

Peter Mathyssen and Sharon Jordan

Current Status: 9 July 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

An audit was conducted at the Glenbrook Rest Home. The rest home is in a rural setting and is governed by two directors/owners. The facility has the capacity to provide rest home level care for up to 23 residents. Occupancy of the day of the audit was 22.

Changes since the last audit included the addition of a new wing. The number of available beds increased from 19 beds to 23. The increase in resident numbers had been supported by the appointment of additional staff and extensions to the dining and lounge areas.

Care and support services are provided in a manner that supports the needs of the residents. Residents receive services in line with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumer Rights (the Code). There are systems and activities in place to monitor organisational performance and sufficient numbers of adequately trained staff on duty at all times.

The audit identified two areas which require improvement. The provider is required to ensure that the admission agreement and additional fees reflect the DHB contractual agreement and standing orders are implemented in line with the current guidelines.

Audit Summary as at 9 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

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

Consumer Rights as at 9 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.		Some standards applicable to this service partially attained and of low risk.
--	--	---

Organisational Management as at 9 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.
---	--	--

Continuum of Service Delivery as at 9 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.		Some standards applicable to this service partially attained and of low risk.
--	--	---

Safe and Appropriate Environment as at 9 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.
--	--	--

Restraint Minimisation and Safe Practice as at 9 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.
---	--	--

Infection Prevention and Control as at 9 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.
---	--	--

Audit Results as at 9 July 2014

Consumer Rights

Documented procedures, interviews with residents, family and staff, together with observations confirmed that residents' rights are understood and met in everyday practice. Communication channels were clearly defined and interviews and observation confirm communication is effective. Information on rights and services was provided in an appropriate manner.

Residents are free from discrimination and have access to advocacy services. Any concerns were followed up and remedied in a timely and appropriate manner. Resident meetings occurred and management had an open-door policy. Informed consent requirements were clearly defined and resident and staff interviews confirmed choice was given and informed consent was facilitated. Links with community resources were supported and facilitated. Visitors were free to come and go as requested by the resident.

Resident interviews confirmed understanding of their right to make complaints if necessary. There have been no documented complaints since the last certification audit. The policy and flow chart on complaints met the requirements of Right 10 of the Code of Health and Disability Services Consumers' Rights. There was documented information available to staff on how to handle a complaint. Complaints forms were displayed at the entrance to the facility. Information about the complaints process was also included in information given to new residents and their family.

The provider still needs to update the admission agreement to reflect the payment requirements as per the DHB contractual agreement.

Organisational Management

Glenbrook Rest Home is owned by the nurse manager and the administration manager who operate as a partnership, trading as Glenbrook Rest Home. Both are committee members of the Care Association of New Zealand (CANZ). The nurse manager is a registered nurse with a current practising certificate, has 40 years nursing experience and has worked at the facility for the past seven years. The administration manager was responsible for administration and the maintenance of the facility.

The purpose, values, scope, direction and goals were described in the business plan and the quality manual. A range of processes were implemented to monitor the safety of staff and residents, including an annual internal audit schedule and accident, incident and infection reporting and analysis. Continuous improvement activity was discussed at regular staff meetings. Information was shared with relatives following an incident or accident involving a resident and

rest home activity was discussed with residents and their family members. The outcomes of external audits were also shared on the website.

There are processes in place to ensure human resource requirements are met. All staff received sufficient training and staff performance was monitored. There are adequate numbers of trained staff on duty at all times.

Resident information is secure, private, well documented and current.

Continuum of Service Delivery

There were clearly documented processes for entry to the facility. Admissions were managed in an equitable and timely manner. Care and support was provided by a range of health professionals and clear time frames for service provision were defined and monitored. Assessments and care plans were fully documented and interventions were consistent with good practice and desired outcomes. Care plans were reviewed and updated as required.

Residents maintained access to a range of health services. Referrals and transfers were managed in the timely and appropriate manner. Records of referrals and transfers were maintained and there was evidence that family were involved.

Individual activities were planned to meet the needs of the resident. Activity goals were identified and ensured the provision of relevant and appropriate activities for each resident. Previous interests, hobbies and current ability were considered and sufficient activities and outings were provided.

There was a sufficiently documented medication management system. All medications were stored securely. Medications were monitored and administration was conducted by staff who were assessed as competent to do so. An improvement is required regarding the management of standing orders to ensure alignment with the current guidelines.

Food and nutritional needs of residents were assessed and the menu was appropriate to the nutritional needs of residents. Special needs were catered for and monitored. Food preparation and storage met food safety requirements.

Safe and Appropriate Environment

Glenbrook Rest Home provides a safe and appropriate environment to meet the needs of the residents. The building, facilities, furnishings and equipment were well maintained and suitable for the care and support of elderly residents. Applicable building regulations and requirements are met. Well-furnished lounges, dining and family areas are accessible to all residents. The facility has plenty of natural light and is maintained at a comfortable temperature for the residents. Bedrooms are of sufficient size to allow for personal possessions and to accommodate mobility aids, equipment and staff caring for the resident. Toilet, shower and bathing facilities are sufficient and appropriately equipped and furnished.

Cleaning and laundry services meet infection control requirements and are of an adequate standard. Collection, storage and disposal of waste are in accord with infection control principles. Staff comply with safe waste and hazardous substances processes.

Emergency management procedures, including emergency supplies, are in place. Emergency management was addressed at each staff training day. The organisation has appropriate stores and equipment in the event of a civil defence emergency.

Restraint Minimisation and Safe Practice

The restraint minimisation and safe practice policy defines enablers and restraint and addressed processes for consent, assessment, evaluation and review of restraint. There were no residents using restraints or enablers at the time of the audit. Staff had attended training on restraint and challenging behaviour management.

Infection Prevention and Control

The infection control programme was clearly documented and suitable for the facility and services provided. Infection control responsibilities were also clearly documented. Adequate information, resources and on-going training is provided. External expert advice was sought if required and infection control was included in health and safety, quality and risk management, and emergency systems.

An infection surveillance programme was implemented. The use of antibiotics was monitored and infection rates monitored for quality improvement purposes.

In the event of an outbreak the organisation has the required resources and expertise to minimise the impact on residents and the spread.

