# Rosaria Rest Home 2006 Limited

## Current Status: 12 August 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

Rosaria Rest Home provides rest home level of care for up to 26 residents. At the time of audit there are 18 residents. One of the focuses of the organisation includes providing care centred on cultural needs, with 16 of the current residents from Chinese speaking backgrounds. The service has multi-lingual staff and has a specialist meal plan for the Chinese residents. All residents and family interviewed report high satisfaction with the care and services provided at Rosaria Rest Home.

There is one area requiring improvement identified at this audit related to the manager needing to meet the required annual hours of professional development.

## Audit Summary as at 12 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 12 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 12 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. |  | Some standards applicable to this service partially attained and of low risk. |

### Continuum of Service Delivery as at 12 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 12 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 12 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 12 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. |

## Audit Results as at 12 August 2014

### Consumer Rights

Services are provided in a manner that respects the rights of residents according to the Code of Health and Disability Services Consumers’ Rights (the Code) and facilitates informed choice. The Code is clearly displayed. Residents and relatives interviewed expressed their satisfaction with services and believe staff are providing appropriate care and they are treated with respect and dignity. Interpreter and advocacy services are available. Residents, and where appropriate their family/whanau, are provided with information to assist them to make informed choices and give informed consent.

There is a policy documented and implemented on open disclosure and effective communication is evident and demonstrated between the registered nurse (RN) and the general practitioner(GP) interviewed.

There is a complaints policy which details that residents and their family members having the right to make a complaint. Residents and family members interviewed confirm they are provided with information on the organisation's complaints process. A complaints register is maintained which details dates of complaints and actions undertaken.

### Organisational Management

Systems are established and maintained which define the scope, direction and objectives of the service and the monitoring and reporting processes. The philosophy, vision, scope and goals for the service are clearly identified. The service is managed by an appropriately experienced and qualified general manager who is responsible for the overall service delivery, business administration, quality systems and human resources management. There is one area requiring improvement to ensure the manager meets the annual requirements for ongoing education related to the management of a rest home. The manager is supported by a registered nurse for the clinical management of the service.

The service has established and documented quality and risk management systems. Quality outcomes data is analysed to improve service delivery. A comprehensive internal auditing programme is in place. The adverse event reporting system is a planned and co-ordinated process, with staff documenting adverse, unplanned or untoward events. There is an extensive list of policies and procedures which describe all aspects of service delivery and organisational management.

The human resources management system provides for the appropriate employment of staff and on-going training processes. There is a documented rationale for determining service provider levels and skill mix in order to provide safe service delivery at rest home level of care. Rosters sighted and staff interviewed demonstrate that an appropriate number of skilled and experienced staff are allocated each shift and this meets the requirements of the provider's contract with the district health board. The education programme is available for all staff and education records are maintained.

Resident information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required. Information of a private or personal nature is maintained in a secure manner that is not publicly accessible or observable.

### Continuum of Service Delivery

The organisation has systems and processes implemented to assess, plan and evaluate the care needs of residents requiring rest home level care. Staff are trained and qualified to perform their roles and deliver all aspects of service provision. A registered nurse oversees the care and management of all residents along with a senior caregiver. All residents are assessed on admission and assessment details are retained in the individual resident’s records.

The residents’ care plans are well documented and clearly identify the needs, outcomes and/or goals and these are reviewed six monthly, or more often as required, with resident and family input being sought. Short term care plans are used as required to guide service delivery for residents who have short term needs. The general practitioner interviewed reports that all residents are seen on admission and explained that full medical cover is provided for all residents 24 hours a day. Documentation is reviewed within timeframes as required for this service.

The activities available are appropriate for residents requiring rest home level care. The activities coordinator has support from diversional therapists and attends monthly peer support groups.

Medication management systems comply with current legislation and all clinical staff involved in medicine management undergo competency assessment annually. The RN and senior caregiver are responsible for all areas of medication management and work alongside a contracted pharmacy.

The food is prepared on site and overseen by two cooks. The menu plans have been reviewed and approved by a contracted dietitian to ensure they are suitable for the elderly in residential care. Each resident is assessed by the registered nurse on admission for any needs in relation to nutritional status, weight, likes and dislikes. A copy of the nutritional profile is retained in the records and the kitchen is notified of any special food requests. Visual inspection of the kitchen provides evidence of compliance with current legislation and guidelines. All kitchen staff have completed food safety training. Meals are provided at appropriate times of the day. Family/whanau interviewed report satisfaction with the food service provided.

### Safe and Appropriate Environment

The service has an ongoing renovation and maintenance plan to provide a safe and appropriate environment for the residents. The service has renovated bathrooms and outside decking since the previous audit. The building has a current building warrant of fitness and the evacuation plan is approved by the fire service.

There are documented processes for the management of waste and hazardous substances in place. Visual inspection evidences compliance with appropriate legislative requirements and protective equipment and clothing is provided and used by staff. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services. The laundry and cleaning service is conducted by the caregiving staff. The service complies with requirements related to safe and hygienic storage of cleaning and laundry equipment and chemicals.

Documented systems are in place for essential, emergency and security services, including a disaster and emergency management plan. Emergency equipment and supplies are checked regularly. Alternative energy and utility sources are maintained.

Residents are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs. The service has two double rooms that are suited to couples, with all other rooms single occupancy. There are adequate toilet, shower and bathing facilities, with a mix of ensuite and communal facilities. Residents are assured privacy when attending to personal hygiene or receiving assistance with personal hygiene requirements. The facility has an appropriate call system for residents to request assistance from staff.

### Restraint Minimisation and Safe Practice

Services demonstrate that the use of restraint is actively minimised. There is no recorded restraint or enabler use at Rosaria Rest Home. If enablers are to be used, there is a clear process in place to ensure these are voluntary and the least restrictive option to maintain the residents independence and safety.

### Infection Prevention and Control

There is a managed environment, which minimises the risk of infection to residents service providers, and visitors that is appropriate to the rest home level of care provided. There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the rest home. The infection prevention and control coordinator/RN participates in relevant ongoing education. Relevant education is also provided to staff and the education programme for 2014 includes all requirements. Evidence is seen of the infection prevention and control education programme being reviewed as required.

Surveillance for residents who develop infections is occurring. The surveillance method and definitions of infection are detailed and the surveillance is appropriate to the service setting. All residents with suspected infections are discussed with the general practitioner, registered nurse and caregivers in a timely manner. Overall infection rates and trends are collated and benchmarked as required.

