

Tony And Cora Noblejas Limited

Current Status: 7 August 2014

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

General overview

Christina's Rest Home continues to provide excellent care for a maximum 21 rest home level care residents. On the day of this unannounced surveillance audit there are 20 residents with one admission due in the day following the audit.

There have been no changes to the governance and management of Christina's Rest Home since the previous audit.

There are no improvements required as a result of this audit. The service is maintaining its practices and commitment to continuous quality improvement in all areas of service delivery.

Audit Summary as at 7 August 2014

Standards have been assessed and summarised below:

Key

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

Consumer Rights as at 7 August 2014

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
--	--	--

Organisational Management as at 7 August 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 7 August 2014

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
--	--	--

Safe and Appropriate Environment as at 7 August 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 7 August 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 7 August 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.
---	--	--

HealthCERT Aged Residential Care Audit Report (version 4.2)

Introduction

This report records the results of an audit against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008) of an aged residential care service provider. The audit has been conducted by an auditing agency designated under the Health and Disability Services (Safety) Act 2001 for submission to the Ministry of Health.

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

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

Audit Report

Legal entity name:	Tony And Cora Noblejas Limited
Certificate name:	Tony And Cora Noblejas Limited

Designated Auditing Agency:	The DAA Group Limited
------------------------------------	-----------------------

Types of audit:	Surveillance Audit
Premises audited:	Christina's Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 7 August 2014 End date: 7 May 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:	20
---	----

Audit Team

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

Sample Totals

Total audit hours on site	16	Total audit hours off site	10	Total audit hours	26
Number of residents interviewed	4	Number of staff interviewed	5	Number of managers interviewed	1
Number of residents' records reviewed	3	Number of staff records reviewed	5	Total number of managers (headcount)	1
Number of medication records reviewed	6	Total number of staff (headcount)	14	Number of relatives interviewed	1
Number of residents' records reviewed using tracer methodology	1			Number of GPs interviewed	1

Declaration

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

I confirm that:

a)	I am a delegated authority of The DAA Group Limited	Yes
b)	The DAA Group Limited has in place effective arrangements to avoid or manage any conflicts of interest that may arise	Yes
c)	The DAA Group Limited has developed the audit summary in this audit report in consultation with the provider	Yes
d)	this audit report has been approved by the lead auditor named above	Yes
e)	the peer reviewer named above has completed the peer review process in accordance with the DAA Handbook	Yes
f)	if this audit was unannounced, no member of the audit team has disclosed the timing of the audit to the provider	Yes
g)	The DAA Group Limited has provided all the information that is relevant to the audit	Yes
h)	The DAA Group Limited has finished editing the document.	Yes

Dated Monday, 25 August 2014

Executive Summary of Audit

General Overview

Christina's Rest Home continues to provide excellent care for a maximum 21 rest home level care residents. On the day of this unannounced surveillance audit there are 20 residents with one admission due in the day following the audit.

There are no improvements required as a result of this audit. The service is maintaining its practices and commitment to continuous quality improvement in all areas of service delivery.

Outcome 1.1: Consumer Rights

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

Outcome 1.2: Organisational Management

There have been no changes to the governance and management of Christina's Rest Home since the previous audit.

Quality and risk management systems and processes are well maintained and all staff are involved in ensuring services are the best they can be.

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

Staff are recruited according to best employment practices and are well supported in their professional development. There is a very low attrition rate of care staff and the nurse manager/owner is the registered nurse (RN).

Outcome 1.3: Continuum of Service Delivery

Clinical services provided meet the requirements and timeframes for assessment, care plan development, review, evaluation and the provision of care. Resident care is regularly evaluated to ensure the residents' assessed needs and desired outcomes are being met. During interview, residents and family/whānau express a high degree of satisfaction with the care services provided.

The service provides planned activities which are meaningful to the resident and allows them to maintain or improve their strengths, skills and interests.

Procedures implemented related to medication management reflect safe practice. Staff who undertake medicine administration hold appropriate competencies.

Food services meet residents' needs, likes and dislikes. The menu is approved by a registered dietitian as being suitable to meet all nutritional needs. This includes additional or modified nutritional requirements and residents' likes and dislikes. This is confirmed during resident interviews, who report they are very happy with the food they receive.

The requirements of the provider's agreement with the district health boards are met.

Outcome 1.4: Safe and Appropriate Environment

The buildings and chattels are being well maintained. There is a current building warrant of fitness. Improvements to internal and exterior areas continues as required.