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:	Peter Mathyssen and Sharon Jordan		
Certificate name:	Peter Mathyssen and Sharon Jordan		
Designated Auditing Agency:	HealthShare Limited		
Types of audit:	Certification Audit		
Premises audited:	Glenbrook Rest Home		
Services audited:	Rest home care (excluding dementia care)		
Dates of audit:	Start date: 9 July 2014	End date: 10 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:			22

Audit Team

Lead Auditor	XXXXXXXXXX	Hours on site	12	Hours off site	8
Other Auditors	XXXXXXXXXX	Total hours on site	12	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	5
Peer Reviewer	XXXXXXXXXX			Hours	4.5

Sample Totals

Total audit hours on site	24	Total audit hours off site	21.5	Total audit hours	45.5
Number of residents interviewed	4	Number of staff interviewed	11	Number of managers interviewed	2
Number of residents' records reviewed	5	Number of staff records reviewed	5	Total number of managers (headcount)	2
Number of medication records reviewed	10	Total number of staff (headcount)	21	Number of relatives interviewed	3
Number of residents' records reviewed using tracer methodology	1			Number of GPs interviewed	1

Declaration

I, XXXXXXXX, of Hamilton hereby submit this audit report pursuant to section 36 of the Health and Disability Services (Safety) Act 2001 on behalf of HealthShare Limited, an auditing agency designated under section 32 of the Act.

I confirm that:

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

Dated Wednesday, 20 August 2014

Executive Summary of Audit

General Overview

An audit was conducted at the Glenbrook Rest Home. The rest home is in a rural setting and is governed by two directors/owners. The facility has the capacity to provide rest home level care for up to 23 residents. Occupancy of the day of the audit was 22.

Changes since the last audit included the addition of a new wing. The number of available beds increased from 19 beds to 23. The increase in resident numbers had been supported by the appointment of additional staff and extensions to the dining and lounge areas.

Care and support services are provided in a manner that supports the needs of the residents. Residents receive services in line with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumer Rights (the Code). There are systems and activities in place to monitor organisational performance and sufficient numbers of adequately trained staff on duty at all times.

The audit identified two areas which requires an improvement. The provider is required to ensure that the admission agreement and additional fees reflect the DHB contractual agreement and standing orders are implemented in line with the current guidelines.

Outcome 1.1: Consumer Rights

Documented procedures, interviews with residents, family and staff, together with observations confirmed that residents' rights are understood and met in everyday practice. Communication channels were clearly defined and interviews and observation confirm communication is effective. Information on rights and services was provided in an appropriate manner.

Residents are free from discrimination and have access to advocacy services. Any concerns were followed up and remedied in a timely and appropriate manner. Resident meetings occurred and management had an open-door policy. Informed consent requirements were clearly defined and resident and staff interviews confirmed choice was given and informed consent was facilitated. Links with community resources were supported and facilitated. Visitors were free to come and go as requested by the resident.

Resident interviews confirmed understanding of their right to make complaints if necessary. There have been no documented complaints since the last certification audit. The policy and flow chart on complaints met the requirements of Right 10 of the Code of Health and Disability Services Consumers' Rights. There was documented information available to staff on how to handle a complaint. Complaints forms were displayed at the entrance to the facility. Information about the complaints process was also included in information given to new residents and their family.

The provider still needs to update the admission agreement to reflect the payment requirements as per the DHB contractual agreement.

Outcome 1.2: Organisational Management

Glenbrook Rest Home is owned by the nurse manager and the administration manager who operate as a partnership, trading as Glenbrook Rest Home. Both are committee members of the Care Association of New Zealand (CANZ). The nurse manager is a registered nurse with a current practising certificate, has 40 years nursing experience and has worked at the facility for the past seven years. The administration manager was responsible for administration and the maintenance of the facility.

The purpose, values, scope, direction and goals were described in the business plan and the quality manual. A range of processes were implemented to monitor the safety of staff and residents, including an annual internal audit schedule and accident, incident and infection reporting and analysis. Continuous improvement activity was discussed at regular staff meetings. Information was shared with relatives following an incident or accident involving a resident and rest home activity was discussed with residents and their family members. The outcomes of external audits were also shared on the website.

There are processes in place to ensure human resource requirements are met. All staff received sufficient training and staff performance was monitored. There are adequate numbers of trained staff on duty at all times.

Resident information is secure, private, well documented and current.

Outcome 1.3: Continuum of Service Delivery

There were clearly documented processes for entry to the facility. Admissions were managed in an equitable and timely manner. Care and support was provided by a range of health professionals and clear time frames for service provision were defined and monitored. Assessments and care plans were fully documented and interventions were consistent with good practice and desired outcomes. Care plans were reviewed and updated as required.

Residents maintained access to a range of health services. Referrals and transfers were managed in the timely and appropriate manner. Records of referrals and transfers were maintained and there was evidence that family were involved.

Individual activities were planned to meet the needs of the resident. Activity goals were identified and ensured the provision of relevant and appropriate activities for each resident. Previous interests, hobbies and current ability were considered and sufficient activities and outings were provided.

There was a sufficiently documented medication management system. All medications were stored securely. Medications were monitored and administration was conducted by staff who were assessed as competent to do so. An improvement is required regarding the management of standing orders to ensure alignment with the current guidelines.

Food and nutritional needs of residents were assessed and the menu was appropriate to the nutritional needs of residents. Special needs were catered for and monitored. Food preparation and storage met food safety requirements.

Outcome 1.4: Safe and Appropriate Environment

Glenbrook Rest Home provides a safe and appropriate environment to meet the needs of the residents. The building, facilities, furnishings and equipment were well maintained and suitable for the care and support of elderly residents. Applicable building regulations and requirements are met. Well-furnished lounges, dining and family areas are accessible to all residents. The facility has plenty of natural light and is maintained at a comfortable temperature for the residents. Bedrooms are of sufficient size to allow for personal possessions and to accommodate mobility aids, equipment and staff caring for the resident. Toilet, shower and bathing facilities are sufficient and appropriately equipped and furnished.

Cleaning and laundry services meet infection control requirements and are of an adequate standard. Collection, storage and disposal of waste are in accord with infection control principles. Staff comply with safe waste and hazardous substances processes.

