

Tranquillity Rest Home Limited

Introduction

This report records the results of a Provisional 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 HealthShare 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](#).

The specifics of this audit included:

Legal entity: Tranquillity Bay Care Limited

Premises audited: Tranquillity Bay Care Ltd

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 9 March 2015 End date: 9 March 2015

Proposed changes to current services (if any): Tranquillity Bay Care Limited intends to take ownership of the rest home in March 2015.

Total beds occupied across all premises included in the audit on the first day of the audit: 20

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

Indicator	Description	Definition
Yellow	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
Red	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

Seaview Retirement Park provides rest home level care for up to 34 residents. Occupancy was 20 on the day of the audit. A change in ownership is anticipated to occur in March 2015.

This provisional audit was conducted against the relevant Health and Disability Standard and the contract with the District Health Board. The audit process included an interview with the prospective provider, review of policies and procedures, review of resident and staff files, observations, and interviews with residents, family, management and staff.

The prospective provider had completed the requirements for owning a new rest home and was well prepared. The current facility manager is appropriately qualified and experienced. There are quality systems and processes being implemented. The prospective owner will continue to implement these systems. Feedback from residents and families was positive about the cares and services provided. An induction and in-service training programme is in place to provide staff with appropriate knowledge and skills.

There was one area which required an improvement regarding first aid training.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Residents' rights were understood and met in everyday practice. Communication channels are clearly defined and interviews and observation confirmed communication was effective. Sufficient information on rights and advocacy services is provided.

Residents are free from discrimination, exploitation and abuse and neglect. The residents' cultural and spiritual needs were respected and cultural safety policies demonstrate a commitment to the principles of the Treaty of Waitangi. Informed consent requirements defined and resident and staff interviews confirmed choice was given and informed consent facilitated. Links with the community were supported and facilitated. The principles of open disclosure were followed.

Residents confirmed an understanding of their right to make a complaint or raise a concern. Any complaints or concerns were followed up and remedied in a timely and appropriate manner.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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At the time of this audit, the organisation was owned and governed by Radius Residential Care Limited. The strategic direction and goals were documented and reviewed. Day to day operations are the responsibility of the facility manager, with support from the regional team leader and the senior registered nurse. The prospective provider has the required knowledge and skills to manage a rest home and will be supported by a business partner (operations manager).

The required policies, procedures and work instructions are documented and available to those who use them. The integrity of documents is maintained. Policies and procedures reflect current good practice.

Quality and risk management systems are defined, monitored and maintained. All areas of service delivery were assessed for effectiveness and efficiency. Quality related data was analysed and collated to ensure improvements can be made when required. This included adverse events, health and safety and infections. Internal monitoring was conducted a corrective actions implemented where required. The sale and purchase of the rest home includes the entire documented quality and risk management system.

Human resource processes ensure that a sufficient number of staff are available at all times. There is a defined process for orientation and training. Competencies are monitored. A registered nurse is available over the 24 hour period.

Resident information is held securely and meets all requirements for health records management.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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The services policies and procedures provide guidelines for access to service. Timeframes for service delivery were met and included input from residents, families, and allied health professionals. Initial assessment, care and support was provided by competent staff, with on-going evaluations completed by registered nurses. Nursing interventions were consistent with best practice and care plans well utilised.

There was a range of activities which were appropriate for the service users. Residents and families interviewed confirmed they were well supported to maintain interests and participation was voluntary.

The service has a documented medication management system and medication administration is completed by staff who had been assessed as being competent to do so.

Resident nutritional needs were met. Special needs were catered for and regular monitoring completed. Food services and storage met food safety requirements.

Safe and appropriate environment

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.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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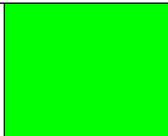
The facility is divided into three separate service areas. The lower floor was not occupied at the time of the audit. The building, facilities, furnishings and equipment were maintained and suitable. Applicable building regulations and requirements are met. Well-furnished lounges, and the dining area are accessible to all residents. The facility has plenty of natural light and is maintained at a comfortable temperature. A variety of bedrooms are provided. Each area allows for personal possessions and accommodates residents' needs.

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

There are processes in place to maintain the safety and security of residents over the 24 hours and during an emergency; however the provider is required to ensure there is a staff member trained in first aid on duty at all times. The organisation has appropriate stores and equipment in the event of a civil defence emergency.

