

Royal Heights Care Limited

Current Status: 22 July 2014

The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Surveillance 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

Royal Heights Rest Home continues to provide a very high standard of care for a maximum of 45 rest home level care residents. On the day of this unannounced surveillance audit there are 43 residents, with one additional resident admitted on the day of audit.

There are no improvements required as a result of this audit. The service is maintaining its practices and commitment to continuous quality improvement in all areas of service delivery. There is a rating of continuous improvement in risk management which acknowledges the way the service has implemented actions following learnings from a seven and a half hour power outage in June 2014. These actions ensure increased resident safety and service continuity.

Audit Summary as at 22 July 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
	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 22 July 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 22 July 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.		Standards applicable to this service fully attained.
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Continuum of Service Delivery as at 22 July 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.		Standards applicable to this service fully attained.
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Safe and Appropriate Environment as at 22 July 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.		Standards applicable to this service fully attained.
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Restraint Minimisation and Safe Practice as at 22 July 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 22 July 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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HealthCERT Aged Residential Care Audit Report (version 4.0)

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:	Royal Heights Care Limited
Certificate name:	Royal Heights Care Limited
Designated Auditing Agency:	The DAA Group Limited
Types of audit:	Surveillance Audit
Premises audited:	Royal Heights Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 22 July 2014 End date: 22 July 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:	43

Audit Team

Lead Auditor	XXXXXXX	Hours on site	8	Hours off site	4
Other Auditors	XXXXXX	Total hours on site	8	Total hours off site	4
Technical Experts		Total hours on site		Total hours off site	
Consumer Auditors		Total hours on site		Total hours off site	
Peer Reviewer	XXXXXX			Hours	2

Sample Totals

Total audit hours on site	16	Total audit hours off site	10	Total audit hours	26
Number of residents interviewed	6	Number of staff interviewed	7	Number of managers interviewed	3
Number of residents' records reviewed	4	Number of staff records reviewed	6	Total number of managers (headcount)	4
Number of medication records reviewed	8	Total number of staff (headcount)	35	Number of relatives interviewed	2
Number of residents' records reviewed using tracer methodology	1			Number of GPs interviewed	

Declaration

I, XXXXXXXXXX, Director of Wellington hereby submit this audit report pursuant to section 36 of the Health and Disability Services (Safety) Act 2001 on behalf of The DAA Group Limited, an auditing agency designated under section 32 of the Act.

I confirm that:

a)	I am a delegated authority of The DAA Group Limited	Yes
b)	The DAA Group Limited has in place effective arrangements to avoid or manage any conflicts of interest that may arise	Yes
c)	The DAA Group 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	Yes
g)	The DAA Group Limited has provided all the information that is relevant to the audit	Yes
h)	The DAA Group Limited has finished editing the document.	Yes

Dated Thursday, 7 August 2014

Executive Summary of Audit

General Overview

Royal Heights Rest Home continues to provide a very high standard of care for a maximum 45 rest home level care residents. On the day of this unannounced surveillance audit there are 43 residents with one additional resident who was admitted on the day of audit.

There are no improvements required as a result of this audit. The service is maintaining its practices and commitment to continuous quality improvement in all areas of service delivery. There is a rating of continuous improvement in risk management which acknowledges the way the service has implemented actions following learnings from a seven and a half hour power outage in June 2014. These actions ensure increased resident safety and service continuity.

Outcome 1.1: Consumer Rights

Royal Heights staff adhere to the principles and practice of open disclosure and provide an environment conducive to effective communication. The service is managing the complaints process effectively. There are only minor concerns noted in the complaints register and no formal complaints since the previous audit. The register contains a clear and detailed account for each concern raised by a resident, relative or staff member and how these are acknowledged, investigated and resolved. The type of concerns are primarily about missing laundry or personal effects that are eventually found. Residents and relatives demonstrate knowledge and understanding about the service complaint management processes.

Outcome 1.2: Organisational Management

The only changes to the governance and management of Royal Heights Rest Home since the previous audit in 2012 are improvements.

Quality and risk management systems and processes are well maintained and all staff are involved in ensuring services are the best they can be. There is a rating of continuous improvement for the ways the service responded to a lengthy power outage in June 2014. Although the existing backup systems of emergency lighting, battery power and gas fuels for cooking functioned for a period of time, these did not hold for the entire outage. The service has since purchased a generator and phone system which is not dependent on electricity. The external door system has been modified to ensure continued security without power and the ability to maintain daily service delivery is enhanced. The experience is documented in detail and includes evidence of all actions taken and any future risks being mitigated, including enhanced relationships and agreements with external power providers, emergency services and other allied services.