# HealthCERT Aged Residential Care Audit Report (version 3.92)

## **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:** | Rosaria Rest Home 2006 Limited |
| **Certificate name:** | Rosaria Rest Home 2006 Limited |

|  |  |
| --- | --- |
| **Designated Auditing Agency:** | DAA Group |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Types of audit:** | Certification | | | |
| **Premises audited:** | Rosaria Rest Home, 23 Robertson Road, Avondale, Auckland. | | | |
| **Services audited:** | Rest home care | | | |
| **Dates of audit:** | **Start date:** | 12 August 2014 | **End date:** | 13 August 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:** | 18 |

## **Audit Team**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Lead Auditor** | XXXXX | **Hours on site** | 12 | **Hours off site** | 8 |
| **Other Auditors** | XXXXX | **Total hours on site** | 12 | **Total hours off site** | 8 |
| **Technical Experts** |  | **Total hours on site** |  | **Total hours off site** |  |
| **Consumer Auditors** |  | **Total hours on site** |  | **Total hours off site** |  |
| **Peer Reviewer** | XXXXX |  |  | **Hours** | 4 |

## **Sample Totals**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Total audit hours on site | 24 | Total audit hours off site | 20 | Total audit hours | 44 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Number of residents interviewed | 5 | Number of staff interviewed | 5 | Number of managers interviewed | 1 |
| Number of residents’ records reviewed | 5 | Number of staff records reviewed | 5 | Total number of managers (headcount) | 1 |
| Number of medication records reviewed | 10 | Total number of staff (headcount) | 14 | Number of relatives interviewed | 2 |
| Number of residents’ records reviewed using tracer methodology | 1 |  |  | Number of GPs interviewed | 1 |

## **Declaration**

I, XXXXX, 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 Designated Auditing Agency named on page one of this report (the DAA), an auditing agency designated under section 32 of the Act.

I confirm that:

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

Dated Monday, 1 September 2014

## **Executive Summary of Audit**

**General Overview**

Rosaria Rest Home provides rest home level of care for up to 26 residents. At the time of audit there are 18 residents. One of the focuses of the organisation includes providing care centred on cultural needs, with 16 of the current residents from Chinese speaking backgrounds. The service has multi-lingual staff and has a specialist meal plan for the Chinese residents. All residents and family interviewed report high satisfaction with the care and services provided at Rosaria Rest Home.

There is one area requiring improvement identified at this audit related to the manager needing to meet the required annual hours of professional development.

**Outcome 1.1: Consumer Rights**

Services are provided in a manner that respects the rights of residents according to the Code of Health and Disability Services Consumers’ Rights (the Code) and facilitates informed choice. The Code is clearly displayed. Residents and relatives interviewed expressed their satisfaction with services and believe staff are providing appropriate care and they are treated with respect and dignity. Interpreter and advocacy services are available. Residents, and where appropriate their family/whanau, are provided with information to assist them to make informed choices and give informed consent.

There is a policy documented and implemented on open disclosure and effective communication is evident and demonstrated between the registered nurse (RN) and the general practitioner (GP) interviewed.

There is a complaints policy which details that residents and their family members having the right to make a complaint. Residents and family members interviewed confirm they are provided with information on the organisation's complaints process. A complaints register is maintained which details dates of complaints and actions undertaken.

**Outcome 1.2: Organisational Management**

Systems are established and maintained which define the scope, direction and objectives of the service and the monitoring and reporting processes. The philosophy, vision, scope and goals for the service are clearly identified. The service is managed by an appropriately experienced and qualified general manager who is responsible for the overall service delivery, business administration, quality systems and human resources management. There is one area requiring improvement to ensure the manager meets the annual requirements for ongoing education related to the management of a rest home. The manager is supported by a registered nurse for the clinical management of the service.

The service has established and documented quality and risk management systems. Quality outcomes data is analysed to improve service delivery. A comprehensive internal auditing programme is in place. The adverse event reporting system is a planned and co-ordinated process, with staff documenting adverse, unplanned or untoward events. There is an extensive list of policies and procedures which describe all aspects of service delivery and organisational management.

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Resident information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required. Information of a private or personal nature is maintained in a secure manner that is not publicly accessible or observable.

**Outcome 1.3: Continuum of Service Delivery**

The organisation has systems and processes implemented to assess, plan and evaluate the care needs of residents requiring rest home level care. Staff are trained and qualified to perform their roles and deliver all aspects of service provision. A registered nurse oversees the care and management of all residents along with a senior caregiver. All residents are assessed on admission and assessment details are retained in the individual resident’s records.

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**Outcome 1.4: Safe and Appropriate Environment**

The service has an ongoing renovation and maintenance plan to provide a safe and appropriate environment for the residents. The service has renovated bathrooms and outside decking since the previous audit. The building has a current building warrant of fitness and the evacuation plan is approved by the fire service.

There are documented processes for the management of waste and hazardous substances in place. Visual inspection evidences compliance with appropriate legislative requirements and protective equipment and clothing is provided and used by staff. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services. The laundry and cleaning service is conducted by the caregiving staff. The service complies with requirements related to safe and hygienic storage of cleaning and laundry equipment and chemicals.

Documented systems are in place for essential, emergency and security services, including a disaster and emergency management plan. Emergency equipment and supplies are checked regularly. Alternative energy and utility sources are maintained.

Residents are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs. The service has two double rooms that are suited to couples, with all other rooms single occupancy. There are adequate toilet, shower and bathing facilities, with a mix of ensuite and communal facilities. Residents are assured privacy when attending to personal hygiene or receiving assistance with personal hygiene requirements. The facility has an appropriate call system for residents to request assistance from staff.

**Outcome 2: Restraint Minimisation and Safe Practice**

Services demonstrate that the use of restraint is actively minimised. There is no recorded restraint or enabler use at Rosaria Rest Home. If enablers are to be used, there is a clear process in place to ensure these are voluntary and the least restrictive option to maintain the residents independence and safety.

**Outcome 3: Infection Prevention and Control**

There is a managed environment, which minimises the risk of infection to residents, service providers, and visitors that is appropriate to the rest home level of care provided. There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the rest home. The infection prevention and control coordinator/RN participates in relevant ongoing education. Relevant education is also provided to staff and the education programme for 2014 includes all requirements. Evidence is seen of the infection prevention and control education programme being reviewed as required.

Surveillance for residents who develop infections is occurring. The surveillance method and definitions of infection are detailed and the surveillance is appropriate to the service setting. All residents with suspected infections are discussed with the general practitioner, registered nurse and caregivers in a timely manner. Overall infection rates and trends are collated and benchmarked as required.

