# Beattie Community Trust Incorporated

## Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by Health Audit (NZ) Limited, an auditing agency designated under section 32 of 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).

You can view a full copy of the standards on the Ministry of Health’s website by clicking [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Beattie Community Trust Incorporated

**Premises audited:** Beattie Home

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 8 December 2014 End date: 9 December 2014

**Proposed changes to current services (if any):** None

**Total beds occupied across all premises included in the audit on the first day of the audit:** 28

# Executive summary of the audit

## Introduction

This section contains a summary of the auditors’ findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

* consumer rights
* organisational management
* continuum of service delivery (the provision of services)
* safe and appropriate environment
* restraint minimisation and safe practice
* infection prevention and control.

As well as auditors’ written summary, indicators are included that highlight the provider’s attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

**Key to the indicators**

| **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 |

## General overview of the audit

Beattie Home is an aged care service operated by a community trust board in Otorohanga. The service provides rest home level of care for up to 29 residents. There were 28 residents at the time of audit. The community trust also provides a retirement living complex and a day stay service, which do not form part of the services reviewed at this audit.

The certification audit was conducted against the relevant Health and Disability Services Standards and the services’ contract with the District Health Board. The audit process included the review of the policies and procedures, the review of residents’ files, observations and interviews with residents, family, management, staff and the general practitioner. All expressed the strength of the service is the community support and the friendly and homelike care and services provided.

There is one area for improvement related to the contractual requirements of the documentation of three monthly medical reviews. All other relevant criteria are fully achieved.

## Consumer rights

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| --- | --- | --- |
| 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. |

Staff demonstrated good knowledge and practice of respecting residents’ rights in their day to day interactions. Staff received ongoing education on the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). The residents and family/whanāu had high praise for the way that the staff respected the residents and provided care in a professional yet friendly manner.

There were a number of residents who identify as Maori residing in the service at the time of audit. The service provider reported there are no known barriers to Maori residents accessing the service. Services are planned to respect the individual culture, values and beliefs of the residents.

Written consents were obtained from the resident or where applicable the residents' enduring power of attorney. Processes were in place for advance care planning and, when medically indicated, resuscitation directives were recorded.

The organisation provides services that reflect current accepted good practice. Evidence-based practice was observed, promoting and encouraging good practice. Linkages with family and the community are encouraged and maintained. The service is supported by a community trust and there are a number of community members who volunteer at the service. There is regular in-service education and staff access external education that is focused on aged care and best practice.

There was a complaints policy which details resident and family/whānau members’ right to make a complaint. This process was understood by residents and family/whānau interviewed during audit. A complaints register was maintained which details dates of complaints and actions undertaken in order to address issues raised.

## Organisational management

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| --- | --- | --- |
| Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner. |  | Standards applicable to this service fully attained. |

Systems are established and maintained which define the scope, direction and objectives of the service and the monitoring and reporting processes. The community trust board provides the organisational governance systems. There were clear guidelines that differentiate between the governance and day to day management of the service. The service has a suitably qualified and experienced manager, who is a registered nurse.

The service had established and documented quality and risk management systems. Quality outcomes data was analysed and used as an opportunity to improve service delivery where appropriate. A comprehensive internal auditing programme was in place, which is linked to the clinical governance monitoring and reporting system. This included adverse event reporting of all incidents, accidents and unplanned or untoward events.

Policies and procedures were managed by a contracted aged care consultant that were individualised to the service. There were systems in place for the review of polices and the archiving of obsoleted documentation.

The human resources management system provided for the appropriate employment of staff and on-going education. The education programme was available for all staff and education records document staff attendance.

There was a clearly documented rationale for determining service provider levels and skill mix in order to provide safe service delivery to the rest home level of care.

The systems for managing resident information were effective and meet the requirements of the standard.

## Continuum of service delivery

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

The resident’s entry in to the services was facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified. Each stage of assessment, planning, provision of care and review/evaluation was undertaken by suitably qualified staff that were competent to perform their role. Annual practising certificates are current. The registered nurse conducted the initial nursing assessment on admission. An information pack is provided to the resident/families on admission. Admission agreements were signed on admission.

Declined residents were referred back to the referrer in a timely manner to discuss other referral options.

The service had an integrated system of documentation. The general practitioner assesses new residents within 24-48 hours. Long-term care plans are resident-centred and were reviewed six monthly. Activities provided by the service were appropriate to the needs of the residents.

The contents of the verbal and recorded hand-over were comprehensive and resident focused. Progress notes were maintained and the levels of documentation by the staff had reflected the care provided during the shifts.

Referrals were made to specialist medical services as well as other allied health professionals. Assessments in the resident’s level of care were conducted by assessment teams (NASC) and all residents had appropriate level of care assessments. There was a policy for transition, exit, discharge or transfer from services.