Outcome 2: Restraint Minimisation and Safe Practice

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

Outcome 3: Infection Prevention and Control

Infection surveillance data is collected, collated and evaluated. Data is benchmarked against previously collected data and specific recommendations are actioned as required to help reduce infection numbers. Monthly infection control data is shared with all staff and residents as required.

Summary of Attainment

	CI	FA	PA Negligible	PA Low	PA Moderate	PA High	PA Critical
Standards	0	16	0	0	0	0	0
Criteria	0	41	0	0	0	0	0

	UA Negligible	UA Low	UA Moderate	UA High	UA Critical	Not Applicable	Pending	Not Audited
Standards	0	0	0	0	0	0	0	34
Criteria	0	0	0	0	0	0	0	60

Corrective Action Requests (CAR) Report

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)

Continuous Improvement (CI) Report

Code	Name	Description	Attainment	Finding

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

Outcome 1.1: Consumer Rights

Consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilitates informed choice, minimises harm, and acknowledges cultural and individual values and beliefs.

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

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

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

Attainment and Risk: FA

Evidence:

The service is maintaining its open disclosure practices and residents and their relatives are fully informed about all events. Resident and relative feedback confirms they feel fully informed in all aspects of the service provision. Staff wear name badges to assist residents and relatives with identification. There are residents for whom English is a second language but an interpreter service was not required and they communicate well and have close family. DHB interpreter services contact details are displayed in the office.

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 1.1.13: 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 service is proactive in ensuring residents and their families understand the complaints process and are informed about advocacy. Staff encourage residents and their families to raise any concerns or dissatisfaction at any time. The nurse manager/owner is on site Monday to Friday. Staff record and act immediately on any concerns brought to their attention via residents' meetings, or one-to-one discussions with residents and/or their families. The matters recorded in the complaint register are concerns, primarily about misplaced clothing or personal items or the meals. All residents and family members interviewed expressed a high level of satisfaction with services and confirmed they know how to raise concerns/or complaints and said they would have no hesitation in approaching staff. The complaints management process is clearly described in policy and there are forms and information about how to raise complaints displayed in various locations, which residents know about.

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

Outcome 1.2: Organisational Management

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

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

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

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

Attainment and Risk: FA

Evidence:

There have been no changes to the service governance or management since the last audit. The nurse manager/owner is a suitably qualified registered nurse (RN) who has been in the role for several years.

The Business and Risk Management Plan was recently reviewed in March 2014 and contains current and appropriate goals. The goals in the business plan are appropriate to the service requirements. These include maintaining service delivery standards and high staff retention.

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

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

Attainment and Risk: FA

Evidence:

Quality and risk management systems continue to be well maintained by the nurse manager. The internal audit and monitoring programme which measures and monitors the quality of service delivery, adheres to what is described in the annual quality goals and service policy. There is a clear commitment and practice of continuous quality improvement and significant quality improvements.

There is evidence of timely follow-up on corrective actions where these are identified.

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

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

Summaries of incidents, accidents and infection control data is regularly communicated to staff, residents and their families.

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

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

All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.

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

Attainment and Risk: FA

Evidence:

The adverse event reporting system is a planned and co-ordinated process. Staff document all adverse, unplanned or untoward events on incident forms. There is evidence that the service informs consumers and/or family/whanau of any adverse events. There are improvements in the way incidents are reported and analysed. Medicine falls and kitchen or food incidents are now recorded separately to facilitate deeper analysis and benchmarking. The service complies with the ARC requirements.

Review of incident records and incident analysis form the past two years, shows a relatively low fall rate of on average 3.2 number of falls per 1000 occupied bed days. The residents and family report on interview they are involved with all aspects of care and family are notified of any incidents which occurred. The service complies with the ARC requirements.

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

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

Attainment and Risk: FA

Evidence:

The service is adhering to safe and good human resource practices for staff recruitment and selection. Police vetting occurs. Staff interviewed confirmed that the recruitment, employment, orientation and ongoing support provided is more than is required. The orientation/induction programme includes essential components of service delivery (eg, emergency protocols, policy and procedures, confidentiality, training and education). The programme states who is responsible for supervising the orientation and contains checklists of procedures/information to be covered and timeframes for these to be completed by.