## **Summary of Attainment**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **CI** | **FA** | **PA Negligible** | **PA Low** | **PA Moderate** | **PA High** | **PA Critical** |
| **Standards** | 0 | 44 | 1 | 0 | 0 | 0 | 0 |
| **Criteria** | 0 | 92 | 1 | 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 | 5 |
| **Criteria** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 8 |

## **Corrective Action Requests (CAR) Report**

| **Code** | **Name** | **Description** | **Attainment** | **Finding** | **Corrective Action** | **Timeframe (Days)** |
| --- | --- | --- | --- | --- | --- | --- |
| HDS(C)S.2008 | Standard 1.2.1: Governance | The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | PA Negligible |  |  |  |
| HDS(C)S.2008 | Criterion 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. | PA Negligible | The manager was unable to provide evidence of at least 8 hours annually of professional development related to the management of a rest home. | Ensure the manager is able to show at least 8 hours annually of professional development related to the management of a rest home. | 365 |

## **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:**

Stage one: Policy identifies staff have on-going education related to residents’ rights.

Residents’ rights at Rosaria Rest Home include use of the Code of Consumers' Rights that replicates the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Staff receive education on the Code at orientation and at in-service training sessions (in-service education planner sighted for 2014).

Evidence is seen of the Code being available in Chinese, Maori and English.

The service’s compliance with the Code is monitored through resident and relative satisfaction surveys. Interviews five of five residents (four Chinese speaking residents and one English speaking resident) and two family members interviewed confirm satisfaction with the service. The interviews with the Chinese speaking residents and family are conducted via the use of an interpreter.

The registered nurse and caregivers interviewed report knowledge of residents’ rights. Observed during the provision of care were residents being given choices, residents' decisions being respected, residents being treated with respect, residents' privacy being protected and residents being addressed by a preferred name. Clinical staff are observed to explain procedures being undertaken and seek verbal acknowledgement for the procedure to proceed prior to it being commenced.

If caregivers do not understand the Chinese resident a caregiver who understands Cantonese is always on staff.

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

Consumers are informed of their rights.

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

**Attainment and Risk:** FA

**Evidence:**

Residents are made aware of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) in the admission pack. Brochures and posters are on display and are accessible to all personnel entering Rosaria Rest Home. This information is also included in the residents’ information booklet, as is a copy of the complaints procedure that is handed out to all admitted and prospective residents, prior to admission (in both Cantonese and English).

A list of interpreters is available through the Auckland District Health Board (ADHB) should assistance be required to provide the information in a language and format that is suitable to the consumer.

Information about the Nationwide Health and Disability Advocacy Service is displayed, accessible and brought to the attention of the resident.

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

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

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

**Attainment and Risk:** FA

**Evidence:**

Stage one: The Privacy policy identifies residents’ independence, personal privacy, dignity and respect are to be respected by staff. There is policy in place related to non-tolerance of abuse and neglect of any sort. Staff receive training on the Human Rights Act every two years. The abuse and neglect policy includes a protocol for reporting any sign of abuse and neglect on an incident form

The registered nurse will investigate and report to the owner and access external support or advise if needed. The employment agreement and house rules (sighted on-site), outlines consequences of actions involving abuse and neglect. Staff training on abuse and neglect is sighted on the education plan for 2014. Interviews with five of five residents confirm they have no concerns related to abuse, neglect, discrimination or harassment.

All bedrooms occupied on the day of audit are single occupancy and allow privacy for residents at any time. As observed, staff close doors when undertaking personal cares and discussions. There is a mobile telephone that residents can take to their rooms, enabling residents to have privacy when making phone calls. There are locks and signs on all toilet and bathroom doors and staff always knock on their door prior to entering.

Care planning interventions sighted in five residents' files reviewed and interviews with residents and staff, confirm time is allowed within care provision to encourage residents to be as independent as possible, whilst ensuring their safety. Five residents and two relatives interviewed describe being given choices over many aspects of their daily living, being able to choose what they wear and when they do things.

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

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

##### **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:**

Stage one: The service has guidelines related to the culturally safe service provision for Maori residents. This covers specific aspects of care to be included in Maori residents’ care planning, the importance of family/whanau and spirituality. It is stated that the Treaty of Waitangi is recognised in day to day practices to ensure services are culturally appropriate for Maori residents. Staff education related to cultural safety occurs as part of the induction process and two yearly thereafter.

Specialist advice is sought from local iwi and marae. There is a specific assessment plan for Maori residents which include tribal affiliations, language, religion, significant people, use of Maori medicine, tikanga for body parts, special instructions related to Taonga and tangihanga, and if a need arises to be transferred to a public hospital, a Maori representative is to be notified.

There are no Maori residents at Rosaria Rest Home on the day of the audit.

Staff receive annual education in relation to cultural safety and the Treaty of Waitangi.

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

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

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

**Attainment and Risk:** FA

**Evidence:**

Stage one: Policy identifies that residents’ beliefs and values are identified and respected during service delivery. Procedures describe the actions taken by the service to recognise and respect each resident’s culture, values and beliefs.

Five staff files reviewed show evidence of annual in-service training provided on cultural safety and the Treaty of Waitangi (evidence in the in-service planner).

Interviews with five of five residents and two of two family members confirm services implemented cover all sexual, intimacy, cultural, religious, spiritual and social requirements and residents have the right to follow their individual beliefs and faith and receive services that recognises their individual values and beliefs.

Five residents’ files show evidence of the resident having the opportunity to recognise their own culture and belief.

##### **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:**

Stage one: Documentation in policies identifies that residents will be free from any form of discrimination, coercion, harassment, sexual, financial or other exploitation.

Orientation/induction processes include informing staff on the house rules and code of conduct. The staff job descriptions, employment agreement and house rules provide clear guidelines on professional boundaries and conduct. The five staff interviewed are aware of Rosaria Rest Home’s expectations on behaviour and conduct and would report any concerns to the registered nurse (RN).

##### **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:**

Stage one: Policies and procedures which are evidence based are in place to guide staff actions. Evidence is seen of care staff undertaking or completed the National Certificate in the Care of the Elderly Education programme. All staff have an up to date first aid certificate and all staff who administer medication have yearly assessments to determine competency.

Registered nurse education is supported by Auckland District Health Board and evidence is seen of attendance. The planned yearly education programme (operating and sighted), includes sessions that ensures an environment of good practice. The cooks have fulfilled the requirements of safe food handling.

##### **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:**

Stage one: Resident rights are available in English, Maori and Chinese.

Five of five files reviewed provide evidence of resident family/whanau input in the assessment and care planning process, progress notes and communication records of family contact via phone. Incident and accident forms have been updated to include a tick box to show that family/whanau are informed and that the information has been written into the resident’s progress notes.

Wherever necessary and reasonably practicable, interpreter services are provided. Contact details for the interpreter service are clearly set out in resident admission information and in policy. All Chinese residents have access to an interpreter if required. Interviews with two of two family members and five of five residents confirm they are happy with the information and involvement they receive from Rosaria Rest Home.