The medicines management system complied with the current legislation. Improvement is required in relation to review of medication charts. The controlled drugs register was current and correct. All staff administering medications had current medication competencies. The self-administration policy and procedures were implemented. There were no residents who self-administer medications.

The resident’s individual food, fluids and nutritional needs were met. Resident’s weights are stable. Food handling certificates were current. Modified diets were provided. The menus are reviewed every two years. There were adequate supplies of food in the pantry.

## Safe and appropriate environment

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| --- | --- | --- |
| 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. |

Services are provided in a clean, safe environment that is appropriate to the rest home level of care. There are appropriate amenities to meet residents’ needs and to facilitate residents’ independence. Residents, visitors and staff are protected from harm as a result of exposure to waste, infectious or hazardous substances generated during service delivery. There are adequate toilets, showers, and bathing facilities to meet all residents’ needs.

Buildings, plant and equipment complies with legislative requirements and the service has a current building warrant of fitness. The original part of the building (which is over 100 years old) showed some wear and tear that is consistent with the age of the building. This wear and tear does not impact on the care and safety of the residents. Planned and reactive maintenance is well documented with an ongoing maintenance plan to refurbish some of the older parts of the service. Systems were in place for essential, emergency and security services, including a disaster and emergency management plan.

The facility has an appropriate call system for residents to request assistance from staff. The residents have access to appropriate outdoor areas.

## Restraint minimisation and safe practice

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| 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. |

The policies and procedures in restraint minimisation and safe practice were in place. The service had a restraint-free policy. There are currently no residents on restraints or enablers. The restraint coordinator had good knowledge of the restraint process. Staff were knowledgeable about restraints and enablers.

## Infection prevention and control

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| --- | --- | --- |
| 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. |

The infection control programme was appropriate to the size and scope of the service. The infection control coordinator can access resources both within and outside the service. Staff were knowledgeable about infection control and prevention. The infection control committee has representatives from different areas within the service. There was relevant in-service training provided for all staff. The infection control programme was reviewed annually. Hand gels are available for staff, residents and visitors. There are adequate hand basins to use by the staff and residents. Visitors, families and staff were reminded not to enter the service when feeling unwell.

## Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Attainment Rating** | **Continuous Improvement**  **(CI)** | **Fully Attained**  **(FA)** | **Partially Attained Negligible Risk**  **(PA Negligible)** | **Partially Attained Low Risk**  **(PA Low)** | **Partially Attained Moderate Risk**  **(PA Moderate)** | **Partially Attained High Risk**  **(PA High)** | **Partially Attained Critical Risk**  **(PA Critical)** |
| **Standards** | 0 | 44 | 0 | 1 | 0 | 0 | 0 |
| **Criteria** | 0 | 93 | 0 | 1 | 0 | 0 | 0 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Attainment Rating** | **Unattained Negligible Risk**  **(UA Negligible)** | **Unattained Low Risk**  **(UA Low)** | **Unattained Moderate Risk**  **(UA Moderate)** | **Unattained High Risk**  **(UA High)** | **Unattained Critical Risk**  **(UA Critical)** |
| **Standards** | 0 | 0 | 0 | 0 | 0 |
| **Criteria** | 0 | 0 | 0 | 0 | 0 |

# Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

|  |  |  |
| --- | --- | --- |
| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.1.1: Consumer Rights During Service Delivery  Consumers receive services in accordance with consumer rights legislation. | FA | The staff interviewed demonstrated knowledge and understanding of consumer/resident rights, obligations and how to incorporate them as part of their everyday practice. Staff were observed to be addressing residents with respect, knocking on doors and asking to enter rooms prior to entering, and providing the residents with choices. Education on the Code of Health and Disability Services Consumers' Rights (the Code) has been conducted as part of the in-service education programme. |
| Standard 1.1.10: Informed Consent  Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent. | FA | The family/whanau and residents reported receiving the information book, signing an admission agreement and confirmed the resident’s choices were respected. The signed admission agreement and consent forms were sighted in the administration file of residents. Written, signed consent was obtained for the collection of health information, photographs being taken, routine medical treatment, activities and outings. The nursing and care staff demonstrated their ability to provide information that residents require in order for the residents to be actively involved in their care and decision-making. Staff interviews acknowledged the resident's right to make choices based on information presented to them. Staff also acknowledged the resident's right to withdraw consent and/or refuse treatment.  Advance directives and advance care planning was made available to residents and family/whānau during the admission process and reviewed when necessary. The residents' files had advance care planning in which the residents and family are consulted on end of life care and treatment. |
| Standard 1.1.11: Advocacy And Support  Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice. | FA | The service actively encouraged residents to participate fully in determining how their health and welfare was managed. Family were encouraged to involve themselves as advocates. Contact details for the Nationwide Health and Disability Advocacy Service is listed in the resident information booklet, with the brochure available at reception/entrance and sitting areas. The residents, family and staff confirmed the advocate visits the service, with education last provided by the advocate to both residents and staff. |
| Standard 1.1.12: Links With Family/Whānau And Other Community Resources  Consumers are able to maintain links with their family/whānau and their community. | FA | A number of residents were observed independently and/or with visitors going out into the community. The residents and family/whanāu confirmed unrestricted visiting hours. Residents were supported and encouraged to access community services independently, with visitors, or as part of the planned activities programme. The service was also part of a retirement living community and a day stay service, where there were links maintained with accessing community events. There were links with local schools and community members who regularly volunteered or provided entertainment at the service. |
| Standard 1.1.13: Complaints Management  The right of the consumer to make a complaint is understood, respected, and upheld. | FA | The complaints management process was explained to residents on admission, with the residents and where applicable the family/whanau, signing to say they have received and understood the complaints process. The resident and family received a copy of the complaints forms. The complaints forms and information on making a complaint was displayed throughout the facility.  Time frames relating to receiving a complaint, acknowledgement of a complaint and review/feedback and appeal process complied with Right 10 of the Code. Any complaints or situations were reported to the manager and to the Board. The complaints register contained all complaints, dates and actions taken. There were no complaints recorded for 2014. The residents and families/whanāu interviewed reported that they were aware of the complaints process and feel that there was ‘nothing’ that they required making a complaint about. They reported that if they had any feedback, this was listened to and actioned immediately the family/whanau, residents and staff reported that if they needed to make a complaint they would do so.  The service maintained a compliments folder, which contained numerous positive feedback from residents and family/whanau on the care they have received at the home. |
| Standard 1.1.2: Consumer Rights During Service Delivery  Consumers are informed of their rights. | FA | The Code was displayed throughout the facility. The family/whanau and residents reported they were provided with information on the Code on admission. This forms part of the admission agreement. Information on the Code and advocacy services was in the admission pack and information brochure and the admitting staff provided verbal information on the Code. Information on the Nationwide Health and Disability Advocacy Services is provided in the admission information, with the posters and brochures displayed throughout the service.  The residents and family/whanāu reported they were treated with respect and dignity. All residents and family/whanau spoke highly of the care staff and the friendly homelike nature of the service. One resident commented that they ‘had no idea that they could be so happy’ in an aged care facility. Another resident commented that they had resided at another care facility, and reports that while they felt the care there was good, “Beattie Home is so much better’. The GP interviewed expressed no concerns regarding breaches of the residents' rights during service delivery. |
| Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect  Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence. | FA | The service has mostly single rooms, with three double rooms. There are privacy curtains in the shared rooms. The residents and family/whanau expressed high levels of satisfaction with the way they were treated by all staff and reported that the resident's dignity, privacy and independence is always respected. The GP expressed no concerns with abuse, neglect or culturally unsafe practice and expressed high satisfaction with the management and quality of care at the service. |
| Standard 1.1.4: Recognition Of Māori Values And Beliefs  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. | FA | There were residents that identify as Maori at the time of audit. The staff reported that there were no known barriers to Maori accessing the service. There are Maori representatives and advisors on the Board.  The nursing and caregiving staff demonstrated good knowledge on respecting Maori beliefs, values and the importance of whānau. Education on cultural safety and values, Maori Health Plans and the Treaty of Waitangi was conducted as part of the ongoing education programme. One resident who identifies as Maori reported satisfaction with the care and services provided at Beattie Home. |
| Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs  Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs. | FA | The residents' files reviewed recorded the resident's individual values and beliefs. All residents and family interviewed expressed satisfaction with the care provided which reflected their individual values and beliefs. The staff and GP expressed no concerns about culturally unsafe practices. The nursing and caregiving staff interviewed demonstrated knowledge of culturally safe care. Education on cultural safety is conducted as part of the ongoing in-service education programme. |
| Standard 1.1.7: Discrimination  Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation. | FA | The nursing and caregiving staff demonstrated knowledge on the signs of abuse, neglect and discrimination. The staff records reviewed had position descriptions that included professional boundaries. There were no instances recorded of discrimination. As observed, professional boundaries were maintained for the well-being of the residents that still encourages a friendly and home like environment. The residents and family/whanau had no concerns with discrimination and spoke highly of how they were treated by all staff. |
| Standard 1.1.8: Good Practice  Consumers receive services of an appropriate standard. | FA | The nursing and caregiving staff reported that evidence-based practice is observed, promoting and encouraging good practice. Examples included policies and procedures that are linked to evidence-based practice, regular visits by the GP and links with other care providers. The service accesses the residential care education programme through the in-service education and external experts. The RNs participate in the professional development programme through maintaining their professional portfolios. The staff reported that they are supported financially to attended relevant external education. The residents and family/whanāu expressed ‘high’ satisfaction with the care delivered. |
| Standard 1.1.9: Communication  Service providers communicate effectively with consumers and provide an environment conducive to effective communication. | FA | The residents and family/whānau reported they receive full and frank information from the staff. The family/whanau confirmed they were kept informed of the resident's status, including any events adversely affecting the resident. The resident, and where appropriate family/whānau, had input into care planning. There were regular resident meetings with the advocacy service, where feedback was provided to management, the staff and board as appropriate. There was evidence of open disclosure as documented on the accident/incident forms and in the residents' progress notes.  Wherever necessary and reasonably practicable, interpreter services were provided. All residents communicate effectively in English. |
| Standard 1.2.1: Governance  The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | The purpose, values, scope, direction, and goals of the organisation were clearly identified and reviewed at least annually. The vision, mission and values were displayed throughout the facility. The board conducted an annual self-evaluation through monitoring the outcomes of the strategic plan, vision and mission statements.  Beattie Rest Home governance is provided through a community trust board. There were clear terms of reference for the board and board members individual roles. The Board and its members are responsible to the community to ensure there is sound organisational management with beneficial outcomes and systems. The board’s role is one of governance; the management of the service is the responsibility of the manager.  In additional to the community trust board, the service is part of a wider charitable company which runs other rural aged care services.  The organisation is managed by a suitably qualified and/or experienced registered nurse with authority, accountability, and responsibility for the provision of services. The manager has an annual performance appraisal with the Board. The manager maintains their nursing portfolio, which included at least eight hours education annually on the management of aged care services. The manager is a member of an aged care association, and receives ongoing education on the management of aged care services from this organisation.  The services were planned, coordinated, and appropriate to the needs of residents. There was an annual resident and relative surveys and six week post admission follow up where feedback is sought regarding all aspects of care and service delivery. The 2014 results of these surveys provided positive feedback with 100% of the feedback showing they were satisfied to very satisfied with the home and its services. The residents and family/whanau interviewed reported satisfaction with Beattie Home, with comments such as ‘it is such a caring place’. |
| Standard 1.2.2: Service Management  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. | FA | The registered nurse (RN) and a casual RN fill in the role of the manager during temporary absences. The registered nurses (RN) job description included taking on the role of manager during the manager’s temporary absence. Both these RNs had current clinical and management experience. The manager has full confidence in the RNs to undertake the management role during their absence. |
| Standard 1.2.3: Quality And Risk Management Systems  The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. | FA | The risk management for 2014 identified the identified risk, potential consequences, potential likelihood, control measures that were implemented, residual risk, and review dates. The risk management plan covered risks for all sections of the service and service delivery, from governance, financial, clinical and legislative. The service had a separate quality improvement plan, which included the objective, actions required, time frames, person responsible, management review and completion dates. Key components of service delivery were explicitly linked to the quality management system.  The service had generic policies and procedures developed by an aged care consultant. These generic policies and procedures were then individualised to the service and aligned with current good practice and service delivery. The policies were reviewed at least every two years and as legislation and best practices change. The policies and procedures were reviewed with input from the staff at staff meetings. There was a document control system to manage the policies and procedures which records when policies were reviewed and amended. The document control date was on the footer of all documents. The obsolete documents were stamped as obsolete and the hard copies of the document were archived.  The internal auditing system was used to measure achievement against the quality and risk management plan. There was a schedule for internal audits for all aspects of service delivery. Quality improvement data was collected, analysed, and evaluated and the results of the internal audits were feedback to the board and staff. The internal audits contained a checklist to ensure work procedures and policies were followed. A summary of findings, comments, recommendations and comparison with the previous audit was undertaken. The internal audit form was also used to record the corrective action plan addressing areas requiring improvement. The corrective and preventative actions taken were summarised, with the results implemented recorded. When indicated, repeat internal audits were conducted to review if the corrective or preventive actions implemented were effective. With two of the corrective actions plans implemented, the follow up audits demonstrated the improvement was implemented and effective.  