The adverse events system is effective. There are improvements in the way incidents are reported and analysed. Medicine, falls and kitchen or food incidents are now recorded separately to facilitate deeper analysis and benchmarking.

Staff are recruited according to best employment practices and are well supported in their professional development. There is a very low attrition rate of care staff and the number of registered nurse (RN) hours provided has increased again since the previous audit and continues to be well above what is required by the Aged Residential Care Contract.

Outcome 1.3: Continuum of Service Delivery

The provision of services is delivered by suitably qualified and experienced staff. The nurse manager or registered nurse conduct the initial assessment and initial care plan on the resident's admission to the service. The provision of care is based on the assessed needs of the resident, for residents at rest home level of care. Care plans are evaluated as required six monthly or earlier if the assessed needs change.

The activities are planned to meet the needs and strengths of the residents.

The menu is reviewed by a dietitian and has been assessed as suitable for the older person living in a care facility. All other aspects of food delivery meet food service delivery standards requirements.

A safe medicine management system is observed on the day of audit. Staff who are responsible for medicine management are assessed as competent to perform the role. All aspects of medicine management meet safe medication standards.

Outcome 1.4: Safe and Appropriate Environment

The buildings and chattels are being well maintained. There is a current building warrant of fitness. Improvements to internal and exterior areas continues. There have been improvements to residents' security and safety in the home by installing additional security cameras throughout the home.

Outcome 2: Restraint Minimisation and Safe Practice

The service is maintaining its commitment and practice of no restraint. There are currently no residents who require enablers. Staff education in maintaining a restraint free environment and effective management of challenging behaviour is ongoing.

Outcome 3: Infection Prevention and Control

The service has an appropriate system for the surveillance of infections, which reflects the size and scope of the service. Where the infection rates are higher than expected the service implements an action plan to address any shortfalls identified. The service has processes in place to ensure results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to relevant staff and management in a timely manner.

Summary of Attainment

	CI	FA	PA Negligible	PA Low	PA Moderate	PA High	PA Critical
Standards	0	16	0	0	0	0	0
Criteria	1	40	0	0	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	34
Criteria	0	0	0	0	0	0	0	60

Corrective Action Requests (CAR) Report

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)

Continuous Improvement (CI) Report

Code	Name	Description	Attainment	Finding
HDS(C)S.2008	Criterion 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.	CI	The service continues to enhance resident safety. The power outage event in June provided a real time test of Royal Heights readiness for emergency or civil defence situations. Overall the site and staff coped in a controlled manner and no major health or safety issues were encountered. The learning's from this event has resulted in more improvements to the site, its systems, including its communications capacity, and has built stronger relationships with external providers (eg, power providers, emergency services and contracted security and maintenance people)

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 1.1.9: 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:

The service is maintaining its open disclosure practices and residents and their relatives are fully informed about all and any events. Resident and relative feedback confirms they feel fully informed in all aspects of the service provision. Staff wear large font name badges to assist residents and relatives with identification. There is one resident for whom English is a second language but the resident has not required interpreter services and communicates well and has close family. DHB interpreter services contact details is displayed in the office. The ARC requirements are met.
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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): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>
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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): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

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: <p>The service is pro-active in ensuring residents and their families understand the complaints process and are informed about advocacy. Staff encourage residents and their families to raise any concerns or dissatisfaction at any time. The owners are on site every week and the Nurse Manager's door is always open. As a result there have been no complaints. Staff record and act immediately on any concerns brought to their attention via resident meetings, or one-to-one discussions with residents and/or their families. The matters recorded in the complaint register are concerns, primarily about misplaced clothing or personal items or the laying out of a breakfast tray. All residents and family members interviewed expressed a high level of satisfaction with services and confirmed they know how to raise concerns/or complaints and said they would have no hesitation in approaching staff. The complaints management process is clearly described in policy and there are forms and information about how to raise complaints displayed in various locations, which residents know about. The service complies with ARC requirements for D6.2 and D13.3h.</p>

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

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

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: There are no changes to the service governance or management since it was opened in 1992. The nurse manager is a suitably qualified RN who has been in the role for 18 years. The general manager and the owners continue to visit and work on site each week. The Business and Risk Management Plan is recently reviewed in March 2014 and contains current and appropriate goals. The requirements of the ARC Contract are met.