Emergency management procedures, including emergency supplies, are in place. Emergency management was addressed at each staff training day. The organisation has appropriate stores and equipment in the event of a civil defence emergency.

Outcome 2: Restraint Minimisation and Safe Practice

The restraint minimisation and safe practice policy defines enablers and restraint and addressed processes for consent, assessment, evaluation and review of restraint. There were no residents using restraints or enablers at the time of the audit. Staff had attended training on restraint and challenging behaviour management.

Outcome 3: Infection Prevention and Control

The infection control programme was clearly documented and suitable for the facility and services provided. Infection control responsibilities were also clearly documented. Adequate information, resources and on-going training is provided. External expert advice was sought if required and infection control was included in health and safety, quality and risk management, and emergency systems.

An infection surveillance programme was implemented. The use of antibiotics was monitored and infection rates monitored for quality improvement purposes. In the event of an outbreak the organisation has the required resources and expertise to minimise the impact on residents and the spread.

Summary of Attainment

	CI	FA	PA Negligible	PA Low	PA Moderate	PA High	PA Critical
Standards	0	43	0	2	0	0	0
Criteria	0	91	0	2	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 1.1.2: Consumer Rights During Service Delivery	Consumers are informed of their rights.	PA Low			

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)
HDS(C)S.2008	Criterion 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.	PA Low	The current process for on charging additional services to residents who pay privately, but have been assessed as eligible for rest home level care, does not reflect the District Health Board contract requirements.	Ensure private paying residents, who have been assessed as eligible to receive rest home level care, are not charged for additional services.	180
HDS(C)S.2008	Standard 1.3.12: Medicine Management	Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	PA Low			
HDS(C)S.2008	Criterion 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.	PA Low	Standing orders do not meet all the requirements of the Ministry of Health 2012 Standing Orders guidelines.	Amend the current standing orders to meet the 2012 Standing Orders guidelines.	180

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:

There are adequately documented processes regarding resident rights. This includes a reference to the 'Code of Residents Rights and Responsibilities' which is included in the resident information given on entry. Residents (four) and family members (three) interviewed report they are well treated and expressed no concerns regarding their rights. Staff receive training on resident rights and the Code of Health and Disability Services Consumers' Rights (the Code) during orientation. Additional training on the Code (and advocacy services) has been provided in the last 12 months. Staff interviewed are able to verbalise how they incorporate the principles of the Code into every day practice. This extends to verbal consent, reporting breaches of the Code and the resident's right to refuse cares. One General Practitioner (GP) is interviewed and reports no concerns regarding resident rights.

The District Health Board requirements are met
--

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

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: PA Low

Evidence:

Residents are informed of their rights in a number of ways. The Code and information on advocacy services is provided on admission. A tour of the facility confirms that the Code is displayed, as is the Nationwide Health and Disability Advocacy Service pamphlet. Residents interviewed confirm information on their rights is provided, as are opportunities to discuss concerns. There have been no residents who require the use of interpreter services.

Glenbrook Rest Home provides a home for both private paying and subsidised residents. All residents sign a service agreement on admission and these are sighted in the five resident records sampled. The agreement requires an amendment to reflect the July 2014 changes in the District Health Board contract with regard to the definition of 'subsidised' resident.

Financial records sampled provide evidence that the system ensures that small amounts of money held by management, on behalf of the resident, are reconciled by the manager per transaction.

The District Health Board requirements are partially met.

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: PA Low

Evidence:

Additional charges for private payers, who have been assessed as requiring rest home level care, include general practitioner (GP) fees, incontinence products and pharmacy fees. This still does not reflect DHB ARRC agreement and an improvement is required.

Finding:

The current process for on charging additional services to residents who pay privately, but have been assessed as eligible for rest home level care, does not reflect the District Health Board contract requirements.

Corrective Action:

Ensure private paying residents, who have been assessed as eligible to receive rest home level care, are not charged for additional services.

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

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: <p>There are adequately documented procedures to ensure residents are provided with services that support their independence and maintains their privacy and dignity. Residents are encouraged to set goals for maintaining wellness and independence as a component of care planning. This is confirmed in residents' records sampled (five) and care plans clearly describe the level of support required. Staff interviewed confirm they are provided with guidance on how the residents' independence can be achieved/maintained.</p> <p>Residents' visual and auditory privacy is respected. A tour of the facility confirms that all residents have a private room. Private rooms contain personal belongings. Residents interviewed state their belongings are respected. Management stores any valuables at the residents' request and valuables are observed to be safely stored. There have been no reported incidents related to the loss or damage of property or valuables.</p> <p>Interviews and observations confirm that management is committed to ensuring residents are not subjected to abuse or neglect. The different types of abuse and neglect are defined within policies and guidelines. Reporting requirements, management of investigations, and follow up activities are also defined. All staff receive training on boundaries, professional conduct and abuse and neglect. Staff training records sampled (five) confirm that training has been provided in the last year.</p> <p>Residents interviewed state they feel safe at all times and are treated with dignity and respect. This includes safety regarding cultural and spiritual needs.</p> <p>The District Health Board requirements are met.</p>

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.

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 1.1.3.2 (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.

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 1.1.3.6 (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.

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 1.1.3.7 (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:

Glenbrook Rest Home has a documented cultural safety policy which is inclusive of the Maori model of health and a commitment to the principles of the Treaty of Waitangi. Potential barriers to Maori residents who may wish to access the service are identified and strategies to address these are detailed. This includes the involvement of family/whanau and consultation from tangata whenua/kaumatua/kuia if required. There are currently no residents at the rest home who identify as Maori.

Staff receive training on the Treaty of Waitangi and the assessment and care planning process makes provision for cultural needs if required. An introduction to cultural safety is also included in orientation and completed orientation records are sampled.

The District Health Board requirements are met.

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

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

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 requirements of individual culture, values and beliefs is documented in related policies. The service gathers appropriate spiritual, religious and cultural information that is relevant and sufficient to support appropriate responses to the needs of residents. Ethnicity, cultural and spiritual needs are identified during the initial assessment and this is evident in the residents' records sampled. Residents and family members interviewed indicate that they are consulted in the identification of spiritual, religious and or cultural beliefs. Residents can access church services if required. These are provided on site two days per week.