The staff demonstrated knowledge of the quality and risk systems. The service had a combined health and safety, infection control and quality meeting which reviews and analyses the quality data. This meeting also reviewed the quality initiatives that have been implemented. Improvements that have been recorded included the reducing of urinary tract infections through increased fluid rounds, reinforcing standard precautions and identifying residents at risk of urinary tract infections at handover and the residents care plan. Other improvement included the reduction of medication errors to zero in November 2014 as a result of changes to the medication charting, increased staffing on the afternoon shift and re-training and competency assessment of staff.  Actual and potential risks were identified and documented in the hazard register. The hazard register recorded identified risks and how these were monitored, analysed, evaluated, and reviewed. The register contained the frequency of the monitoring of the hazards based on the severity of the risk and the probability of occurring. Procedures were developed for the identification of hazards, prioritising, the control measure to eliminate, isolate or minimise the risk. The service had gained ACC certification at the tertiary level for the period October 2013 to September 2015. |
| Standard 1.2.4: Adverse Event Reporting  All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner. | FA | Management confirmed their knowledge and understanding of their obligations to report essential notifications and they knew the correct authority to report to if required. There was no serious adverse event that had required reporting to the authorities since the last audit. The service does report other incidents, such as falls that have resulted in fractures, to the DHB and Work Safe, when these occur.  The staff used the accident/incident form to document adverse, unplanned or untoward events or near misses. This information was monitored, evaluated and reported to the staff and board meetings. The monthly collation and analysis reported the number of incidents and accidents. Where shortfalls have been identified, actions were taken to prevent the incident from recurring. The analysis records the opportunities for improvement to service delivery and if there is ongoing review of the hazard required.  Interviews with staff confirmed their understanding of the need to document all adverse events. Interviews with family/whānau and a review of residents’ files identified that information was shared in an open and honest manner within acceptable timeframes. The families/whānau stated they are kept fully informed if their relative is involved in an incident or accident. |
| Standard 1.2.7: Human Resource Management  Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation. | FA | Professional qualifications were validated, including evidence of registration and scope of practice for staff and contracted staff. Annual practising certificates were sighted for all staff that requires them.  The service implements human resources policies which described good employment practices that reflected current legislative requirements. The employment and orientation process was confirmed at staff interviews and in the reviewed staff files (mix of clinical and non-clinical staff files reviewed).  Ongoing training was provided to all staff both on-site, off-site and with self-directed learning packages so staff can provide appropriate care to all residents. Education records were maintained for the in-service and external education attended by staff. Staff appraisals were up-to-date and staff interviewed confirmed appraisals were used as a medium to identify educational needs, wants and interests. Education sighted covered all key components of service delivery. All staff had a current first aid qualification. All care givers had completed or commenced the training and education for the national certificate in providing care to the older person. The staff interviewed reported that they were supported to attend ongoing education. The nursing staff maintained professional portfolios. Residents, families/whānau and the 2014 resident/relative satisfaction survey identified services were delivered in a manner that met all residents’ needs. |
| Standard 1.2.8: Service Provider Availability  Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | The staffing and staff skills mix policy met and exceeded the requirements for rest home level of care. The staff and manager confirmed that staffing takes into consideration the assessed needs (acuity) of residents, and associated roles, responsibilities and levels of experience of staff. An example was given of the increased staffing implemented when there was a resident receiving terminal care.  The rosters confirmed that staff were replaced when they are sick. The manager (RN) is on duty Monday to Friday. There was at least one RN or EN on duty on morning shift seven days a week. As required, (based on the needs of the residents), there was a RN or EN on afternoon shift. There was a RN and the manager (RN) on call after hours. The rosters confirmed there were three care givers on morning shift, three on afternoon (or an RN/EN and two care givers) and two on night shift. The service had recently implemented changes to shift times to ensure there is four staff on the busiest part of the afternoon/evening (up to 8.00pm).  The service had adequate administration, cooking, cleaning, laundry, maintenance and activities staff that met the needs of the residents. The retirement living villas are privately owned and are not staffed by the rest home. There a designated staff for adjoining dementia day stay service. |
| Standard 1.2.9: Consumer Information Management Systems  Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required. | FA | The information in the residents' files reviewed was accurate and entered in a timely manner. Progress note entries were made each shift. The service used progress notes to record the services and interventions provided. Each progress note record sighted recorded the staff member’s name and designation, with the time of writing in the progress notes also recorded. The residents’ files sighted demonstrated integration and input from the multidisciplinary team, which included the activities assessment and planning.  Information of a private or personal nature was maintained in a secure manner that was not publicly accessible or observable. The archived records were stored securely onsite, and were easily retrievable. There was no information of a private nature displayed publicly at the onsite audit |
| Standard 1.3.1: Entry To Services  Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified. | FA | The resident’s entry to the service was facilitated by competent staff to perform their role. Annual practising certificates were sighted for all staff that require them. The registered nurse (RN) conducted nursing assessment on admission and developed short term care plans that served as initial plan of care for the resident. The service has employed an InterRAI Nurse who is responsible in assessing residents using the standardised assessment tool (InterRAI).  The interviewed residents confirmed that information packs were provided to them on admission. |