##### **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:**

Stage one: There are comprehensive policies and procedures covering all required aspects of informed consent. Policy shows that an informed consent form is completed for all residents as part of the admission process. Advanced directive information is available for residents and family/whanau and policy states that an interpreter is used as required. The procedure described related to resuscitation status meets legislative requirements.

Signed consent forms are sighted in the five of five residents’ files reviewed. Informed consent is inclusive of the admission agreement and is discussed prior to signing as confirmed during interview with five of five residents and two of two family members. The five residents’ files reviewed have correctly signed advance directives or an advance care plan identifying the resident’s chosen wishes related to resuscitation status and end of life care. The five clinical staff (one RN, three caregivers and one cook) report on interview their knowledge and how they would action these requests should they occur.

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

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

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

**Attainment and Risk:** FA

**Evidence:**

Stage one: Policy identifies residents’ rights to an independent advocate or support person of their choice.

Interviews with two of two family confirm they are kept informed of the resident's status, including any adverse events, incidents or concerns staff may have. Family communication is clearly documented in the five of five residents’ files reviewed, on incident and accident forms sighted and in the staff communication book. The families, residents and GP interviewed report that communication is undertaken in this service.

An advocate/support person is available for residents at this facility if they do not have family.

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

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

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

**Attainment and Risk:** FA

**Evidence:**

Interviews with five of five residents confirm they have access to visitors of their choice. The two of two family interviewed confirm that they are always made to feel welcome and that staff are very friendly. The service has unrestricted visiting hours.

Residents are encouraged and supported to maintain and access community services along with friends and family. Documentation sighted in five of five residents’ files identifies that regular community outings occur, and the frequency that residents go out with friends and family and the community services who visit the facility. Some community outings include to the local church. Residents are welcome to have their own spiritual advisor visit or to attended services in the community.

##### **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:**

Stage one: The complaints policy and procedures are clearly documented. They indicate that the service has an easily accessed, responsive and fair complaints process. Complaints forms are available at all times. The service has a book for minor complaints which can be dealt with immediately and major complaints are logged and the policy is implemented to resolve the complaint. These complaints are kept in the complaints log and taken to a team meeting and actions are taken to resolve the complaint. There are detailed procedures for staff handling complaints.

Stage two: The service has an up-to-date complaints register which identifies the date of the complaint, type of complaint, the actions taken and when resolved. The service has a complaints register for both minor and major complaints. Both the complaints registers record the dates, the complaint summary, actions taken and outcome. The major complaints register also includes a summary of the advocacy process that is commenced. There are no outstanding complaints regarding the service at the time of audit. The complaints sampled for 2014 indicate the complaints are investigated within the time frames of Right 10 of the Code.

The five of five residents and two of two family interviews confirm they have had the complaints procedure explained to them and they understand and know how to make a complaint if required. They state they would feel comfortable to make a complaint at any time. The information given to all residents and family upon admission includes complaints forms and a full explanation of the complaints process. Advocacy information is also included in the admission booklet. Both complaints and advocacy information is on full display at the entrances to the facility. All information is provided in the language that is appropriate to the resident.

Interviews with three caregivers and the one RN confirms awareness of their responsibility to record and report any complaints they may receive.

##### **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:** PA Negligible

**Evidence:**

Stage one: The organisation’s business plan identifies the goals, objective, mission statement and philosophy. It is reviewed annually. Specific plans and ambitions for 2014 and 2015 are sighted.

Stage two: The mission of the service is to provide a quality, homely environment that respects the needs of the residents. The service has a strong focus on providing culturally appropriate care for residents of Chinese ancestry.

The organisation is managed by a suitably qualified and experienced person with authority, accountability, and responsibility for the provision of services. The manager is the owner of the service and has been in the manager’s position for three years. The manager is responsible for the overall management of the service and has a RN responsible for the clinical management of the service. They have attended a management course. The manager states that they go to ongoing education through an aged care association regarding the management of care services. Attendance at these education sessions is not able to evidence at the time of audit. There is an area for improvement at 1.2.1.3.

The ARRC requirements of D17.3 d.i is partially met. The other ARRC requirements for rest home level of care 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:** PA Negligible

**Evidence:**

The DHB contract requires that managers of rest homes are able to evidence at least 8 hours annually of professional development related to the management of a rest home. Though the manager states that they attend the services in-service education and are updated from an aged care association, there is no documented evidence of the attendance of the professional development.

**Finding:**

The manager was unable to provide evidence of at least 8 hours annually of professional development related to the management of a rest home.

**Corrective Action:**

Ensure the manager is able to show at least 8 hours annually of professional development related to the management of a rest home.

**Timeframe (days):** 365 *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

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

The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.

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

**Attainment and Risk:** FA

**Evidence:**

During a temporary absence a suitably qualified and/or experienced person performs the manager's role. The RN fills in the management role during temporary absences. The RN can communicate in English and Chinese languages. The RN has a job description that details their responsibility when working as the clinical manager. There is also a senior caregiver that takes on some of the non-clinical management roles during the temporary absences of the manager.

The ARRC 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):**  *(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:**

Stage one: The policies and procedures are developed by an aged care consultant. The service has a system in place to ensure policies and procedures are current and meet current good practice and legislative requirements. Policies and procedures are maintained by an off-site organisation. Obsolete documents are removed and replaced with up to date information as required. Staff can access all policies and procedures at all times. There is a comprehensive suite of quality procedures which includes risk and hazard identification along with health and safety policy and procedures.

Stage two: The organisation has a quality and risk management system which is understood and implemented by staff; as confirmed at interview with the five staff (one RNs, three caregivers and one cook).The quality plan covers all aspects of service delivery with actions shown on how to minimise identified risks, who is responsible and the timeframe for implementation. The business risk management plan covers being a good provider, responsible planning, safe environment, and internal audits.

Key components of service delivery are explicitly linked to the quality management system. The service has an internal audit schedule that covers the essential components of service delivery. Each internal audit is linked to the quality management systems through the monitoring of the service’s compliance and provision of quality services. The completed internal audits are analysed by the manager or registered nurse to identify any trends and review any recommendations. Quality indicators are set for each of the internal audits, with goals, how to measure the performance and tolerance level set. When the audit falls outside the tolerance level, recommendations for improvement are documented.

The results from the internal audits and quality improvement data is collected, analysed, and evaluated and the results communicated to staff and, where appropriate, residents. All outcomes from the internal audits are discussed during the relevant meeting. The recommendations for improvement are documented on an action sheet, which includes a time frame for implementing the actions. The actions form and recommendations are made available to staff through the staff meetings. If required further education and training is provided to staff.

