fittings and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. There are privacy locks on the doors. Residents interviewed confirmed that staff provide the resident with privacy when attending to personal hygiene cares.

Criterion 1.4.3.1 (HDS(C)S.2008:1.4.3.1)

There are adequate numbers of accessible toilets/showers/bathing facilities conveniently located and in close proximity to each service area to meet the needs of consumers. This excludes any toilets/showers/bathing facilities designated for service providers or visitor use.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.4.4: Personal Space/Bed Areas (HDS(C)S.2008:1.4.4)

Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.

ARC E3.3b; E3.3c ARHSS D15.2e; D16.6b.ii

Attainment and Risk: FA

Evidence:

There are five double rooms within the facility. All other bedrooms are single. All hospital level residents have electric beds. Residents and family/whanau are encouraged to personalise their bedrooms. In the shared rooms there are privacy curtains. On the day of audit it was observed that walking frames, hoists, specialised lazy boy chairs and other required equipment can be manoeuvred around the residents' personal space. Residents can be safely transferred into their beds using a hoist. Bedroom doors are wide enough for the transfer of residents on ambulance trolleys if required. Relatives/whanau and residents interviewed confirm their bedrooms are of adequate size and they can personalise them as they like.

Criterion 1.4.4.1 (HDS(C)S.2008:1.4.4.1)

Adequate space is provided to allow the consumer and service provider to move safely around their personal space/bed area. Consumers who use mobility aids shall be able to safely maneuvers with the assistance of their aid within their personal space/bed area.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining (HDS(C)S.2008:1.4.5)

Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.

ARC E3.4b ARHSS D15.3d

Attainment and Risk: FA

Evidence:

There is a large lounge in the rest home wing and the hospital wing. The lounges and spacious main dining room are accessible and accommodate the equipment required for the residents. New dining and lounge chairs have been recently purchased. There is an activity lounge and other areas that can be used for small group or individual activities. Residents are able to move freely and furniture is well arranged to facilitate this. Residents were seen to be moving freely both with and without assistance throughout the audit and residents interviewed report they can move around the facility and staff assist them if required. There is adequate space in the hospital lounge to accommodate the hospital level specialised lazy boy chairs.

D15.3d; Seating and space is arranged to allow both individual and group activities to occur.

Criterion 1.4.5.1 (HDS(C)S.2008:1.4.5.1)

Adequate access is provided where appropriate to lounge, playroom, visitor, and dining facilities to meet the needs of consumers.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.4.6: Cleaning And Laundry Services (HDS(C)S.2008:1.4.6)

Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.

ARC D15.2c; D15.2d; D19.2e ARHSS D15.2c; D15.2d; D19.2e

Attainment and Risk: FA

Evidence:

There is an external laundry room with two commercial washing machines and dryers. The caregivers carry out laundry duties. There is adequate personal protective clothing and staff are observed wearing protective clothing appropriately. Chemicals are added to the machines. There is a dedicated cleaner five hours a day Monday to Friday. The cleaner is responsible for the re-filing of chemical bottles for the areas. Chemicals are stored safely. All bedrooms, hallways and communal areas were clean and tidy in appearance. Residents and relatives expressed satisfaction with cleaning and laundry services.

Criterion 1.4.6.2 (HDS(C)S.2008:1.4.6.2)

The methods, frequency, and materials used for cleaning and laundry processes are monitored for effectiveness.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.4.6.3 (HDS(C)S.2008:1.4.6.3)

Service providers have access to designated areas for the safe and hygienic storage of cleaning/laundry equipment and chemicals.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.4.7: Essential, Emergency, And Security Systems (HDS(C)S.2008:1.4.7)

Consumers receive an appropriate and timely response during emergency and security situations.