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 1.2.3: 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: FA

Evidence:

Quality and risk management systems continue to be well maintained by the quality assurance manager and senior manager.

The internal audit and monitoring programme which measures and monitors the quality of service delivery, adheres to what is described in the annual quality goals and service policy. There is evidence of timely follow-up on corrective actions where these are identified. Corrective actions are documented on the internal audit forms, in weekly staff meeting minutes and in the accident/incident event reporting management system. Interview with the quality manager and review of quality documents shows that corrective actions are monitored for progress and completion.

There is a clear commitment and practice of continuous quality improvement and significant quality improvements since the previous certification audit. A project to improve the drug order chart initiated six months ago is in progress to improve the quality and detail of drug information for staff who administer medicines. This project was initiated, not because of medicine errors but to facilitate greater care staff knowledge and understanding of medicines and their effects when the nurse manager is away. Various forms have been developed and trialled with the prescribing GP and the dispensing pharmacist.

A seven and a half hour power outage in June resulted in learnings and the procurement of a generator and separate telephone system which is not dependent on electricity. Staff managed the power outage by modifying the menu for breakfast and lunch (eg, bread instead of toast, boiling water on the gas stove and completing hygienic dishwashing and cleaning of the home and attending to residents' personal hygiene needs using alternative but effective methods). An issue with the external doors not staying locked is now mitigated by adjustments to the battery power system. There are also improvements to residents security and safety in the home by installing additional security cameras.

Policies are current and continue to be reviewed against current standards, legislation and known best practice annually, or earlier when required.

Summaries of incidents, accidents and infection control data is regularly communicated to staff, residents and their families. The ARC contract requirements are met.

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: 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 1.2.3.4 (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): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

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

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

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: CI
Evidence: The organisation is maintaining a commitment to continuous quality improvement as demonstrated by interviews with the business manager, the quality manager, the nurse manager, an owner and review of the summary report detailing a seven and a half hour (from 6am to 1.30pm) power outage in June 2014. The incident and subsequent review process resulted in many actions being taken from the learnings, within 19 days. Some of these actions include the procurement of a generator and separate telephone system which is not dependent on electricity to mitigate any future power loss. A thorough health and safety review of the event by management and owners details how well site and the staff coped and where improvements could be made. The majority of recommendations from the review are now implemented with one action still to be completed. This involves prioritising the importance of electricity dependent items to be supported by the generator. An issue with the external doors not staying locked is now mitigated by adjustments to the battery power system.
Finding: The service continues to enhance resident safety. The power outage event in June provided a real time test of Royal Heights readiness for emergency or civil defence situations. Overall the site and staff coped in a controlled manner and no major health or safety issues were encountered. The learning's from this event has resulted in

more improvements to the site, its systems, including its communications capacity, and has built stronger relationships with external providers (eg, power providers, emergency services and contracted security and maintenance people)

Corrective Action:

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

Standard 1.2.4: 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: FA

Evidence:

The adverse event reporting system is a planned and co-ordinated process. Staff document all adverse, unplanned or untoward events on incident forms. There is evidence that the service informs consumers and/or family/whānau of any adverse events. There are improvements in the way incidents are reported and analysed. Medicine, falls and kitchen or food incidents are now recorded separately to facilitate deeper analysis and benchmarking. Review of incident records and incident analysis from the past two years, shows a relatively low fall rate of on average 3.2 number of falls per 1000 occupied bed days. There has only been one fracture in the past two years. The service complies with the ARC requirements.

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: 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 1.2.7: 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: <p>The service is adhering to safe and good human resource practices for staff recruitment and selection. Police vetting occurs. Review of a recent recruitment process for a relief caregiver provides evidence of reference checking, and record of the interview questions. This staff member interviewed confirmed that the recruitment, employment, orientation and ongoing support provided since commencement of employment is the most thorough experience encountered in comparison to other aged care facilities. The orientation/induction programme includes essential components of service delivery (eg, emergency protocols, policy and procedures, confidentiality, training and education). The programme states who is responsible for supervising the orientation and contains checklists of procedures/information to be covered and timeframes for these to be completed by.</p> <p>Staff training is routinely planned and facilitated as per the requirements of ARC D17.6 and D17.8. Interview with the staff development/quality manager, the nurse manager, one of the owners, three care staff and review of the annual training plan show there is at least one in-service education session delivered monthly. Individual written records of staff attendance at education sessions show that all staff attend more than eight hours per annum as required in the ARC D17.8. Staff education delivered since 2012 includes abuse and neglect, medicines, restraint, falls prevention, moving and handling, first aid, continence, pain assessment and management, infection control, and emergency preparedness including fire drills and health and safety. The majority of staff are long term employed and have completed all ACE programmes. One of the business owners and the nurse manager are moderators/assessors for the programme</p> <p>Staff performance appraisals are occurring as required in ARC D17.7. Review of five staff files shows that appraisals are linked to position descriptions and evidence of ongoing competency assessment.</p> <p>The nurse manager validates professional qualifications and holds copies of current practising certificates for the other RNs, and also ensures that the service GP and allied health staff remain registered with their relevant professional bodies.</p>