A process to measure achievement against the quality and risk management plan is implemented. A corrective action plan addressing areas requiring improvement is documented on the action sheet. The corrective action plans sighted are developed to minimise and prevent risk occurrence. Follow up surveys are also conducted to ensure any improvements are implemented and have resulted in improved quality services and resident satisfaction. There is an annual resident/family satisfaction survey as part of the internal auditing schedule. The resident/family satisfaction survey for May 2014 records a 99% overall satisfaction with the care and services provided.

Actual and potential risks are identified, documented and where appropriate communicated to residents, their family/whānau of choice, visitors, and those commonly associated with providing services. The risk and hazard register sighted includes the identified risks, how these are monitored, the severity of the risk and if the implemented actions can isolate, eliminate or minimise the risk. The risk register is maintained by the manager. The risk register is maintained for each area of the service.

The ARRC 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):**  *(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:**

Stage one: Policy states all adverse events are reported using incident and accident forms. The process described meets statutory and regulatory obligations in relation to essential notification reporting. Data is collated and monitored monthly and used as an opportunity for improvement as appropriate. The Open Disclosure policy identifies that family/whanau are informed of any adverse events.

Stage two: The staff and management interviewed understand their statutory and/or regulatory obligations in relation to essential notification reporting and the correct authority is notified where required. The manager reports that there have been no serious incidents that have required essential notification.

The service uses accident/incident forms/non-compliance reports to document adverse, unplanned or untoward events. This information is monitored, evaluated and analysed monthly. The monthly reports of the incidents and accidents records the numbers of incidents and accidents, makes comparisons to the previous month and analyses the results for trends. The data includes the total number of accidents/incidents and times that they have occurred. Results of incident and accident trend analysis are graphed and discussed at the monthly staff and management meetings. Shortfalls identify opportunities to improve service delivery and manage risk. The review of the July 2014 incident/accident summary identified that most of the falls are attributed to one resident, with this resident being reviewed by the GP and strategies implemented to reduce falls for this resident.

Interviews with the RN, three caregivers and management confirm their understanding of the need to document all adverse events.

The five of five residents, two of two family member interviews, and documentation sighted on incident/accident forms in five of five residents’ files, confirm family are kept well informed of their relatives’ care requirements and are contacted appropriately by the service if there are any concerns.

The ARRC requirements are met.

##### **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:**

Stage one: Staff induction processes are clearly described in policy. There is a documented staff orientation process which includes a checklist to say that staff have completed aspects of the orientation and induction process.

Stage two: Professional qualifications are validated, including evidence of registration and scope of practice for service providers. The manager ensures that staff who require practising certificates have them validated annually. Practising certificates are sighted for the RN.

Human resource practices are implemented as per policy requirements and seven of seven staff record reviews identify that staff are employed to undertake roles appropriate to their skills and knowledge, as confirmed in the five staff files sighted (one RN, three caregivers and one cook). Documentation sighted includes police vetting for newly appointed employees as appropriate.

The service undertakes regular in-service staff education which is documented and identifies ongoing education is provide by guest speakers/educators, the RN and manager. The ongoing education is provided on a three year cycle which includes all the requirements of the contract with the DHB (content of education sighted for 2012, 2013 and to date in 2014). Staff confirm during interview that they have access to external education/training and this is highlighted in five of five staff file reviews. Each staff member has a clearly identified education attendance record. Staff appraisals are up-to-date and used as a method for staff to identify educational needs, wants and interests. Most of the care staff have current first aid qualifications (sighted in the three care staff personnel files sighted), with at least one staff member on duty each shift with a current first aid qualification.

Additional education and training is provided for the specific needs of the residents. One resident requires XXXXXXXX, with ongoing support, education and competency training provided by the DHB related to the specific needs of this resident.

The five of five residents and two of two family interviews and the 2014 resident/relative satisfaction survey results sighted confirm services are delivered in a manner to meet required needs.

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

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

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

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

**Attainment and Risk:** FA

**Evidence:**

Stage one: Policy states staffing numbers will be maintained to meet resident needs and maintain safety.

Stage two: The manager works Monday to Friday and is on call after hours for non-clinical issues. There is one RN who has flexible working hours and is onsite 7 hours a day Monday to Friday. The RN is on call after hours for clinical issues. The rosters sighted for the care staff (28 July 2014 to 17 August 2014 for the current 18 residents) confirms the following: that there are three caregivers on duty for morning shift, with one of these caregivers designated to do the cleaning/laundry and activities roles; on afternoon shifts there are two caregivers; on night duty there are two caregivers, one of whom is a ‘sleepover’.

There are adequate numbers of support staff, that include administration, cook and activities coordinator. The caregivers assist with the cleaning and laundry.

The GP interviewed confirms there is a system in place for after-hours medical services. Interviews with three caregivers confirms that staffing levels and skill mix allows all residents' needs to be met in a timely manner and that they have time to complete all tasks each duty. There is one resident who has specific needs for XXXXX, with staff rostered as required. This is supported by interviews undertaken with five residents and two family members.

The ARRC requirements for rest home level of care 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:**

Stage one: The Privacy policy identifies all resident information is gathered and stored in a secure and appropriate manner.

The five of five residents’ files reviewed identify that information is managed in an accurate and timely manner. Health information is kept in secure areas at the nurses’ office and is not accessible or observable to the public. Entries into the progress notes are made each shift which records the staff member’s name and designation. The five of five residents’ files reviewed evidence that all records pertaining to individual residents are integrated.

Evidence is seen in resident’s files of required data being obtained and kept confidential. This is easily identifiable and accessible for staff and other health care providers. The information is up to date and accessible as required. Files that are not current are stored in a locked room on the same property as the facility.

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

All records pertaining to individual consumer service delivery are integrated.

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

## **Outcome 1.3: Continuum of Service Delivery**

Consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.

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

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

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

**Attainment and Risk:** FA

**Evidence:**

Entry criteria, assessment and entry screening processes are documented and clearly communicated to potential residents, their family where appropriate, local communities, and referral agencies. The service offers rest home only level care. The service has a pre-entry form which identifies the resident’s required level of care. The vacancy and entry requirements are updated on the Eldernet website and with the DHB as required.

##### **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:**

When entry to the service has been declined, the potential resident and where appropriate their family, are informed of the reason for this and of other options or alternative services. The pre-entry form and discussion with the manager records the reason for declining, contact with the client/family and alternative options are discussed.

The sighted admission agreement contains sections on the conditions in which the agreement can be terminated and changes to the level of care. There is only one admission agreement used for all residents. The services will ensure that if they are no longer able to meet the needs of the resident there will be an appropriate reassessment and the service will assist to find an alternative service provider and ensure the transfer occurs in reasonable time frame.