ARC D15.3e; D19.6 ARHSS D15.3i; D19.6

Attainment and Risk: FA

Evidence:

Appropriate training, information, and equipment for responding to emergencies is provided. There is an approved evacuation plan (letter dated 02/04/2014). Fire evacuations are held six monthly and the last drill was completed 24 May 2014. There is staff across 24/7 with a current first aid certificate. There is a civil defence and emergency plan in place. The civil defence kit is readily accessible. The facility is well prepared for civil emergencies and has emergency lighting, a store of emergency water and a gas BBQ for alternative heating and cooking. Emergency food supplies sufficient for three days are kept in the kitchen. Hoists have battery backup. Oxygen cylinders are available. At least three days stock of other products such as incontinence products and PPE are kept. There is a store cupboard of supplies necessary to manage a pandemic. The call bell system is available in all areas. During the tour of the facility residents were observed to have easy access to the call bells and residents interviewed stated their bells were overall answered in a timely manner. A test of a resident call bell demonstrated an appropriate response time (15 seconds).
D19.6: There are emergency management plans in place to ensure health, civil defence and other emergencies are included.

Criterion 1.4.7.1 (HDS(C)S.2008:1.4.7.1)

Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.4.7.3 (HDS(C)S.2008:1.4.7.3)

Where required by legislation there is an approved evacuation plan.

<p>Attainment and Risk: FA</p> <p>Evidence:</p> <p>Finding:</p> <p>Corrective Action:</p> <p>Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i></p>
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Criterion 1.4.7.4 (HDS(C)S.2008:1.4.7.4)

Alternative energy and utility sources are available in the event of the main supplies failing.

<p>Attainment and Risk: FA</p> <p>Evidence:</p> <p>Finding:</p> <p>Corrective Action:</p> <p>Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i></p>
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Criterion 1.4.7.5 (HDS(C)S.2008:1.4.7.5)

An appropriate 'call system' is available to summon assistance when required.

<p>Attainment and Risk: FA</p> <p>Evidence:</p>

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.4.7.6 (HDS(C)S.2008:1.4.7.6)

The organisation identifies and implements appropriate security arrangements relevant to the consumer group and the setting.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.4.8: Natural Light, Ventilation, And Heating (HDS(C)S.2008:1.4.8)

Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.

ARC D15.2f ARHSS D15.2g

Attainment and Risk: FA

Evidence:

All bedrooms and communal areas have large windows allowing adequate natural light. Rooms are well ventilated and windows provide natural light. There is radiator heating in all bedrooms and communal rooms. Residents and family interviewed stated the temperature of the facility was comfortable. .

Criterion 1.4.8.1 (HDS(C)S.2008:1.4.8.1)

Areas used by consumers and service providers are ventilated and heated appropriately.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.4.8.2 (HDS(C)S.2008:1.4.8.2)

All consumer-designated rooms (personal/living areas) have at least one external window of normal proportions to provide natural light.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

NZS 8134.2:2008: Health and Disability Services (Restraint Minimisation and Safe Practice) Standards

Outcome 2.1: Restraint Minimisation

Services demonstrate that the use of restraint is actively minimised.

Standard 2.1.1: Restraint minimisation (HDS(RMSP)S.2008:2.1.1)

Services demonstrate that the use of restraint is actively minimised.

ARC E4.4a ARHSS D16.6

Attainment and Risk: FA

Evidence:

Cardrona has policies and procedures on restraint minimisation and safe practice. The executive nurse manager is the restraint coordinator and confirms that the service promotes a restraint-free environment. There are no residents using restraints and one using an enabler at the time of audit. Policy includes guidelines for use of enablers and restraint. The policy lists restraint alternatives and includes definitions for restraint and enablers. There is appropriate documentation to manage restraints and enablers. Challenging behaviour education last provided for staff in March (2014) and 18 attended.

Criterion 2.1.1.4 (HDS(RMSP)S.2008:2.1.1.4)

The use of enablers shall be voluntary and the least restrictive option to meet the needs of the consumer with the intention of promoting or maintaining consumer independence and safety.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

NZS 8134.3:2008: Health and Disability Services (Infection Prevention and Control) Standards

Standard 3.1: Infection control management (HDS(IPC)S.2008:3.1)

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.

ARC D5.4e ARHSS D5.4e

Attainment and Risk: FA

Evidence:

The infection control programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. The scope of the infection control programme policy and infection control programme description are available. There is a job description for the infection control coordinator. There is an implemented infection control programme that is linked into the quality management system. The infection control committee (all staff) has input into the development of the infection control programme and its review. The programme is reviewed annually (last complete 10/07/2013). The facility has access to GPs, local Laboratory, the infection control and public health departments at the local DHB for advice. Infection control is discussed at the monthly staff meetings.