| Standard 1.3.10: Transition, Exit, Discharge, Or Transfer  Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services. | FA | The service used a transfer document when residents were transferred to the public hospital or to another service. The form highlights any known risks, current medications, current medical condition and other relevant information. The RN provided verbal hand over when a resident was transferred to another service. There was open communication between the service and family/whanau in relation to all aspects of care, including exit, discharge or transfer. |
| Standard 1.3.12: Medicine Management  Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | PA Low | Residents received medicines in a safe and timely manner that complied with current legislative requirements and safe practice guidelines. The service had a medicine management system that ensured the residents received medicines in a safe and timely manner. Discontinued medications were signed and dated by the GP, allergies were documented, all had photos for identification and written legibly. The RN conducted medication reconciliation on admission of a new resident or when a resident was discharged back to the service. There were medication charts that do not consistently record the three monthly by the GP.  The two staff administering the medications demonstrated compliance with the medication administration policies and procedures of the service. All staff who administer medications had current medication competencies and this was conducted annually.  There were no expired or unwanted medications sighted. Expired medications were returned to the pharmacy in a timely manner. The controlled drugs register was current and correct. There was evidence of a weekly stock take. Residents on controlled drugs had pain assessments and monitoring in place.  There were no residents who self-administer medications. The self-administration policies and procedures were in place.  The medicine fridge was monitored daily and the temperatures sighted were within normal ranges. There were sharp bins sighted in the medication room. |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid Management  A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery. | FA | The service provided the residents with meals that met their food, fluids and nutritional needs. The RN or EN completed the dietary requirement form on admission and provided a copy to the kitchen. The cooks and RN updated the kitchen board regularly. The service also provided additional or modified foods depending on the need of the residents including their likes and dislikes.  Food, fridge, freezer and chiller temperatures were monitored daily. The kitchen staff used clean techniques in preparing meals for the residents. All prepared foods in the chillers were covered and dated. A kitchen cleaning schedule was in place. Cooked meals were served via a bain marie. The meals were well presented and all interviewed residents verbalised that they enjoyed the food provided by the service. Residents’ weights were stable as sighted in the files.  The cook placed orders directly to their suppliers and used the first in-first out system for all their food supplies. All kitchen staff had a current food handling certificate. |
| Standard 1.3.2: Declining Referral/Entry To Services  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. | FA | A policy on declining entry to the service was sighted. An enquiry book was in place which evidenced that a potential resident was referred to another facility with the appropriate level of care. Declined residents were referred back to the referrer in a timely manner to discuss other referral options. |
| Standard 1.3.4: Assessment  Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner. | FA | The RN and ENs utilised a nursing assessment tool on admission that serves as a basis for short term care planning that guides the staff in managing the new resident. The InterRAI nurse conducted a standardised assessment three weeks after admission. The GP assesses new residents within 24-48 hours. The RN and ENs ensured that new residents and their families if involved were orientated to the facility. |
| Standard 1.3.5: Planning  Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery. | FA | Individual residents who have repeat falls had an analysis form in their file.  The service delivery plans were resident-centred and sufficiently detailed. The service had an integrated system in documentation. All members of the health and allied teams entered their notes in the resident’s file. There were specified sections for the staff to enter their notes. The care givers wrote once per shift in the resident’s progress notes while the RN and EN’s wrote in the progress notes for acute episodes that occur during their shifts. |
| Standard 1.3.6: Service Delivery/Interventions  Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes. | FA | The service provided services for residents requiring rest home level of care. Individualised and resident-centred long-term care plans were developed three weeks from admission. When a resident’s condition changed, the RN and ENs initiated a review and if required, a consultation with the GP or with the specialist. The interventions were sufficiently detailed to address the desired outcome/goal for the resident. |
| Standard 1.3.7: Planned Activities  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. | FA | The activities coordinator conducted recreation assessments on admission. The activity plans were individualised that reflected the residents’ preferences and interests. The activities for the residents were planned by the activities coordinator with the help of the diversional therapist who was undergoing training. The programme included activities that were physical, intellectual, sensory, social and fun. There were group and one-on-one activities that ensured resident participation. There were community involvements like school choirs and other volunteers. The service took the residents for bus trips, outings, community events and shopping. The timeline of weekly activities were available and posted in the activities board and in the main entrance of the service. Activity involvement of the residents were monitored by the activities coordinator using an attendance checklist. |
| Standard 1.3.8: Evaluation  Consumers' service delivery plans are evaluated in a comprehensive and timely manner. | FA | The long term resident’s care plans were reviewed six monthly. Short term care plans were evaluated and the dates of resolutions were documented. Residents on antibiotics or with wound dressings had documented evaluations in both the short term care plans and in the resident’s progress notes. The resident’s response to the treatment was documented. The RN and ENs initiated changes in the care plans when the interventions were not effective in resolving the infection. |
| Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)  Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs. | FA | The RN and EN reported that residents had access to appropriate external treatment and support services and will be referred in a timely manner. All referrals were documented in the progress notes and communication book. There was a referral form in place. Residents were given a choice of GP when they were admitted. Most residents used the GP contracted by the service. The resident and the family were kept informed of the referrals made by the service. |