Staff training is routinely planned and facilitated as per contract requirements. Interview with the nurse manager, three care staff, one activities coordinator and review of the annual training plan show there is at least one in-service education session delivered monthly. Individual written records of staff attendance at education sessions show that all staff attend more than eight hours each year as required. Staff education delivered includes abuse and neglect, medicines, restraint, falls prevention, first aid, continence, pain assessment and management, infection control, and emergency preparedness including fire drills and health and safety. The majority of staff are long term employed and have completed all ACE programmes and attend education for staff working in aged care through the Counties Manukau DHB.

Staff performance appraisals are occurring annually. Review of five staff files shows that appraisals are linked to position descriptions and evidence of ongoing competency assessment.

The nurse manager validates professional qualifications and holds copies of current practising certificates for the GP and allied health staff who remain registered with their relevant professional bodies.

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.

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

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.

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

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.

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

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

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

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

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

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

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

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

Attainment and Risk: FA
Evidence:

There are sufficient numbers of skilled and experienced staff allocated for each duty. The Nurse manager is on site Monday to Friday and on call 24 hours a day seven days a week (24/7) for advice and support. Rosters and staff and resident interviews confirm that staffing numbers and hours of work are the same as they were two years ago. Care staff turnover remains low.

--

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(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 1.3.3: 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 (assessment, planning, provision, evaluation, review, and exit) is undertaken by a suitably qualified and experienced service provider who is competent to perform the function. The nursing assessments, review and evaluation of resident care planning is undertaken by a registered nurse, usually the nurse manager. If she is on leave she has a relief RN who undertakes the role. Input from other staff, residents and family/whānau is identified in the three of three care plans reviewed. The GPs conduct the medical assessments and reviews. Current practising certificates are sighted for all staff that requires them.

The nurse manager has completed interRAI assessment training and will commence using the interRAI electronic assessment tools in the near future. The current paper based assessments covers the physical, emotional, social, cultural and spiritual needs of the resident. There is an initial care plan used for up to three weeks until the long term care plan is developed. The service utilises a standardised long term care plan which is individualised to the resident's needs. Short term care plans are used for temporary changes, such as infections.

The long term care plans identify the issue, nursing objectives, carer interventions and the evaluation of care. The needs identified on the long term care plan include all aspects of care and input from other services, such as mental health where appropriate. A specific form is used to show who has input into the development of care planning

and include the resident, family/whānau, other health care workers and specialist areas, such as dietetics. The three of three residents' files have the appropriate assessments, care plans and desired goals identified.

Three of three care plan reviews and an interview with the nurse manager (RN) confirms that the initial assessment and initial care plan are developed on the day of admission, the long term care plan is developed within three weeks and reviewed and evaluated at least six monthly. The GP completes a medical assessment within two days of admission and if the resident is stable every three months as an ongoing process.

Interviews with four of four residents and one family/whānau member confirm they have input into the care planning process as is shown in documentation reviewed. Residents sign an annual review summary to say they agree with the services that are in place.

Each resident's file identifies multidisciplinary team input which is appropriate to each individuals care needs. There is a verbal handover between each shift. A communication book is also maintained to record appointments or changes to care. Interviews with three of three caregivers confirm they are kept well informed of each resident's needs and any changes are discussed during handover.

The DHB requested that the contract residents enter under be investigated. There is only one contract used for all residents who enter the facility regardless of being a private payer or not.

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

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

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

Attainment and Risk: FA

Evidence:

The three of three care plan reviews identify that the interventions recorded are consistent with the residents' assessed needs and desired goals. Observations on the day of audit indicate residents are receiving care that is consistent with their needs.

The file of the resident reviewed clearly shows interventions related to all identified medical, nursing and personal needs. The interventions put in place to meet residents' needs are monitored by staff to ensure they have a positive result towards the resident meeting their identified goals.

Interviews with four of four residents and one of one family/whānau member confirm they are very happy with the services that are in place and that all their needs are met.

An interview with the GP confirms that staff deliver services in a professional, caring manner to ensure resident needs are met.

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.

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

Attainment and Risk: FA

Evidence:

Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the resident. Three of three resident file reviews show that activity assessments are undertaken as part of the admission process and updated six monthly or to reflect residents' changing needs. The activities coordinator reports that activities are developed to maintain residents' skills and strengths and those individual strengths and skills are supported, such as gardening or knitting. If a resident does not wish to attend any of the daily activities the activities coordinator spends one on one time with the resident. As discussed with the activities coordinator and nurse manager on the day of audit the service would benefit from the use of a daily activities attendance sheet so this can be better audited. The nurse manager agreed this action will be commenced.