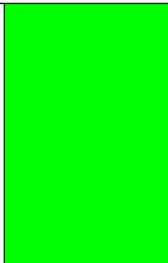
The prospective provider intends to make some changes to the facility over the next 18 month period.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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There were no restraints used in the facility. There are documented guidelines for the use of restraint, enablers and challenging behaviours. Staff received sufficient training and demonstrated an understanding of the appropriate use of enablers to maintain independence.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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Infection prevention and control policies and procedures are adequately documented. There is a designated infection control co-ordinator who was responsible for ensuring monthly surveillance was completed and monitoring of infection control practices. Documentation sighted provided evidence that all staff were educated as part of on-going in-service education.

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	0	1	0	0
Criteria	0	92	0	0	1	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](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Clinical and non-clinical staff interviewed all demonstrated knowledge and understanding of resident rights, obligations and how to incorporate them as part of their everyday practice. Staff members are observed addressing residents with respect, knocking on doors and asking to enter rooms prior to entering and providing residents with choices. In interview, staff members also clearly understood consumer rights and were aware of consumer rights legislation. Training in the Code of Health and Disability Services Consumers' Rights (the Code) had been provided in the last year.</p> <p>The prospective provider was currently managing another rest home, and was aware of the requirements under the Code. A comprehensive list of the activities the prospective provider intended to maintain was sighted. This included activities relating to the Code.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices</p>	FA	<p>Residents and their families were provided with all relevant information on admission to the facility. Informed consent was gained with signed documentation held on individual files. Advance directives were documented if the resident was deemed competent. Discussions were</p>

and give informed consent.		held regarding informed consent, choice and options regarding clinical and non-clinical services on an on-going basis. This was evident within clinical notes and through staff interview. Interviews with residents and relatives confirmed the service actively involved them in decisions that affected their lives. Admission agreements were signed on entry to the service.
Standard 1.1.11: Advocacy And Support Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.	FA	Policies and procedures required that residents were informed of their right to access independent advocates. This was clearly identified in the resident agreement. Contact numbers for advocacy services were displayed and residents interviewed confirmed that they understood these rights and their entitlement to have the support person of their choice.
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	Visitors could visit residents at the time of their choice. This was confirmed in interviews with residents and family. Access to the community was supported and there was sufficient evidence that residents continued to access the services of their choice.
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	The service had appropriate systems in place to manage complaints. Policies and procedures on complaints management met the requirements of the Code. The facility manager reported that there had been no external complaints to the Health and Disability Commissioner or the District Health Board since the last audit (September 2014). Residents and families interviewed confirmed that they had been advised on entry to the facility how to raise concerns or complaints. The complaints procedure was also included in the resident agreement. Minutes of resident meetings confirmed that residents' felt comfortable reporting any concerns. The complaints register was sighted. This confirmed that complaints were managed as required. Complaints records included date, name, reason for complaint, investigation, outcomes and letter to complainant.
Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.	FA	Policies were in place to guide staff actions and ensure residents' rights were discussed and available. The Code was clearly displayed throughout the facility. Information about the Code was provided in the

		admission pack and included in the resident agreement. The Nationwide Health and Disability Advocacy Service poster and pamphlets were also displayed.
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>The residents' privacy and dignity was respected. This was confirmed in interview with residents and family and was observed during the audit. Those interviewed expressed no concerns regarding abuse, neglect or culturally unsafe practice. There is an abuse and neglect policy available to staff and staff interviewed understood how to report such incidences if suspected or observed. The facility manager reported that any allegations of neglect, as a result of service delivery, were taken seriously and immediately followed up.</p> <p>Resident's personal areas were individualised. There were no shared rooms. There was system in place for the management of resident funds.</p> <p>The residents' preferred name was ascertained on admission and documented and used by staff when addressing residents or family members. Individual values and wishes were considered. This was evident in resident records sampled. Spiritual needs were considered and catered for.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>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.</p>	FA	<p>The required policies on cultural appropriateness were sighted. Policies made reference to the Treaty of Waitangi and partnership principles. Care plans were used to document any cultural/spiritual needs and a Maori health care plan was available if required. Special consideration to cultural needs is provided in the event of death. The required activities and blessings were conducted. All staff received cultural training. The provider had also accessed local Maori, who presented their own training. Attendance to training was compulsory</p> <p>At the time of the audit, there were two residents who identified as Maori and a number of Maori staff.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>Residents interviewed confirmed that their values and beliefs were actively recognised and well supported. This was confirmed during the audit through observations of interactions between staff and residents. In interview, residents and family reported that staff worked hard at providing care and support which reflected the resident's individual</p>