| Standard 1.4.1: Management Of Waste And Hazardous Substances  Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery. | FA | The chemicals were securely stored in accordance with manufacturers labelling. Safety data sheets are available for all chemicals used at the service. The disposal of waste is conducted to ensure the risk of contamination is minimised. The service had a recycling and composting programme, to minimise waste that goes to council for disposal. Personal protective equipment (PPE) was sighted and appropriate for the chemicals, waste and infectious or hazardous substances that the rest home uses or has the potential to come in contact with. Waste management and infection control is part of the ongoing in-service programme, which is provided by the maintenance worker or the contracted companies. |
| Standard 1.4.2: Facility Specifications  Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | FA | The service has a current building warrant of fitness that expires in January 2015. Electrical safety testing is conducted to comply with required time frames and in accordance with the Australia and New Zealand standards for electrical safety. Biomedical equipment was checked by an approved provider in November 2014, which covers the required medical equipment.  The original parts of the building are over 100 years old (this was the original maternity hospital which was converted and extended to an aged care facility in the 1980s). There has been an ongoing programme of extension and refurbishment to the building. The older parts of the facility were demonstrating generalised wear and tear that is reflective and acceptable for the age of the building. This does not impact on the safety of the residents. The service is clean and tidy, with no risks identified. The service had a planned and reactive maintenance programme, with the building maintained in an adequate condition to meet the needs of the residents. All maintenance records were well documented. There was a schedule of maintenance and refurbishment of the service, with funding approval by the board.  Flooring is non-slip and there are secure handrails in the corridors to assist residents to move around both independently and safely with or without assistance. The fittings and furnishings met residents’ needs. The hot water temperatures were monitored monthly and comply with legislation. |
| Standard 1.4.3: Toilet, Shower, And Bathing Facilities  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. | FA | 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 five bedrooms that have ensuites and one further bedroom has an ensuite toilet. The toilets and showers were clearly identified with signage. The toilets had engaged/vacant privacy locks. The bathing and showering facilities sighted had wall and floor surfaces that were maintained to a standard to provide ease of cleaning and compliance with infection control guidelines. One bathroom does have some deterioration of the painted surfaces; this bathroom is on a planned maintained schedule to be refurbished as a disability access bathroom. Some of the bathroom areas are in need of general maintenance and the upgrade of these areas were shown in the business plan sighted. The residents and family reported satisfaction with the bathing and toilet facilities. |
| Standard 1.4.4: Personal Space/Bed Areas  Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting. | FA | The service has a mix of single and shared bedrooms. The three shared bedrooms provided adequate privacy for each of the residents in these rooms. The rooms sighted had adequate space to allow the resident and staff to move safely around in the rooms with or without mobility aids. The resident and family/whānau reported satisfaction with the bedroom space provided. |
| Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining  Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs. | FA | There are lounge and dining areas throughout the facility for the residents and the day stay residents. The lounge and dining areas are separated. The main meals were served in the dining room, with morning and afternoon tea also available in the lounge/activities area. The residents and family/whānau reported satisfaction with the lounge, dining and activities areas provided. |
| Standard 1.4.6: Cleaning And Laundry Services  Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided. | FA | Cleaning and laundry services policies and procedures were implemented by staff. The laundry and cleaning was conducted on site by designated cleaning and laundry staff. The laundry has a dirty to clean flow. The external chemical supplier conducted a two monthly surveillance of the cleaning and laundry processes to ensure the effectiveness of products used. The laundry and cleaning equipment and chemicals observed were stored in secure, safe and hygienic areas. The residents and family/whanau reported satisfaction with the cleaning and laundry services. |
| Standard 1.4.7: Essential, Emergency, And Security Systems  Consumers receive an appropriate and timely response during emergency and security situations. | FA | The services had an evacuation plan which was approved by the fire service in 2004. No major changes had occurred which have required changes to the evacuation plan. Evacuation drills had occurred six monthly, the last conducted in November 2014. Fire equipment is checked annually by an approved provider in accordance with the relevant Australian and New Zealand standards for fire alarm systems, emergency evacuation lighting and building warrant of fitness manual.  The orientation and ongoing training records identified that staff received appropriate information, training, and equipment to respond to identified emergency and security situations. The staff interviewed identified their understanding and knowledge of management of emergency situations including fire evacuation processes which occur six monthly.  All staff have current first aid qualifications which ensured there is always a staff member on duty with first aid qualifications.  The service had adequate emergency supplies in the event of an emergency or outbreak. The service had stores of food and drinking and non-drinking water for emergency use. There was a civil defence kit with additional food, first aid and emergency supplies. In the case of mains failure the service has an onsite generator. The service had a memorandum of understanding with another aged care service if the facility is required to be evacuated.  The call bell system was available in the original parts of the building and the newer extensions. The older parts of the building (the original maternity hospital sections) had an auditable alert that illuminates a light above the door of the room. As well as the call bells, there was an adequate supply of call mats. The more recent extensions of the building had an electronic call bell system that had an audible alert, a light that comes on above the door if the call bell is activated and panel in the nurse’s office. This newer call bell system can be monitored for response time. The call bell checks are part of the ongoing maintenance system. The residents and family/whanāu reported satisfaction with the timeliness of response to call bell.  The service identified and implemented appropriate security arrangements relevant to the level of care offered. The afternoon staff are required to close and lock the external windows and doors before it gets dark. Staff, residents and family/whānau reported during interview that they felt safe and secure at all times. |