##### **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:**

The service has not yet commenced the electronic interRAI assessment tool but the RN has attended the training. Each stage of service provision (assessment, planning, provision, evaluation, review and exit) is provided within time frames that safely meet the needs of the resident. The service has assessment and care planning tools for wound care, pressure area risk, nutritional assessment, pain assessment, continence assessments, short term care plans, falls management and social/activities assessments. New care plans are based on the assessed needs of the resident. The sighted care plans in five of five residents’ files reviewed identified personal, physical, psycho-social, spiritual and cultural needs of the resident.

The five of five residents’ files evidence that the initial assessment and initial care plan are conducted on admission, with the long term care plan developed within three weeks of admission. The assessment and care plan are reviewed and updated at least six monthly. Where required the residents are reviewed by a GP within two working days of admission, then at least monthly or three monthly where assessed as stable.

The service is coordinated in a manner that promotes continuity in service delivery and promotes a team approach where appropriate. Each shift has a verbal handover and there is a written handover sheet which identifies care requirements including any required changes. Each shift there are entries into residents’ progress notes. The five care staff interviewed (one RN, three caregivers and one cook) report they receive adequate information at hand over.

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:**

Stage one: Coombes falls assessment forms are sighted and procedures to help reduce falls incidents. The service has an incontinence assessment and management plan. Information includes specific stoma care requirements. There are a full suite of procedures around activities of daily living and clinical care to guide staff actions. The Norton scale is used for skin care assessment along with procedures on how to prevent pressure areas. Wound care policy and procedures include a wound care assessment, care plan and monitoring sheet. The service has a pain assessment tool and monitoring chart. The service uses a ‘challenging behaviour’ assessment and monitoring form.

Care plan assessment documents ensure the needs, outcomes, and/or goals of residents are identified through the assessment process and are documented to serve as the basis for care planning and service delivery. The five of five residents’ files reviewed have assessment tools completed to develop the long term care plan and reassessment occurs at least six monthly, or earlier if there is a change in the residents’ needs. The service also utilises other appropriate assessment tools to assess resident’s needs. These include wound assessment, pressure risk, and nutrition and falls assessment.

##### **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:**

Stage one: Care plans sighted cover physical, social, cultural and spiritual aspects of resident care to be provided..

The long term care plan and short term care plans sighted identify the supports and interventions to achieve desired outcomes, as confirmed in the five of five residents’ files reviewed. One resident reviewed has a care plan and short term care plans that describe the required interventions to suit her needs. The five of five residents’ files reviewed identify that care planning is individualised to reflect resident’s assessed needs and interventions and support systems are clearly shown. Interventions are detailed and interviews with the five care staff (one RN, three caregivers and one cook) confirm the information ensures continuity of care. Interviews with five of five residents, two of two family and the GP report care is provided by staff that have excellent knowledge and skills.

The five of five residents’ files reviewed demonstrate service integration. Residents have one main folder that contains their medical information, nursing assessment, care plan, routine observations, activities, therapies, multidisciplinary reviews and correspondence including off site consultations. There is integration within the progress notes and files with input recorded from the care staff, GP, laboratory results, referrals and specialist consultation.

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

Service delivery plans demonstrate service integration.

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

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

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

**Attainment and Risk:** FA

**Evidence:**

The provision of services and interventions are consistent with, and contribute to, meeting the residents' assessed needs, and desired outcomes. The five of five care plans reviewed confirm care planning is individualised and personalised to be a true reflection of each resident’s assessed needs. When required, additional short term care plans or clinical pathways are utilised where there is a specialised need (eg, falls minimisation and end of life care). As observed at the time of audit, the care is resident centred and residents are given choices of times and type of care interventions.

Interviews with three caregivers confirm they use documented interventions to provide appropriate care for each resident. If an intervention is not working well it is reported to the RN who then evaluates the resident’s progress and resources current accepted best practice to assist in resolving any issues. The five of five residents and two of two families interviewed confirm they are highly satisfied with care and interventions provided by the service. Residents stated all their needs are met. Comments from residents includes that the service provides a very personalised service that respects their individual needs.

##### **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. The activities coordinator has been employed for ten years. Evidence is seen of attendance at monthly meetings with other activities coordinators/diversional therapists in the area for peer support. She also has a qualified diversional therapist available as required. The group and individual activities are based on what the resident wants to do, with a strong emphasis on community activities and outings that reflect the interests of the residents.

The five of five residents' files reviewed have activities and social assessments. The goals are updated and evaluated in each resident's file six monthly. The activities cover cognitive, physical and social needs. The activities are modified to suit the individual needs and capabilities of each resident. Residents are also observed at the time of audit to be engaging in independent activities, such as going out into the community, reading, listening to music and doing exercises. The five of five residents interviewed express satisfaction with the activities programme.

The three monthly residents’ meetings are held and the minutes are available in both English and Cantonese. At present a Chinese trainee diversional therapist visits three days a week and evidence is seen of tai chi groups, mah-jong and other games and musical activities which are sung in both English and Cantonese.

##### **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:**

Where progress is different from expected, the service responds by initiating changes to the long term care plan or by the use of short term care plans or clinical pathways. Short term care planning is sighted for infections, falls minimisation, acute conditions and wound care as confirmed in the notes of one resident reviewed. The short term care plans document the interventions are analysed, reviewed, discussed with the resident and family and evaluated for achievement towards clearly set out goals. If the interventions are not working well they are changed and staff are informed. The five of five residents and two of two family interviews confirm that they have very high satisfaction with the care provided.

Five of five care plan evaluations sighted are documented, resident-focused, indicate the degree of achievement or response to the support and/or intervention and progress towards meeting the desired outcome.

There is evidence in residents’ files reviewed that multidisciplinary team meetings are being undertaken. The RN reports on interview that this is happening and evidence is seen of family input.

##### **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 1.3.9: 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:**

Referrals are made to other medical services by the RN or GP as appropriate. Records of referrals are sighted in the five of five residents’ files reviewed. Health services accessed include general medicine, surgical services, cardiology, radiology, dietitian, mental health, ophthalmology, immunology and oncology. The GP confirms that appropriate referrals to other health and disability services are well managed at the service.

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

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

ARC D21 ARHSS D21

**Attainment and Risk:** FA

**Evidence:**

Risks are identified prior to planned discharges (confirmed by interview with the RN). There is open communication between the service and family related to all aspects of care, including exit, discharge or transfer. If there are any specific requests or concerns that the family or resident want discussed, these are noted on the transfer form. The specific discharge form used covers all general and specific care provision and a summary of the current care plan showing all aspects of care provision and intervention requirements and is sent with the resident as appropriate. Other information sent with the resident includes a copy of their admission profile page, medication profile which identifies known allergies, a summary of medical notes and a copy of any advance directives that are in place.