		needs, values and beliefs. Personal areas were personalised. Residents meeting minutes confirmed that individual cultural needs were considered.
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>A policy on discrimination was sighted. This included guidelines for staff regarding the prevention, identification and management of discrimination, harassment and exploitation. The facility manager reported that the rights of the individual were protected and interventions occurred to ensure a balance between personal rights of the individual and others living and working in the facility. This was evident in records of resident meeting minutes and confirmed in resident/family interviews. All residents interviewed reported that they felt safe at all times.</p> <p>Staff received training on professional boundaries and code of conduct. Situations which constituted misconduct were included in staff employment agreements.</p> <p>Records of adverse events sampled confirmed that there had been no reported allegations of discrimination or exploitation.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>There are policies and procedures to guide practice. There is a training programme implemented and staff interviewed described best practice based on policies and procedures. All residents and family interviewed expressed a high level of satisfaction with the care delivered.</p> <p>Consultation to other services was available as required, and this was witnessed during the audit, for example, discussion held with allied health professionals related to catheter management.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>There is evidence that the service adheres to the practice of open disclosure. The facility manager reported that management were open about adverse events which impacted on the residents. This was evident in adverse event reports and interview with residents and family.</p> <p>Access to interpreter services was available through local interpreter services if required. At the time of the audit there were no residents who required an interpreter. Resident meeting minutes confirmed that</p>

		<p>the service participated in open communication with residents.</p> <p>The residential agreement contained clear descriptions of the services to be provided for both subsidised and non-subsidised resident. This meet district health board requirements. Resident agreements were sighted. The prospective provider has included the re-signing of admission agreements with residents in their transition plan.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>The organisation is currently owned and operated by the Radius Residential Care Group. The strategic direction for the organisation is documented.</p> <p>The rest home is being purchased by Tranquillity Bay Care Limited. The prospective provider has an established organisational structure, with the sole director being supported by a business partner (operations manager). The director and business partner also own a consultancy company which provides consultancy to the aged care sector. There is a pre-determined lead in time. This includes a planned settlement at the end of March 2015. The transition/quality plan identifies a three month transition period.</p> <p>The director has a background in management and accounting and has been working in the aged industry for seven years. This has included the development of other aged care facilities. The director's curriculum vitae was sighted and confirmed a background in business management and accounting. The director and business partner were currently managing another rest home.</p> <p>The prospective provider's intention is to change the capacity of services over the next 18 months.</p>
<p>Standard 1.2.2: Service Management</p> <p>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.</p>	FA	<p>Day to day activities are currently the responsibility of the facility manager, with the support of the Radius regional team leader and the senior registered nurse. The senior registered nurse was available in the event of a temporary absence of the manager. This was confirmed in interview.</p> <p>Following purchase, the management role will be taken over by the director. The new management role will involve accounting, administration, staffing and overall day to day management. The director will be supported by the operations manager. Either the</p>

		<p>director or operations manager intend to be onsite for five days per week over the transition period, and on call 24 hours a day, seven days per week.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>Policies and procedures are sufficiently documented and identified quality outcomes for key components of service delivery. Policies sampled reflect the district health board requirements and best practice. Policy reviews are conducted as required and updates were provided. There was a system in place which ensured that the current version of all policies, procedures and work instructions were available to staff. Documents sampled during the audit were controlled and had been approved by the organisation. All obsolete documents were removed from circulation. Purchase of the rest home includes the documented quality and risk management system.</p> <p>There is an organisational and local business/quality plan. The prospective provider's draft quality plan was also sighted.</p> <p>A range of quality activities were implemented and improvement data was analysed to identify trends and themes. Management reports confirmed that achievement towards business goals and strategic direction was completed quarterly. Staff meeting minutes confirmed that quality data, and initiatives, were communicated as required. All staff are orientated to the quality and risk management programme.</p> <p>Compliance with requirements is measured through the implementation of internal audits. Audits are scheduled at regular intervals and covered the scope of the quality system. Audits were sampled and confirmed they were being conducted as scheduled. Level of compliance was recorded in terms of percentage. If under 95% compliance a corrective action was generated. The prospective provider intends to continue with the current internal audit programme.</p> <p>Risk management activities and related risk management plans are documented. Risks have been identified and were being sufficiently monitored by the facility manager and reported at quarterly regional meetings. Risk management activities include the identification of clinical risk, financial and business risk, emergency plans and disaster plans and staff related risks. Health and safety systems are well implemented. The prospective provider intends to continue with the</p>