The District Health Board requirement is met.

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:

A review of policies, procedures and guidelines, staff and resident interviews and observations confirm that residents are protected from discrimination, coercion, harassment and exploitation. Any form of discrimination is not acceptable within the organisation. Staff receive adequate training on discrimination, professional boundaries and activities which constitute misconduct. The adverse event reporting system ensures any breach in boundaries is identified. In addition, management ensures professional boundaries and codes of conduct are monitored and maintained through effective communication processes, completion of the required staff performance appraisals and an accessible complaints process. Four residents and three family members interviewed confirm they are treated with dignity and respect and are not subject to discrimination.

The District Health Board requirements are met.

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:

Services at Glenbrook Rest Home are of an appropriate standard. The nursing process is used for all assessments, care planning and evaluations. Assessment and care planning tools sighted reflect good practice and clinical policies and procedures are developed and reviewed by the nurse manager. Management ensures the required policies, procedures, guidelines and work instructions are accessible to all staff.

Clinical need and risk is identified and monitored and adequate equipment and products (including wound and continence products) are provided. The GP interviewed states that appropriate interventions are implemented for the management and treatment of health care needs.

Services are overseen by experienced registered nurses and the three nurses interviewed (including the nurse manager) all demonstrate a good understanding of the monitoring needs of rest home residents. It is confirmed in interview with the GP that appropriate referrals are conducted in a timely manner and additional support is accessed as and when required. Nurses maintain their skills and knowledge, and the nurse manager attends monthly study days at the District Health Board in care of the older person.

The District Health Board requirements are met. Performance monitoring reports are provided to the District Health Board as required.

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:

Management encourages open communication and open disclosure. This is evident in incidents reports sampled and there is clear evidence of family contact in incident records and residents' progress notes. There has been no reported complaints regarding communication difficulties. Residents and family members interviewed confirm they have the opportunity to talk to management or staff and are able to request changes if needed. Family members interviewed also state that they are contacted if there are changes in a resident's health status.

Residents receive adequate information regarding the services they will be provided. All residents (or family) sign a resident agreement which outlines subsidies, services and additional charges (if required).

Resident meeting minutes confirm that management openly discuss new business with residents. For example meeting minutes for May 2014 confirm that residents were informed about the building process and the increased resident numbers. This meeting was attended by 12 residents.

The District Health Board requirements are met. All staff are identifiable and wear a uniform.

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:

An informed consent policy is clearly documented and in accord with the right 10 of the Code of Health and Disability Services Consumers' Rights. The situations where general written consent is required is defined and includes outings, photos, treatments (including influenza vaccinations), and sharing of information with other health professionals. Residents' interviewed confirm they receive good information, choice is given and the required general consent forms and signed agreements are sighted in the five resident records sampled.

There is a system which allows for the quick identification of competency and resuscitation status of all residents. If an enduring power of attorney is activated the required documentation is identified in the residents file. The process for recording advance directives is valid.

The District Health Board requirements is met.

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

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

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: <p>Information about the right to advocacy is included in the welcome booklet and explained to residents and families on admission. Consumer rights training includes the right to advocacy / support has been provided for staff in the last 12 months. The Nationwide Advocacy Services pamphlet is displayed. The complaints process is cross-referenced to advocacy services. Residents interviewed are able to identify who they would talk to if they needed additional support and are aware of their right to access independent services if required.</p> <p>The District Health Board requirements are met</p>

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

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: <p>There is an open visiting policy in place. Visitors are observed to be made welcome. Interviews with four residents and three family members confirm that they may entertain their visitors in one of the lounges, or in the privacy of their own rooms.</p> <p>Links with community resources are supported and facilitated. Families are encouraged to take their resident out if able. Trips go into the community and management/ staff ensure that all residents have an opportunity to go out regularly. Some residents go out independently. Arrangements for attendance at specialist appointments and the GP are facilitated by family and staff as required.</p> <p>The District Health Board requirements are met</p>

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:

The policy and flow chart on complaints meets the requirements of Right 10 of the Code of Health and Disability Services Consumers' Rights. There is documented information available to staff on how to handle a complaint.

Complaints forms are displayed at the entrance to the facility. These document the complaints process and provide contact details for the health advocacy service. Information about the complaints process is also included in information given to new residents and their family.

The nurse manager is the complaints officer. There is a complaints register that is used to record any complaints, including the nature of the complaint, the date and actions taken. Management reports that they have not received any complaints. Residents and family interviewed confirm they have not had to make a complaint, however they are aware of the complaints process should they need to do so.

The District Health Board requirements are met.

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:

Glenbrook Rest Home is owned by the nurse manager and the administration manager who operate as a partnership, trading as Glenbrook Rest Home. Both are committee members of the Care Association of New Zealand (CANZ).

The nurse manager is a registered nurse with a current practising certificate. She has 40 years nursing experience and has worked at the facility for the past seven years. The nurse manager is a Health Education Trust workplace assessor and has attended in excess of eight hours professional development in the past year, including CANZ seminars, DHB clinical updates for registered nurses and a seminar on dementia. The administration manager is responsible for the administration and the maintenance of the facility.

The purpose, values, scope, direction and goals are described in the business plan and the quality manual. There are both five year and annual business plans. The business plan is reviewed annually by the nurse manager

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

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 the temporary absence of the nurse manager one of two registered nurses, who work part time at the rest home, would perform the manager's role. Both registered nurses have current practising certificates and participate in ongoing professional development (sighted in training records).
The District Health Board requirements are met.

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

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:

The quality manual includes a quality statement, quality policies including a risk management and audit policy, a set of quality indicators with documented goals, measures and tolerance levels, five quality goals and objectives and a quality and risk management plan. There are documented management controls for each identified risk. There is a current hazard register. Manuals are available to staff in the nurses' station.

The nurse manager completes an annual quality initiatives report. Initiatives completed in 2013 include a review of the accident and incident statistical reporting, the introduction of electronic long term care plans for residents, the completion of stage one of the building extension (including a new laundry, new linen cupboards, 10 new rooms for residents and a new call bell system). Quality and business plans are reviewed annually by the nurse manager.