Criterion 3.1.1 (HDS(IPC)S.2008:3.1.1)

The responsibility for infection control is clearly defined and there are clear lines of accountability for infection control matters in the organisation leading to the governing body and/or senior management.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 3.1.3 (HDS(IPC)S.2008:3.1.3)

The organisation has a clearly defined and documented infection control programme that is reviewed at least annually.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 3.1.9 (HDS(IPC)S.2008:3.1.9)

Service providers and/or consumers and visitors suffering from, or exposed to and susceptible to, infectious diseases should be prevented from exposing others while infectious.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 3.2: Implementing the infection control programme (HDS(IPC)S.2008:3.2)

There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.

ARC D5.4e ARHSS D5.4e

Attainment and Risk: FA

Evidence:

The infection control committee (all staff) includes a cross section of staff including the executive nurse manager (infection control coordinator), care staff and kitchen staff. The facility also has access to an infection control nurse specialist, public health and GP's.

Criterion 3.2.1 (HDS(IPC)S.2008:3.2.1)

The infection control team/personnel and/or committee shall comprise, or have access to, persons with the range of skills, expertise, and resources necessary to achieve the requirements of this Standard.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 3.3: Policies and procedures (HDS(IPC)S.2008:3.3)

Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.

ARC D5.4e, D19.2a ARHSS D5.4e, D19.2a

Attainment and Risk: FA

Evidence:

D 19.2a: The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team, training and education of staff. Infection control procedures developed in respect of the kitchen, laundry and housekeeping incorporate the principles of infection control. These principles are documented in the service policies contained within the infection control manual. External expertise can be accessed as required, to assist in the development of policies and procedures. Policy development involves the infection control coordinator and the infection control committee (all staff).

Criterion 3.3.1 (HDS(IPC)S.2008:3.3.1)

There are written policies and procedures for the prevention and control of infection which comply with relevant legislation and current accepted good practice.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 3.4: Education (HDS(IPC)S.2008:3.4)

The organisation provides relevant education on infection control to all service providers, support staff, and consumers.

ARC D5.4e ARHSS D5.4e

Attainment and Risk: FA

Evidence:

The infection control coordinator is responsible for coordinating/providing education and training to staff. The IC coordinator has completed appropriate IC training. The orientation package includes specific training around hand washing. The IC coordinator provides training both at orientation and on-going. Training on infection control is included in as part of the training schedule (last provided December 2013). Resident education is expected to occur as part of providing daily cares.

Criterion 3.4.1 (HDS(IPC)S.2008:3.4.1)

Infection control education is provided by a suitably qualified person who maintains their knowledge of current practice.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 3.4.5 (HDS(IPC)S.2008:3.4.5)

Consumer education occurs in a manner that recognises and meets the communication method, style, and preference of the consumer. Where applicable a record of this education should be kept.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 3.5: Surveillance (HDS(IPC)S.2008:3.5)

Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.

Attainment and Risk: FA

Evidence:

There is a policy describing surveillance methodology for monitoring of infections. The infection control coordinator collates information obtained through surveillance to determine infection control activities and education needs in the facility. Individual infection report forms are completed for all infections. Infections are included on a monthly register and a monthly report is completed by the infection control coordinator. Definitions of infections are in place appropriate to the complexity of service provided. Infection control data is collated and reported at monthly staff meetings. The surveillance of infection data assists in evaluating compliance with infection control practices. The infection control programme is linked with the quality programme. Hand hygiene audits are included in the audit schedule (last completed February). There is close liaison with the GP's that advise and provide feedback /information to the service. Systems in place are appropriate to the size and complexity of the facility.

Criterion 3.5.1 (HDS(IPC)S.2008:3.5.1)

The organisation, through its infection control committee/infection control expert, determines the type of surveillance required and the frequency with which it is undertaken. This shall be appropriate to the size and complexity of the organisation.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 3.5.7 (HDS(IPC)S.2008:3.5.7)

Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to relevant personnel and management in a timely manner.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*