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

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

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

**Attainment and Risk:** FA

**Evidence:**

Stage one: All staff who administer medications must complete a written competency as part of their orientation. Specific staff competencies include insulin and warfarin. Standing orders sighted are documented in a manner which meets all current legislative and guideline requirements. Policy and procedures comply with safe medication practices and meet legislative requirements.

The service implements the medicine management process according to the policy and procedures. A safe medicine administration system is observed at the time of audit (observed a caregiver administering the medicines).

The medicines are dispensed by the pharmacy in a pre-packed system. The packs are two weekly with any changes that are made by the GP delivered the same day as the change. Medicines that are not packed (eg, liquid medicines) are individually supplied for each resident. The medication packs and other non-packed medicines are checked for accuracy against the prescription by the RN when they are administered. The GP conducts medicine reconciliation on admission to the service and at a minimum of three monthly which he signs for on the resident medication chart. Standing orders are not used at this facility and there are no controlled drugs on the premises at the time of the audit.

The medicines are stored in a locked cupboard in the staff office. The medicine fridge is monitored for temperature, with the weekly temperature recordings complying with guidelines.

Sample signature verification is recorded for all staff who administer medicines. All prescriptions are computer generated by the pharmacy and they allow a safe medication administration process to be undertaken by staff. The prescriptions are legible, record the name, does, route, strength and times for administration. Short term medication has a start and stop date. All the medicine charts sighted identify residents’ allergies recorded.

The RN and designated caregivers are responsible for medicine administration at the service. All staff who administers medicines have a current medication competency.

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

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

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

**Attainment and Risk:** FA

**Evidence:**

Stage one: Food is purchased to meet menu requirements. Food waste is monitored and completed annually. There are a full suite of policies and procedures related to safe food handling. Hazard analysis critical control point food temperatures are used to ensure safe food handling controls are monitored.

A two yearly review of the menu by a registered dietitian is sighted.

Policy identifies that food is served according to a three week rotating menu with summer/winter variances. Policy identifies that the RN is responsible for managing weight loss/gain with dietitian input sought where weight loss is more than 5% in three months. Weight loss is managed with GP input as appropriate. Specific nutritional requirements are recorded in residents’ files. Annual food satisfaction surveys are conducted and feedback is used to make changes to the menus to ensure resident input. A kitchen cleaning schedule is sighted.

Every resident has a nutritional assessment review on entry to the service (and reviewed when indicated) and all residents are routinely weighed at least monthly. There is a kitchen audit that includes feedback on the quality of the meals. Interviews with five of five residents confirm they are satisfied with the food service and that their likes and dislikes are catered for. They report that if there is something they do not like, there are always alternatives offered.

There are two menus available (one Chinese and one English). At present there are two cooks in the kitchen (one Chinese one English) to ensure meals are always culturally appropriate.

Residents with additional or modified nutritional needs or specific diets have these needs met. The menu clearly records the choices for residents on modified diets. The diabetic or special diets are clearly specified.

There is an ongoing cleaning programme in place for the kitchen and all aspects of food procurement, production, preparation, transportation, delivery and disposal are complied with to meet current legislation and guidelines. When food is decanted from its original packaging, the food is stored in food safe containers, labelled and dated. Any food that is returned to the fridge is covered, labelled and dated. Kitchen staff have completed food safety qualifications and receive ongoing education related to their role.

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

## **Outcome 1.4: Safe and Appropriate Environment**

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

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

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

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

**Attainment and Risk:** FA

**Evidence:**

Stage one: The management of waste and hazardous substances is clearly described in infection control policies and procedures. They reflect current legislative requirements. Soiled linen is doubled bagged and there are approved sharps containers. Policy states decanted chemicals are clearly labelled and all chemicals are safely stored.

Stage two: The above policies and procedures are implemented as observed at the onsite audit. The chemicals are observed to be securely stored in the laundry, cleaners cupboard and sluice rooms. The laundry worker and cleaner interviewed reports that they follow a documented process for the safe and appropriate storage and disposal of waste, infectious or hazardous substances that complies with current legislation. There is appropriate personal protective equipment (PPE) and clothing in the laundry, sluice and cleaning areas. The caregivers who assist with the laundry and cleaning report that they have had training in the handling of waste or hazardous substances, which is conducted by the external chemical provider and as part of the ongoing in-service education programme, last conducted February 2014.

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

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

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

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

**Attainment and Risk:** FA

**Evidence:**

The building warrant of fitness expires 23 June 2015. An external contracted company conducts monthly checks against a building warrant of fitness checklist.

Equipment is maintained to ensure safety. Electrical tag and testing was last conducted in August 2013, a log is maintained of the equipment that has been tested. The calibration of the medical equipment is last conducted in January 2014 by a medical equipment calibration company. The service have one hoist, that is hired through a medical equipment supplier, with this supplier maintaining the safety checks. The service has a planned and reactionary maintenance programme, with the building maintained in an adequate condition appropriate to the age of the building. The maintenance log notes area of work required and is signed off when the work is completed.

The fittings and furniture installed are maintained to ensure safety and the needs of the rest home level of care residents. The physical environment is appropriate for the residents. Hand rails are installed in corridors. There is disability access at all entrances. The residents’ rooms sighted are personalised with the resident’s possessions. Residents are provided with safe and accessible external areas that meet their needs. There are disability access ramps and decking to garden areas. The decking has recently been replaced, with ramps put in from the decking to the garden area and access has been restricted to an area that the manager has deemed unsafe.

Hot water temperatures in resident areas are monitored monthly. The temperatures sighted are within the safe temperature guidelines for aged care.

The ARRC requirements for hospital level of care are met.

##### **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.)*

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

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

ARC E3.3d ARHSS D15.3c

**Attainment and Risk:** FA

**Evidence:**

There are adequate numbers of accessible toilets/showers/bathing facilities, conveniently located and in close proximity to each service area to meet the needs of the residents. There are six rooms with ensuite toilet and hand basin. All other rooms have hand basin facilities. There are an additional six toilets and two showers in common areas. The toilets and showers are clearly identified with signage (in both English and Chinese), and are fitted with privacy locks. The bathing and showering facilities sighted have wall and floor surfaces that are maintained to a standard to provide ease of cleaning and compliance with infection control guidelines. The five of five residents and two of two family report satisfaction with the toilets and shower facilities.

##### **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:**

The service has two double rooms that are suited for couples, with all remaining rooms being single occupancy. The single and double rooms sighted are of a suitable size for the needs of the resident. The rooms sighted have adequate space to allow the resident and staff to move safely around in the rooms. Residents who use mobility aids are able to safely manoeuvre with the assistance of their aids within their room. As observed at the time of audit residents can freely move around the facility. The five residents and two families report satisfaction with their rooms.