All policies required in the District Health Board contract are documented. There are policies on the control of documents and records including the management of obsolete documents. There is a document control system. Policies are referenced to appropriate external documents as required. A contractor develops policies and provides updated documents in accordance with document control review requirements or at a time of legislative change. The nurse manager also completes a regular review and update of policies. An amendment and review log is placed at the front of each manual.

The nurse manager maintains a calendar of continuous improvement activity to be completed each month, including audits and policy review. There is an annual audit schedule that documents required internal audits by month. Each audit is documented and a corrective action report is issued when gaps are identified. Corrective actions are signed off when completed.

Quality activity is discussed at each monthly staff and quarterly registered nurse meetings. Meetings are well attended. The agenda addresses an analysis of incidents, accidents and infections by resident and type in written and graphic format, audits, results and corrective actions, concerns, complaints and compliments, risks and hazards, policy and procedural updates, restraint and ongoing issues.

Residents and their family are informed about new and ongoing activity at meal times, at the regular residents' meetings and in the monthly newsletter. For example, the October 2013 newsletter provides an update on the extensions at the facility. Newsletters are available on the Glenbrook Rest Home's website and in hard copy.

Staff attend training on quality, risk and hazard management.

The District Health Board 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): (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): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

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: FA
<p>Evidence:</p> <p>There are policies on exception reporting and notifiable diseases. A copy of the notice of controllable event form is available. Glenbrook Rest Home management is aware of notification requirements. For example the 2012 norovirus outbreak report was completed and the health promotion emergency management team were informed at the time (documentation sighted). There has not been any serious harm or other incidents requiring notification.</p> <p>The health and safety manual includes policies on accident and incident and hazard management, including the reporting of hazards, accidents and incidents. All accidents and incidents are reported on the incident /accident (non-conformance) form. Each reported event has documentation about the date and type of event, those involved, injuries, cause of the event, treatment given, persons notified, the investigation, organisation/general practitioner notified (if required) and action to be taken (sighted on 10 incident/accident forms completed in June 2014) . Actions are signed off when completed, for example a base board had been added to a resident's bed to prevent further falls and an incident was also recorded on a challenging behaviour form (as stated in the action documented on the incident/accident form).</p> <p>Relatives state that they are informed about any accidents or incidents involving their family member (verified during interview with three relatives).</p> <p>New employees are informed about health and safety management as part of orientation and staff attended training on open disclosure and health and safety.</p> <p>The District Health Board requirements are met.</p>

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

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>There are policies on orientation, appraisals and assessments and applications for employment. Glenbrook Rest Home keeps copies of current practising certificates for the nurse manager, the two part time registered nurses, the enrolled nurse, the residents' general practitioners, two pharmacists and the podiatrist.</p> <p>Prospective employees complete a job application. Police and referee checks are completed. New employees complete a three day orientation appropriate to their role (sighted in five of five staff files) and are given an orientation folder that addresses the house rules and key information about the facility and the care of the residents. Experienced staff provide support. Each position has a job description that describes the responsibilities of the role. Annual performance appraisals are completed for all staff.</p> <p>A training register is recorded for each employee (sighted in five of five staff files). Two mandatory study days are held each year. The content of the study day and attendance is recorded. All sessions are well attended. In addition an education session is included at the monthly staff meetings. Caregivers are encouraged to complete</p>

the Aged Care Education (ACE) programme. Of the 11 caregivers, one is a trained enrolled nurse, two have completed ACE core, advanced and dementia, one has completed ACE core and advanced, one is currently enrolled in the ACE programme and five have been given information about the ACE core programme. The other caregiver began employment the day before the audit.

The District Health Board requirements are met.

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 is a procedure on staffing levels and skill mix. The roster is sampled and confirms that staff numbers meet contract requirements. There is a registered nurse on site seven days per week and a registered nurse is available on call. Since the completion of the building extensions Glenbrook Rest home has employed an additional part time cleaner and a part time cook (each cook and cleaner works four days on and four days off).

Staff confirm that staffing levels meet the needs of the residents. It is stated that the employment of an additional cook allows caregivers to spend more time caring for residents as they are no longer required to assist with food preparation (confirmed during interview with five of five caregivers).

No concerns are raised by residents or family members regarding staffing levels.

The District Health Board requirements are met.

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:

Resident information is recorded in an accurate and timely manner, appropriate to their care needs. Records are legible and the name and designation of the staff member is identifiable. All information is integrated into the resident's file (verified in five of five resident's files). Hard copy resident information is stored in a cupboard designed for the purpose. This is stored in the nurses' station and is locked when not in use.

Care plans are recorded electronically and hard copies placed in the resident's file. The computer is located in the administration office and requires a password for access. Archived records are boxed, labelled and stored on shelves in a clean, dry garage on site. The garage is locked. A shredder is used to destroy any obsolete confidential documents.

The District Health Board requirements are met.

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

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

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:

Glenbrook Rest Home operates twenty four (24) hours per day seven days per week. Information about the service is readily available on the Ministry of Health and Eldernet web sites. The nurse manager states that referrers are kept informed of bed availability.

The nurse manager is responsible for ensuring entry to the service is delivered in a timely and equitable manner. Guidelines on entry criteria, assessment and screening processes are clearly documented. A record of all enquiries is maintained and an admission checklist is utilised to ensure all entry processes are occurring as required.

Residents are assessed as requiring rest home level care prior to entry. The required referrals/assessments are evident in the resident records sampled. Evidence of the completed admission documents are also sighted. For example resident agreements, consents and initial care plans.

The District Health Board requirements are met.

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: There is a documented process for the management of any declines to service and waiting lists. The nurse manager is interviewed and reports that refusals predominately occur due to lack of bed availability. In this event the person/agency making the referral is informed and the person is offered a place on the waiting list. The service currently has some beds available and there are two potential residents on the waiting list. Records of enquiries are maintained and these are sighted. The District Health Board requirements are met.

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:

Each stage of service provision is completed by a suitably qualified person. All assessments and care plans are developed and reviewed by a registered nurse with a current practicing certificate. Daily interventions and support with activities of daily living are implemented with the help of trained care givers. Timeframes for service delivery are defined and are met as evident in the five out of five residents' files sampled. An initial nursing assessment is performed on admission by a registered nurse and a medical assessment is conducted by the GP within forty eight hours. Following this the long term care plan is developed within three weeks and is implemented to meet the identified needs and goals of the resident. Short term care plans are also developed as required.