Activities include church sessions, outings and happy hour. Resident meetings are held two monthly and chaired by the activities coordinator. Meeting minutes sighted identify resident input to the planning process.

The monthly activity planner is displayed on the notice board in the lounge. The four of four residents interviewed report satisfaction with the activities programme and stated they attend many of the activities offered.

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

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

Attainment and Risk: FA

Evidence:

Evaluations are documented, resident-focused, indicate the degree of achievement or response to the support and/or intervention, and progress towards meeting the desired outcome. Nursing reviews and assessments, medical and specialist consultations are clearly documented. As shown in the review of one resident admission to hospital for specialist treatment is undertaken as required and all follow up is implemented and recorded.

Three of three resident file reviews identify that a minimum of six monthly evaluations are undertaken to ensure the interventions put in place are assisting to achieving the desired outcomes. If progress is different from that expected, changes are shown to resident care plans or short term care plans are put in place. Interviews with three of three caregivers and the nurse manager confirm any issues or concerns are discussed with the GP, the resident and family/whānau as appropriate. This is supported during GP, resident and family/whānau interviews.

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

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

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

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

Attainment and Risk: FA

Evidence:

The service uses Medication blister packs which are dispensed for each individual resident by the pharmacy to match what is prescribed by a medical practitioner. Administration practices were observed for a lunch time medicine round which evidence good practices are followed in accordance with organisational policies. Six of six medication file reviews identify that there is a list of specimen signatures on each signing sheet. All staff who administer medicines hold a documented annual competency.

The service implements reconciliation processes which include the checking of all blister packs for accuracy by the nurse manager upon delivered to the facility; all medication charts are faxed to the pharmacy and checked against the medical review updates every three months. There are processes in place to rotate the stored medicines to ensure they do not expire.

The GP conducts medicine reconciliation when residents are admitted to the service and at least three monthly thereafter. Five of six medicine file reviews show that each medication is individually signed for. The one medication chart that is 'blocked signed' is for a resident who does not use the same GP as the other residents. During discussion with the nurse manager she stated she is aware of this and has asked the GP involved to undertake individual signatures for each medicine. This is not a generic issue.

Policy identifies that residents may self-administer medicines if they are competent to do so. Currently there are no residents who self-medicate. The service has no controlled drugs in use but there is a controlled drug book available should these be required. There are no standing orders in place.

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

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

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

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

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

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

Attainment and Risk: FA

Evidence:

Food services are implemented according to food safety policies and procedures. Residents nutritional needs are met by the provision of meals as shown in a registered dietitian menu which was reviewed in May 2011.

The resident admission process includes a dietary profile which identifies resident's food and nutritional needs, wants, likes and dislikes. The cook confirms all residents' needs are catered for, including dietitian requests, food supplements, special diets and cultural needs, such as one resident who has noodles in place of potato and taro being offered as an alternative at least once a week. This is confirmed during interview with the resident who has a gluten free diet, a food supplement and lots of special likes and dislikes. All instructions related to dietary needs are available to all staff in the kitchen.

Interviews with four of four residents and one of one family/whānau member confirm they are very happy with food services and all their needs are met.

All aspects of food procurement, production, preparation, storage and transportation meet current legislation and guidelines. Daily fridge and freezer temperatures are within normal ranges.

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

Attainment and Risk: FA

Evidence:

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

Outcome 1.4: Safe and Appropriate Environment

Services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensures physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.

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

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

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

Attainment and Risk: FA

Evidence:

The building warrant of fitness is current and there are no structural changes to the buildings since the certification audit. The facility and its environment is continually being enhanced and well maintained by the owner.

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

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

Outcome 2.1: Restraint Minimisation

Services demonstrate that the use of restraint is actively minimised.

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

Services demonstrate that the use of restraint is actively minimised.

ARC E4.4a ARHSS D16.6

Attainment and Risk: FA

Evidence:

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

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

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

Attainment and Risk: FA

Evidence:

The infection prevention and control programme and policy details surveillance processes that are relevant to the service setting. Monthly surveillance is conducted on infections. All infections are reported by staff and the data is collated and benchmarked against previously collected data.

The 2013 annual infection control report identifies a slight increase in infections from 2012 and this is reported to be related to residents being frailer. Results sighted identify the service has a low infection rate with urinary tract infections, and chest infections being prominent. Some months the service reports no infections. The infection control coordinator (RN) confirms that corrective actions would be put in place as required should the infection rate increase. She is able to verbalise good infection control understanding and knowledge. Staff education includes good infection control practices.

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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