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

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

ARC E3.4b ARHSS D15.3d

**Attainment and Risk:** FA

**Evidence:**

There are lounge and dining areas throughout the facility. There is one central dining and lounge area and one large lounge area, with one smaller dining room in the other wing of the service. The main lounge and dining areas are separated through furniture layout and activities in these areas do not impact on each other. The residents’ rooms also have facilities for family/whanau if the resident wishes to entertain in their room. The five of five residents and two of two family report satisfaction with the lounge and dining facilities.

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

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

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

**Attainment and Risk:** FA

**Evidence:**

Stage one: Laundry and cleaning services described in policy meet safe handling and infection control requirements.

Stage two: The laundry and cleaning is conducted on site by the caregiving staff. The laundry has one door for the entry and exit of the laundry, with a clearly marked dirty to clean flow. The laundry is fitted with two washing machines and one industrial drier. The care staff monitor the effectives of the cleaning and laundry processes, with internal audits conducted on the cleaning and laundry services. The five residents and two family report satisfaction with the cleaning and laundry facilities.

The chemicals are stored in the laundry and sluice rooms. Both of these are locked on the day of audit. All chemicals sighted are labelled with the manufacturers labels. The cleaning trolley is securely sored in the sluice room when not in use.

The ARRC requirements are met.

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

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

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

**Attainment and Risk:** FA

**Evidence:**

The service has adequate emergency supplies in the event of an emergency or infection outbreak. The cook reports there is at least three days’ supply of food at all times. The service has stores of drinking and non-drinking water for emergency use. There is a civil defence kit with additional food, first aid and emergency supplies. In the case of mains failure the service has access to gas cylinder supply for heating and cooking.

All residents’ rooms and bathrooms have a call bell system installed. The call bell system has an audible alert, a light that comes on above the door and there is a central panel opposite the nurses’ station that indicates the room that has activated the call bell. The five of five residents report that the call bell is answered in a timely manner.

The approved evacuation plan is dated 15 July 1998. Six monthly notices to the fire service for trial evacuation under the Fire Safety and Evacuation of Building Regulations 2006 are evidenced. The last trial evacuation is recorded 24 March 2014. The fire service annual check is dated March 2014. The orientation and ongoing training records sighted evidence the staff receive appropriate information, training and equipment to respond to identified emergency and security situations. The three caregivers interviewed demonstrate knowledge on responding to emergency situations. There is at least one staff member on duty at all times that has the current qualification.

The service identifies and implements appropriate security arrangements relevant to the residents at rest home level of care. The afternoon staff are required to close and lock the external windows and doors before it gets dark. There is a security gate in the driveway to the service, with residents having access to the code, to enable freedom of movement. The three caregivers interviewed report that they feel safe and secure when working afternoon and night shifts. The five of five residents report they feel safe and secure at night, with both the residents and families expressing that they can come and go freely from the service.

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

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

##### **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:**

Areas used by residents and staff are ventilated and heated appropriately. The service is heated by both gas and electric heating. All resident-designated rooms (personal/living areas) have at least one external window of normal proportions to provide natural light and ventilation. The five of five residents and two of two family report satisfaction with the natural light, ventilation and heating.

The ARRC 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:**

Stage one: Policy identifies that the only approved restraints are lap belts and bedside rails. Enablers are clearly described as voluntary and the least restrictive option with the intent of promoting independence, comfort and/or safety. There is a detailed information sheet for relatives should restraint be considered. The service has appropriate policies and procedures in the event that restraint or enables use is required.

Stage two: There is no recorded restraint or enabler use at the service. The internal audit on the use of restraint (January 2014) records that there has been no reported restraint at the service. The three caregivers interviewed demonstrate an understanding that enabler use is voluntary and the least restrictive option. In-service education is provided regarding restraint minimisation, the management of challenging behaviours and recognising triggers and de-escalation techniques (last conducted January 2014).

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

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

There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.

ARC D5.4e ARHSS D5.4e

**Attainment and Risk:** FA

**Evidence:**

The responsibility for infection control is clearly defined and there are clear lines of accountability for infection control matters within the organisation leading to the senior management. The infection control coordinator is the manager and they have a job description that has the role, responsibilities and accountability for infection matters (sighted).

The organisation has a clearly defined and documented infection control programme that is reviewed at least annually. The annual review was last conducted in May 2014. The annual review covers quality improvements, policies, procedures, surveillance, staffing, standard precautions and education.

Staff and/or residents and visitors suffering from, or exposed to and susceptible to, infectious diseases are prevented from exposing others while infectious. There is a policy for staff not to come to work if they are unwell, there is a notice at the front door advising visitors not to have contact with residents if they are unwell or have been exposed to infections, and at times residents may be isolated where possible and practical. The five clinical staff interviewed demonstrate good knowledge of infection prevention and control.

##### **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:**

Stage one: Policy identifies that the infection control coordinator has access to persons with a wide range of skills and expertise including outside contractors.

The infection control meeting is incorporated into the staff meeting. The infection control coordinator communicates the monthly infection control report to the staff through monthly staff meetings. The infection control coordinator has the range of skills, expertise, and resources necessary for the implementation of the infection control programme. The infection control coordinator reports that advice would be sought from the GP, DHB and infection control specialist if there was an outbreak.

##### **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:**

Stage one: Policies and procedures sighted are practical, safe and appropriate for the services offered

The five clinical staff report on interview they have knowledge of infection control and attendance at in-service education is sighted. The service utilises updates from an aged care consultant to review their organisational policies. The staff observed at the time of audit demonstrate good infection prevention and control techniques and demonstrate good knowledge of policies and procedures for infection prevention and control.

The residents report on interview that they are aware of the need to report infections as they may need to stay in their room.

##### **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:**

Infection control education is provided by a suitably qualified person who maintains their knowledge of current practice. The infection control coordinator and specialist infection control resources are utilised for the staff in-service education. The infection control coordinator attends ongoing education on infection control, the most recent in May 2014. The infection control coordinator demonstrates knowledge of current best practice for infection prevention and control.

Resident education occurs in a manner that recognises and meets the communication method, style, and preference of the resident. The infection control coordinator has conducted informal education with residents, such as education on scabies management. The five clinical staff interviewed report they receive adequate education on infection prevention and control.

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

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

**Attainment and Risk:** FA

**Evidence:**

Stage one: Policy states that surveillance of infections occurs and data is collated monthly. 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. The monthly surveillance data is collated and analysed by the infection control coordinator.

The surveillance data and analysis of infections for 2013 records are sighted. The service would seek infection control and outbreak advice from the DHB and GP in the treatment and management of the outbreaks or infections. The action plan for the outbreak management includes contributing factors to the event, treatment, review of systems and the environment.

##### **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.)*