The review process ensures a comprehensive evaluation of care is completed every six months. This process includes the involvement of the nursing staff, the activities coordinators and the resident and family. The required reviews are sighted in files sampled and have been conducted within the defined timeframe.

Continuity of care is maintained. Progress notes are documented per shift. These include entries from care givers and nursing staff. Evidence of the required medical reviews are also sighted. Residents' files sampled evidence daily handovers to ensure day to day continuity of care. The GP interviewed states that referrals and notifications of any worsening conditions are made earlier rather than later.

The District Health Board requirements are met.

Tracer methodology: 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 1.3.4: 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: FA

Evidence:

The nurse manager is interviewed and confirms that an admission/short term care plan is completed on entry. A detailed assessment process is then completed over the next two weeks. Mandatory nursing assessments include a mini mental state assessment, pressure assessment, falls assessment, activities of daily living, nutritional and activities assessment. Additional assessments can include a geriatric depression assessment, pain assessment, behaviour assessment and continence assessment (as required).

Five resident files are sampled. The required (and appropriate) assessments are sighted in all files samples. The results of the assessment process are then transferred onto the care plan with nursing outcomes and goals documented. Times frames for achievement of each goal is set for six months, unless a change occurs beforehand. Assessments are reviewed by the nurse and updated, as required, to reflect the current status of the resident. Residents interviewed report involvement in the assessment process and there are adequate areas within the facility to ensure assessments are conducted in private.

The District Health Board requirements are met. All resident files sampled have the required assessment to determine suitability of placement

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: 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 1.3.5: 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 care plan is developed on admission and a long term care plan developed within three weeks. The nursing process is used and care plans include a nursing diagnosis, nursing objective/goal and related interventions. The care plan is comprehensive and includes interventions for the following domains: specific illnesses, showering, /hygiene, mouth care, skin care, eating, drinking and weight, mobilising, elimination and continence, night care, perception/communication, breathing/circulation, mental ability, restraint/challenging, pain, social, sexuality, end of life care, medication and activities. Comprehensive interventions are documented within each domain of the care plan. Residents' ability and level of dependence is noted and residents and family interviewed confirm involvement in the care planning process.

Short term and additional care plans are documented as required. These are sighted within the sample and discontinued following resolution (or added to the long term care plan). Examples sighted within the sample include wounds care plans, infections care plans, pain management plans, behaviour plans, pressure area plans and hearing aid care plans. If additional monitoring/records are required, this is identified and cross referenced. For example the behaviour management record includes type, contributing factors and action taken.

Resident files sampled are integrated. Sections exist for care, progress, correspondence, medical notes, adverse events, consents, laboratory results, needs assessments and correspondence from referral agencies, District Health Board letters and medical specialists' records. Staff interviewed confirm they have access to residents' records/plans and are sighted completing their progress notes on the day of the audit.

The District Health Board requirements are met.

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

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>Interventions are documented for each nursing objective/goal. Interventions sighted are well documented, consistent with best nursing practice for the older adult and the assessed needs. Care plans are accessible to staff and staff interviewed are up to date with the required interventions. The GP interviewed is satisfied that clinical interventions are implemented in a timely and competent manner. Interventions from allied health providers are also given due consideration and included in the care plan.</p> <p>Short term care plans include the required assessment and monitoring interventions. Where specific interventions are required these are cross referenced in the long term care plan. For example chest pain charts for angina, weight monitoring charts, inhaler spacer cleaning charts, resident vaccination sheets and hearing aid cleaning care plans.</p> <p>The District Health Board requirements are met.</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): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

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
<p>Evidence:</p> <p>The activity programme is developed and coordinated by an activities coordinator. There are two activities coordinators who between them cover five days per week and one of the activity coordinators is interviewed. Each resident has a social/activities assessment completed on entry. From this, individual activity goals are developed. Records of individual attendance at activities is documented and these are reviewed during the six monthly evaluation of the resident's care plan.</p> <p>The monthly activities plan is sighted and provides a sufficient range of planned activities to develop and maintain strengths and interests of residents. Outings are provided for those residents who are able to participate. The activities plan includes a range of regular exercises, outings and games. Two church services are also conducted weekly. One on one activities are provided for those who are unable to participate.</p> <p>Residents interviewed are satisfied with the activities provided and confirm their participation is voluntary. Resident meeting minutes are sampled (May 2014) and confirm that satisfaction with the activities programme is discussed.</p> <p>The District Health Board requirements are met.</p>

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

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:

The nurse manager completes six monthly evaluations of all care plans. These are documented and include a review of care interventions and evaluation towards goals. Any additional interventions or deviation from goals is documented and the care plan updated accordingly. Frequent additions and amendments to the care plans is evident in the resident records sampled.

Any additional care plans and assessments are also included in the evaluation process. The activities coordinator also completes a six monthly review of the residents' participation in the activities programme. Three monthly GP reviews are also evident in resident files sampled and a certificate of medical stability is documented to confirm that three monthly reviews remain appropriate. Residents and family members state they are involved in the care planning and review process.

The District Health Board requirements are met.

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 1.3.9: 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: <p>There are documented guidelines on the management of referrals. The GP interviewed states that support for access or referral to another health and disability provider is facilitated in a timely and efficient manner. The GP confirms involvement in the referral process. The nurse manager interviewed states that a formal referral process exists which includes the identification of risk and involvement of family (if available). Evidence of recent referrals are sighted in the resident files sampled. A 'medical advice request' form is used faxed to the GP if medical advice or interventions are required. Residents interviewed confirm they have access to the community and allied health services of their choice</p> <p>The District Health Board requirements are met.</p>

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

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:

The nurse manager reports that planned discharges or transfers are preferable and conducted in collaboration with the resident and family (if available) to ensure continuity of care. There are documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner and that the needs of residents are paramount. There is also a defined and well implemented process for the management of emergency transfers to inpatient services.