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

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

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

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

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: There are sufficient numbers of skilled and experienced staff allocated for each duty. The RN is on site Monday to Friday and on call 24 hours a day seven days a week (24/7) for advice and support. Rosters and staff and resident interview confirm that staffing numbers and hours of work are the same as they were two years ago and there is an increased six hours of RN cover from Monday to Friday and a full 8 hours shift on Saturday and Sundays. Care staff turnover remains low.

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

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 1.3.3: 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; D16.5c; 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: <p>Service delivery documentation is overseen by the nurse manager (NM) and the registered nurse (RN). Documentation is part of the audit process and reviewed at regular intervals to ensure this is completed within required timeframes. In the four files reviewed there is evidence of initial assessments and care plans being completed and clinical risk tools being reviewed within the required timeframes.</p> <p>Royal Heights Rest Home has commenced using interRAI computer programme for assessments and the NM and RN have completed the interRAI training. The long term care plan template is personalised, reviewed and amended within required timeframes.</p> <p>The NM reports there is a process for annual multidisciplinary resident reviews or review occurs earlier if required. There is evidence in the four files reviewed that family/whanau are involved in all areas of care management. Royal Heights Rest Home have the services of a GP who visits twice weekly or at other times if required. The GP is on call cover 24 hours a day, seven days a week (24/7), for all residents.</p> <p>The NM reports that Community Geriatric Services from the Waitemata District Health Board (WDHB) visit as required. Referrals are made to a dietitian for any unexplained weight loss.</p>

The six residents and two relatives interviewed are very positive about the staff, GP and all aspects of care. The seven clinical staff interviewed (one RN, three caregivers, one activities co-ordinator, one cook and one relief caregiver/cleaner) report that they are kept up to date with all clinical changes.

Tracer Methodology Rest Home Level Care:

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.

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 1.3.3.3 (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.

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 1.3.3.4 (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.

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: <p>In the four files reviewed there is documented evidence that the interventions relating to the residents' assessed needs and desired outcomes are evaluated at required timeframes to ensure residents' desired outcomes are being met. Evidence is seen in documentation of a resident whose falls risk assessment had changed from low to medium risk. Changes to the care plans included regular checking of the resident, leaving the resident's bell accessible and a sensor mat if the resident gets out of bed without ringing the bell.</p> <p>The seven clinical staff interviewed report they are informed of any care plan changes at hand over and have relevant in-service education as required.</p>

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 is one activities coordinator who works a total of 30 hours each a week employed at Royal Heights Rest Home. Activities are available for all residents over seven days a week as the caregivers undertake activities during the hours when the activity person is not on site.

The planned activities reflect ordinary patterns of life and take into consideration the assessed needs of residents. During interview the activities coordinator reports that it is important to have activities at similar times as the residents appreciated the routine. Physical activities are best in the morning as this is the residents' more alert times, and just before lunch the coordinator reports she has music to stimulate the residents' prior to lunch.

External visits for the residents include picnics, beach trips and van trips. The six residents and two family members report on interview that the activities are positive and include exercise and music. Favourite activities are reported to be the monthly 'Big Brekkie' and 'Happy Hour' with entertainment. Evidence is seen of themes events which include an island day, and at present, the Commonwealth Games.

The lifestyle care plan is completed and reviewed six monthly. Evidence is seen of monthly resident meetings and annual resident satisfaction surveys.

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:

Individual short term care plans are seen for wound care, infections and weight loss. These are kept in the resident's folder and each shift documentation is made in the file as required. These are transferred to progress notes when completed or transferred to the long term care plan.

Long-term care plans are reviewed every six months or earlier as required. Evidence of this was sighted in the four files reviewed. Progress notes are signed each duty by caregivers and weekly by the RN. Evidence is seen of the family/whanau involvement in the care reviews. In all four files reviewed evidence is seen of documentation if an event occurs that is different from expected and requires changes to service. The six residents and two family members interviewed report that they are given the opportunity to be involved in all aspects of care and reviews.