| Standard 1.4.8: Natural Light, Ventilation, And Heating  Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. | FA | Areas used by residents and staff were ventilated and heated appropriately. There is central heating throughout the service. All resident-designated rooms (personal/living areas) have at least one external window which provides natural light and ventilation. Some rooms have external access. The residents and family reported satisfaction with the ventilation and heating of the facility. |
| Standard 3.1: Infection control management  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. | FA | The responsibility for infection control co-ordinator (ICC) was clearly defined and there were clear lines of accountability for infection control matters in the service. The enrolled nurse (EN) was the delegated infection control co-ordinator (ICC) and the signed job description was in the file. The ICC was supported by the facility manager (FM) and RN.  The infection control programme was reviewed annually. The infection control committee was composed of staff from different services. Infection control was also included in the monthly quality improvement meeting.  The use of antibiotics and infection types were monitored. The infections rates were collated for benchmarking with other services in the region. The results were discussed in the quality improvement meetings. The facility manager took this report to the board.  Infectious diseases prevention policy was in place to prevent visitors suffering from, or exposed to and susceptible to, from exposing others while still infectious. Resident’s families and relatives were encouraged not to visit when they are unwell. There were hand sanitizers and gloves in all of the resident’s rooms.  The infection control policies and procedures were available to the staff in the nurse’s station.  The caregivers were able to demonstrate good knowledge on infection control and prevention. There were hand sanitisers in the corridors and gloves in all the resident’s rooms. There was a spill kit in the sluice room. Personal protective equipment (PPE) was also sighted in the sluice room. |
| Standard 3.2: Implementing the infection control programme  There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation. | FA | The infection control coordinator had access to relevant and current information’s including internet, intranet, the Ministry of Health web pages, articles/newsletters from other age care publications, access to DHB experts and laboratory services. There was also an ongoing in-service education on infection control and prevention. The infection control committee had representatives from the different services.  There was infection control signage within the service to prevent the spread of infections. Hand sanitisers were available in the service including all resident’s rooms. There were sufficient supplies of gloves, continence and dressing products. |
| Standard 3.3: Policies and procedures  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. | FA | Documented policies and procedures for the prevention and control of infection align with current accepted good practice and relevant legislative requirements and are readily available in the service. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided. The service had consistent implementation of the policies and procedures and best practice. All interviewed staff had demonstrated excellent knowledge on infection control prevention including the importance of proper hand washing. There are hand sanitisers in the corridors and gloves in all the resident’s rooms. There is a spill kit in the sluice room. Personal protective equipment (PPE) was also sighted in the sluice room. |
| Standard 3.4: Education  The organisation provides relevant education on infection control to all service providers, support staff, and consumers. | FA | The service provided annual infection control updates for all staff. In-service attendance was sighted. The service also invited infection control experts who provided in-service training for the staff. The staff confirmed that there was adequate in-service training provided by the service. The residents verbalised that staff talk about the importance of hand washing to them and the need to report to the staff when they are unwell. |
| Standard 3.5: Surveillance  Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme. | FA | The surveillance for infection was carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme. The infection control surveillance was appropriate to the size of the service. Infection types and rates were monitored monthly and collated by the infection control coordinator. These infections were entered in the intranet system for benchmarking with other services within the region. Infection rates were discussed during the staff and RN meetings. Interventions to reduce the infection rates were also discussed during staff meetings. The facility manager took the outcome of surveillance to the board. |
| Standard 2.1.1: Restraint minimisation  Services demonstrate that the use of restraint is actively minimised. | FA | The service promotes a restraint-free environment. The enrolled nurse (EN) is the delegated restraint coordinator with relevant authorities and responsibilities. There was a signed restraint coordinator job description. An approval group has been established headed by the restraint coordinator. Restraint was included in the monthly quality improvement meeting. Restraint usage is kept to an absolute minimum. The restraint coordinator demonstrated good knowledge about the restraint process. The use of de-escalation techniques were mentioned by the restraint coordinator before commencing any resident on restraint. All staff were trained/educated regarding the restraint policy and procedures, de-escalation techniques and managing challenging behaviours. This restraint in-service training was provided annually. The hand outs provided reflect the restraint/enablers approved in this facility. The policy on restraint minimisation and safe practice included the definitions of restraint and enablers which aligns with the requirements of the standards.  The restraint register was current and showed that there were no residents using restraint or enablers. |

# Specific results for criterion where corrective actions are required

Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 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. | PA Low | The medication management information was not consistently recorded to a level of detail that complies with the current legislation. | Six out of twelve medication charts did not record the three monthly review by the GP on the medicine chart. A record of the review had been recorded in the resident medical notes. | Provide evidence that the medication charts record the three monthly GP reviews of medicines.  180 days |

# Specific results for criterion where a continuous improvement has been recorded

As well as whole standards, individual criterion within a standard can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

If, instead of a table, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

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End of the report.