The nurse manager reports that in the event of a discharge/transfer the resident's current care plan is provided and necessary data transferred with the resident. A transfer form/letter is also documented for all transfers and an example is sighted in records sampled.

The District Health Board requirements are met. The resident admission agreement includes the reasons for cancellation.

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: PA Low

Evidence:

There are adequately documented policies and procedures for all stages of medicine management, however the policy and practice of standing orders requires an improvement to ensure the current standing orders guidelines are met.

A blister pack medication system is implemented. All medicines are prescribed by the GP. The medication chart is forwarded to the dispensing pharmacy. A pharmacy generated medication administration chart is provided with the blister packs. All medication charts include photo identification and allergies. Three monthly GP reviews are evident in 10 out of 10 medication records sampled.

Medications are safely stored in a locked medication cupboard in the nursing station. This includes non-packaged medication and a small selection of stocked medication in the event of an emergency or over the weekend. This is at the request of the GP's due to the rural setting and limited access to a local pharmacy. In the event an emergency medication is required, a verbal order is made. Controlled drugs are double locked and the controlled drug register is maintained. This includes the required pharmacy checks. Refrigerated medications are kept with the required temperature range.

Medications are administered by care givers. Competencies for medication management are monitored by the registered nurses. Staff records sighted confirm the competency process. A lunch time medication round is observed and confirms administration is safely maintained and the administration record is documented. There is a process for assessing competence for residents who self-administer their medication and this is confirmed in the sampling of medication records. The resident is self-applying eye drops and had been approved to do so by the registered nurse.

Medication errors are reported and investigated using the incident and accident reporting process.

The District Health Board requirements are partially met.

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: PA Low

Evidence:

The rest home keeps a small amount of medication in supply in the event of an emergency. This is at the request of the GP's because the rest home is in a rural setting. Emergency supplies include oxygen, antibiotics, medications to treat diarrhoea, vomiting and angina. Current standing orders are documented for all of these, except for the antibiotics. Standing orders also do not include whether counter signing is required and what clinical documentation to be recorded. The standing orders sighted have been signed by all visiting GP's and reviewed in April 2014. The process for initiating a standing order is traced and confirms safe practice.

Finding:

Standing orders do not meet all the requirements of the Ministry of Health 2012 Standing Orders guidelines.

Corrective Action:

Amend the current standing orders to meet the 2012 Standing Orders guidelines.

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

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): (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:

Residents are provided with a well-balanced diet which meets their nutritional needs. The menu is reviewed by a registered dietician and confirms it is appropriate for the nutritional needs of the older person. Deviations from the menu, occurring as a result of the availability of fresh produce or in response to individual likes and dislikes, are recorded.

Nutritional assessments for each resident is completed on entry. Special dietary needs are identified and the cook confirms a knowledge of the dietary needs, allergies, likes and dislikes of each resident. Residents are weighed monthly and confirm nutritional needs are being sufficiently addressed. Where required, additional nutritional support is documented and appropriate interventions implemented. The GP reviews weight charts during medical reviews.

Residents interviewed are satisfied with the food. The meal service is observed during the audit. Meals are well presented and sufficient in quantity.

The cook is interviewed and has the required food safety qualifications. Nutrition and safe food management policies define the requirements for all aspects of food safety. The kitchen and pantry is sighted and is clean and well-stocked. Labels and dates are on all containers and records of temperature monitoring are maintained and this includes temperature monitoring of hot meals.

The District Health Board requirements are met

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): <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 1.4.1: 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:

There are procedures for the storage of chemicals and dealing with hazardous substances and waste management including medical waste, sharps, soiled linen, storage and transport. There is a hazardous substance register. Safety data sheets and a body spill kit are located in the laundry.

Soiled waste, for example incontinence pads are wrapped. Placed in assigned bins (sighted in the sluice area) and then placed in the general waste bins located by the garages. All general waste is taken off site by the Council. Sharps bins are stored in the nurses' station and the laundry. When three quarters full, sharps bins are placed in a locked garage prior to be taken off site by a contractor.

Staff interviewed report they can request any protective equipment they believe is necessary (verified during interview with one cleaner). Gloves, aprons and boots are available for staff use. Staff were observed wearing gloves during the audit.

The District Health Board requirements are met.

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

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:
<p>The building warrant of fitness is current and expires 31 May 2015 and all electrical equipment has been checked as required. This includes medical equipment.</p> <p>The administration manager is responsible for maintenance. Maintenance requests are documented and signed off when completed. The building is well maintained and is appropriate to the needs of the residents. There are hand rails in the corridors and non-slip floor surfaces in all areas. Residents who use walking aids were observed moving freely in all area. Hazards are identified and residents are able to move freely in all areas.</p> <p>Residents can access a large wooden deck off one lounge. There is a canvas awning for use in the summer months. The deck extends at a suitable gradient to the driveway and gardens. Additional verandas are placed outside some resident's bedrooms.</p> <p>The van used to transport residents has a current warrant of fitness and registration. Both drivers (the two activities staff) have current drivers' licenses.</p> <p>The District Health Board requirements are met.</p>

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.)

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 a suitable number of toilets and shower facilities located near to the resident's bedrooms. Each is labelled and has a safe locking mechanism. All bedrooms have hand basins and appropriate hand washing facilities. The newer bedrooms have ensuite toilets. All surfaces are maintained and meet infection control requirements. Residents interviewed expressed no concerns regarding the facility.

The District Health Board requirements are met.

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:

Each resident has their own room. This provides adequate space for the use of mobility aids. Personal possessions were sighted in resident's rooms contributing to the homely environment. A hoist is not used at Glenbrook Rest Home. Residents interviewed expressed no concerns regarding the facility.

The District Health Board requirements are met

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 maneuver 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:

The building is on one level. The corridor in the new wing and to one of the older wings is sloped at a gradual gradient suited to the older person. Residents have access to two lounges and a dining room. The dining room and one lounge have been enlarged as part of the previous renovations. A couch placed in an alcove in the new wing provides a quiet space. Residents (some with mobility aids) were observed using the dining room and participating in activities in one of the lounges. Residents interviewed expressed no concerns regarding the facility.

The District Health Board requirements are met.