The seven clinical staff interviewed have knowledge of the care plan documentation requirements.

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.

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 1.3.8.3 (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.

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 1.3.12: 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:

Royal Heights Rest Home uses the blister pack medicine system whereby medicines are delivered monthly except for pro re nata (PRN) medication which are delivered as required. When the blister pack medicines are delivered they are checked by the RN and evidence is seen of the signing sheet. There are controlled drugs on the premises and all processes comply with the legislative requirements.

There is evidence in all eight files reviewed that medication charts are reviewed three monthly by the GP or as required. The facility is in the process of changing the medication charts to ensure best practice is maintained. This includes dating the photo, description of the medication and why the medication is required.

Standing orders are used at this facility and comply with aged care guidelines.

Evidence is seen of a process of stock being returned to the pharmacy when it is out of date or not required. The RN reports that the GP works with the pharmacy but he is responsible for all medicines administered to his residents. If medicine is brought in by family this is approved by the GP and he charts on the medication sheet.

The RN and competent caregiver are responsible for all medication rounds. Evidence is seen of the designated staff having up to date competency for medicine management and administering medicines.

There is no self-administration of medicines at Royal Heights Rest Home.

Medicine sheets are signed in ink as required following administration.

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

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

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: <p>Royal Heights Rest Home operates a seasonal menu cycle approved by a dietitian (sighted). An individual dietary assessment is completed on admission which identifies individual needs and preferences. Morning and afternoon teas are prepared in the kitchen and snacks are available over 24 hours. Residents are weighed on admission and evidence is seen of a process to monitor unexplained weight loss. This includes contacting the GP, notifying the kitchen of extra dietary requirements and changes to care plans.</p> <p>The service is managed by two cooks over seven days. Evidence is sighted of meal planning, cleaning routine and audit requirements being completed. Both cooks are up to date with their food safety certificate. Evidence is seen of attendance at annual update education on infection control and first aid. The cook reports on interview that she is supported by management with food supplies and understands the individual requirements of the residents.</p> <p>The cook reports that at present all residents have a normal texture diet and there are no soft diets. Evidence is seen of diabetic diets, five residents who are receiving</p>

supplements and the eleven residents who have food preferences.

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

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

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

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 1.4.2: 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: FA
Evidence: The building warrant of fitness is current and expires on 29 October 2014. There are no structural changes to the buildings since the certification audit. The camera surveillance system has been added to and new cameras are now installed in all the bedroom wings to increase resident safety and security. A fuel operated generator is now stored on site to mitigate any future power outages. There are also improvements to the kitchen and laundry where stainless steel surfaces have been installed to enhance hygiene and cleaning and there is a new extractor fan in the kitchen. The facility and its environment is continually being enhanced and well maintained by the owners.

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

All buildings, plant, and equipment comply with legislation.

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 1.4.2.4 (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): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

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.)

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:

The service is maintaining its commitment and practice of no restraint. The philosophy and practice of no restraint is appropriate for the consumer group and service setting (eg, rest home level care). There are systems and processes for implementation if restraint or enablers are required. When a resident's condition deteriorates and their safety is compromised, they are reassessed for transfer to another more appropriate service (confirmed by interview with the quality manager, the nurse manager and three caregivers and review of incident and accident reports). There are no residents who require enablers currently. Staff training on restraint prevention and managing challenging behaviours occurs at least annually and this is discussed at weekly staff meetings and monthly management/health and safety meetings.

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 3.5: 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:

The infection prevention and control co-ordinator, with guidelines from the organisational policies, defines the reporting requirements and determines the type of surveillance required. There is monthly surveillance reporting of infections at the monthly staff meeting. The surveillance undertaken is appropriate for the size of the facility.

Surveillance results are used to identify infections or events. Analysis includes, if infections are affecting one or multiple residents, what organism was identified and the possible causes. If infection rates are higher than expected, then recommendations are made and action plans are developed to help lower the rates. The infection data form has actions, interventions and evaluation of the actions for each individual resident with an infection. The infection data is evaluated and trends analysed. The surveillance data indicates there are one to two infections each month to date in 2014 Staff report if the infection is an urinary infection they encourage the residents to drink plenty of fluids and ensure the resident has good hand and perennial hygiene. The surveillance results are summarised at the staff meetings. There have been no reported outbreaks at this 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.)*