		<p>risk management programme.</p> <p>The prospective provider confirmed that the required due diligence had been conducted.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>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.</p>	FA	<p>Incident and accident prevention, management and reporting policies/procedures are in place. Incident records sampled confirmed that all reported incidents were taken seriously and treated as opportunities for improvement. Emergency actions were implemented in the event of clinically related incidents and the required clinical observations documented.</p> <p>The facility manager collates all adverse events. This allows for trend analysis. Results of trends were communicated to the regional team leader and staff. Where required, a root cause analysis was conducted.</p> <p>Staff demonstrated an awareness regarding essential notifications. Communication with family members was evident and the general practitioner (GP) was notified in a timely manner. This was confirmed in interviews.</p> <p>The prospective provider had made the required notification to the Ministry of Health regarding the proposed purchase. The District Health Board was also aware of the proposed change in ownership.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>Policies and procedures in relation to human resource management complied with current good employment practice.</p> <p>Staff files were sampled. The skills and knowledge required for each position was evident in job descriptions. Job descriptions outline accountability, responsibilities and authority. The required recruitment screening (including police checks and reference checks) and validation of professional qualifications was confirmed.</p> <p>The facility manager reported that all new staff receive an orientation to the facility and to their respective role. Orientation included completion of an employee handbook, which was signed off by the facility manager. Records of completed orientation sighted included the essential components of service delivery, including emergency procedures. Staff performance was monitored in an on-going manner</p>

		<p>and performance appraisals were conducted annually as required.</p> <p>A scheduled training programme was implemented. The training programme met the requirement of the district health board. Staff interviewed reported that the support and training they received provided them with the skills they needed. Caregivers confirmed they were well supported by the registered nurses. The nurses reported that they were supported by management to continue with their professional development.</p> <p>Competencies were monitored. This included nursing competencies and medication competencies.</p> <p>The prospective provider intended to make no changes to human resources processes.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>Radius Seaview Retirement Park employed 24 staff in total. This included a combination of care givers, auxiliary staff and two registered nurses. The documented rationale for determining service provider levels and skill mix was based on occupancy ratios and took into consideration the layout of the facility. The facility manager develops the roster.</p> <p>The roster was randomly sampled and ensured there were sufficient numbers of staff to cover the 24 hour period. A registered nurse was on call 24 hours a day, seven days per week.</p> <p>The prospective provider anticipated that staffing will remain at the current level, as will the roster and skill mix. This was included in their transition plan.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>Resident records were well documented and resident files were tidy and well maintained. The requirements for residents' files were defined. Progress notes were written daily and continuity maintained. All entries included the date, time, name and designation of the writer. Resident records were integrated and included input from allied health providers.</p> <p>A register of current residents was maintained. All past and present records were stored in a secure and safe manner and were not publically accessible or observable. Archived records were stored in a</p>

		safe manner.
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>Guidelines on service entry are clearly documented in service policy, and processes were implemented to ensure residents' entry to the service was facilitated in a competent, equitable, timely and respectful manner. Resident information packs sighted, provided on admission, ensured residents were given sufficient information. Family members interviewed confirmed they had been fully informed during all processes.</p> <p>A review of clinical files confirmed the necessary needs assessments had been completed and residents placed in an appropriate level of care. Signed and dated admission agreements were sighted and staff interview verified the processes which ensured residents received the necessary prescribed care.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>Policy and procedures, and the RN confirmed the correct processes were followed around exit and discharge. Referral letters to other service providers were sighted on clinical files and copies of correspondence retained, with evidence that family had been fully informed in a timely manner during the process.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are documented policies and procedures for all stages of medication management.</p> <p>Staff were observed administering medications and followed correct procedures. Administration records were maintained. Interviews with staff and a review of staff files confirmed that only staff who had been assessed as competent were responsible for medication management. Medication trolleys and cupboards were locked.</p> <p>All medicines had been prescribed by the GP using a pharmacy generated medication chart. All charts included photo identification and any allergies identified. Three monthly GP reviews were evident. Individually prescribed medications were used and a blister pack system utilised.</p> <p>One medication file sampled included a resident who self-administered eye drops. The resident had been assessed as competent to self-administer the eye drops and the relevant form confirming this was</p>