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

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: <p>The extensions have resulted in a new laundry and cleaner’s room. To ensure the correct flow of dirty and clean areas the laundry has both an entry and exit door. The laundry requires key pad entry. There is a sluice area for the management of soiled materials. Washing machines are connected to an automatic decanting system. All chemicals are labelled. Cleaning procedures are placed on the wall. Two driers and a table for the management of clean linen and clothing are placed in the clean area of the laundry. An external clothes line is used for drying towels and bed linen in the warmer months.</p> <p>There is a cleaning policy that documents the regular cleaning schedules. Schedules are signed when the cleaning is completed. Cleaning materials are stored in the cleaner’s room and automatically decanted. The door is secured by a key pad. All chemicals are labelled, including those placed on the cleaner’s trolley. A colour coded system is observed for the use of cleaning and dusting cloths.</p> <p>Cleaning audits are conducted and corrective actions implemented where required.</p> <p>Residents interviewed expressed no concerns regarding cleaning and laundry processes.</p> <p>The District Health Board requirements are met</p>

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

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

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: There are policies on the management of external emergencies, for example robbery, storm damage, power failure and contingency and pandemic plans. An emergency flipchart is displayed in the nurses' station. The nurse manager is on the committee for the Waiuku emergency response group. A civil defence and an emergency kit are checked by the nurse manager on a regular basis. The two yearly mandatory study days include fire safety and emergency management as part of the agenda and training records are sighted. All staff have current first aid

certificates (verified in five of five personnel files). New staff are provided with written information about emergency management.

The fire evacuation scheme was approved in writing by the Fire Service on 15 September 1993. Subsequent letters from the Fire Service verify the ongoing currency of the evacuation scheme. A contractor completes monthly checks of the automatic fire system including emergency lighting, automatic sprinklers, signage, emergency warning systems and means of escape (logs sighted). Serviced fire equipment, exit and assembly signs are displayed throughout the building. The Fire Service is advised about the six monthly fire evacuation practices.

Glenbrook Rest Home uses tank water that is sourced from a bore. There is a connected smaller tank that holds water for use in an emergency. The pump for the water tank is checked monthly and run weekly by the administration manager (confirmed in records).

There is emergency lighting outside each resident's room. The emergency lighting batteries are checked monthly. In the event of a power failure the facility has a gas cooker and a barbecue.

The call bell system was updated during the recent building alterations. Call bells are located in all resident areas and are connected to an electronic signage system displayed in corridors. The cleaner checks the call bells each month. Residents interviewed report that call bells are answered in a timely manner.

There is a security procedure. Visitors are asked to sign a visitors' book. All windows have security latches. Staff who work on the evening and night shifts wear a Chubb alarm activator. The procedure for the use of the alarm is described in the caregivers' working information folder. All exit doors have alarms to alert staff if anyone leaves the building and the main exit doors are locked after hours.

The District Health Board requirements are met.

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.

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 1.4.7.4 (HDS(C)S.2008:1.4.7.4)

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

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 1.4.7.5 (HDS(C)S.2008:1.4.7.5)

An appropriate 'call system' is available to summon assistance when 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 1.4.7.6 (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:

Glenbrook Rest Home is heated by wall mounted electric heaters. These are placed in each bedroom and in communal areas. All rooms have windows that can be opened for ventilation. At the time of the audit the physical environment was maintained at a comfortable temperature. Residents interviewed expressed no concerns regarding the temperature of the facility.

The District Health Board requirements are met

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:

The restraint minimisation and safe practice policy defines enablers and restraint and addresses processes for consent, assessment, evaluation and review of restraint. The policy states that "Glenbrook Rest Home is committed to promoting a restraint free environment". There are no residents using restraints.

There is also a policy on the management of challenging behaviour that provides guidelines on how to handle aggression and communication with a resident with challenging behaviour. Staff attended training on restraint on 27 March 2014 and challenging behaviour management on 21 March 2013.

The District Health Board requirements are met.

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

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 is clearly documented and is suitable for the facility and the level of care provided. The nurse manager is the designated infection control coordinator and the responsibilities of the role are clearly defined. The infection control programme was last reviewed in January 2014. Staff interviewed confirmed they have adequate resources, including personal protective equipment. Information on infection prevention is displayed throughout the facility and all staff and residents are offered influenza injections. The District Health Board requirement is met.

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 programme is implemented through a number of related activities. Activities for the prevention of infections and control of spread are suitable to the type of services provided. The nurse manager is the infection control coordinator and has the required expertise and training. The nurse manager reports that additional support is accessed from the GP and the gerontology nurse specialist if required.

The required equipment and supplies are provided and include sufficient personal protective equipment, hand sanitizer throughout the facility, sharps container, defined processes for the management of waste and contaminated products, sufficient supplies of single use items and accessible policies and procedures. The organisation also has sufficient resources to manage any outbreaks. For example there was a norovirus outbreak in 2012. A full report and analysis of records confirms the outbreak was managed in line with public health requirements.

The District Health Board requirement is met.

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:

The required infection control policies and protocols are documented and meet current good practice. These include hand washing, standard precautions, surveillance programme, occupational health, management of infectious waste, use of antimicrobial agents, multi-resistant organisms, isolating infection precautions, outbreak management, single use items and management of devices, building/renovations and construction. Policies sighted are current and are written in line with the standards. Staff confirm they have access to the required policies.

The District Health Board requirement is met.

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:

All staff receive education on infection prevention and control annually. Training is mandatory and provided at orientation and in an ongoing manner. The most recent infection control training was in June 2014 and training records are sampled. All staff interviewed confirm the provision of, and attendance, at the required infection prevention and control training.

Residents are kept informed of infection prevention and control strategies through the display of information and sufficient hand washing facilities.

The District Health Board requirement is met.

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

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

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 surveillance programme is appropriate for the facility and the level of care provided. Surveillance data includes site, organism, sensitivity and resistance,

signs and symptoms and treatment and suggestions on follow up. Standardised definitions are used for the identification and classification of infection events, indicators and outcomes. The use of antibiotics is monitored. The number of infections are measured per 1000 bed days. Surveillance data is graphed and shared with staff. A running record of infections is also maintained in each resident file.

The analysis of surveillance data is completed by the nurse manager and confirms that prevention strategies are analysed for effectiveness as required.

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

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