		signed by both the resident and the RN. A medication fridge which contained eye ointment had daily temperature monitoring completed.
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>Residents were provided with a well-balanced diet which met nutritional requirements. Kitchen staff confirmed that there was dietitian input into the menu and the relevant documentation confirming this was sighted. A four weekly menu is followed and the meals provided on the day were in line with the menu sighted. A diary included any deviations from the menu, and any individual resident requests. Residents interviewed were satisfied with the meals provided and a family member stated there had been a meeting held between residents, family and the dietitian to discuss the menu, which was positive.</p> <p>Dietary assessments were completed on admission and special dietary requirements were highlighted and recorded on documents held in the kitchen. Individual food preference lists were sighted and any allergies identified.</p> <p>Kitchen staff had required food safety qualifications.</p> <p>The kitchen was well stocked, clean and tidy. Fresh fruit and vegetables and other food stuffs were stored appropriately.</p> <p>There was evidence of temperature monitoring and maintenance of a cleaning schedule.</p> <p>Labels and dates were on all containers, and food in the chiller was covered and dated. There have been no reported incidents of residents becoming unwell as a result of poor food handling practices.</p> <p>The prospective owner reports that there will be no changes to the food service.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>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.</p>	FA	<p>Organisational policies provide guidelines around declining entry to the service. There was no evidence of potential residents being declined entry. Clinical staff interviewed were able to give reasons for declining entry.</p>
<p>Standard 1.3.4: Assessment</p>	FA	<p>All residents had a nursing assessment completed. They were completed within the identified timeframes and included resident</p>

<p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>		<p>centred goals. Residents and families interviewed confirmed their involvement in the assessment process. Progress notes and interviews with clinical staff confirmed that assessment was an on-going process with regular evaluations being completed by the registered nurse (RN).</p>
<p>Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>Long-term and short-term care plans were developed and included goals identified by the resident. Documentation sighted demonstrated staff completed prescribed care with evaluation of outcome completed by the RN. Entries in clinical records, written by medical staff verified evaluations. There was evidence of multidisciplinary team meetings, which included the resident and/or family.</p> <p>Residents observed had the necessary prescribed equipment to minimise risk and promote independence.</p>
<p>Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>The RN, care staff and family were interviewed regarding prescribed care, and care plans were sighted. Interventions were consistent with best practice. Short term care plans were developed as required, for example, for one resident who recently developed an infection.</p> <p>Documentation completed daily by care staff confirmed care was being completed as prescribed and this was verified by documentation completed by the GP.</p> <p>Observation of clinical staff handover demonstrated that staff discussed the needs of individual residents on a daily basis.</p>
<p>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.</p>	<p>FA</p>	<p>The activities co-ordinator was interviewed. Activities were facilitated three mornings per week with activities available during afternoons and on the other two mornings, for example, pet therapy, bible readings, hairdresser and podiatry. Activities were planned in advance and included a variety of activities appropriate to resident needs.</p> <p>Support was provided for individuals to attend activities specific to their needs, and included transport and one on one support as required. Residents were observed participating in the days planned activity. They were well supported and appeared to be enjoying the activity.</p> <p>Participation records were maintained and residents confirmed participation was voluntary. An activities board was visible in a</p>

		common area.
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>A policy described the evaluation process. Files sampled included evaluations which were documented according to policy. They were conducted regularly and described the degree of achievement and progress towards meeting desired outcomes. The RN described the process, and evaluations sighted showed clear links to the care plan.</p> <p>The RN initiated changes to the plan of care where progress was different from expected, for example, short term wound care plans.</p> <p>Family members confirmed a high level of satisfaction with the service supporting the resident to achieve their desired outcome.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>Interviews with clinical staff and family members confirmed that residents were provided with access to other service providers as required.</p> <p>Files demonstrated links via a referral process with allied health professionals, for example, physiotherapy, mental health specialist services and acute care hospitals. Progress notes sighted included entries made by podiatry services. Care plans had been adapted as necessary to include specialist care and advice. Families stated they had been kept fully informed during the referral process.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>Documented procedures for the management of waste and hazardous substances were sighted. This included emergency procedures and exposure to chemicals and body fluids. Cleaning chemicals were observed to be kept secure and sufficient protective equipment was observed throughout the facility. Domestic waste was placed in a skip which was emptied monthly by a local waste management provider. There have been no reported incidents regarding waste or hazardous substances. Staff training records confirmed that staff received sufficient training on the management of waste and hazardous substances.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The building was divided into three levels. At the time of the audit, only the upper two levels were occupied. It was observed that the lower level would need refurbishment before it would be suitable for</p>

		<p>occupation. This was included in the prospective provider's plan.</p> <p>The facility provides a range of different outdoor and indoor settings. These include safe decks and ramps. There is adequate parking for both staff and visitors. Entry to the rest home is via a steep (shared) driveway. The current provider was aware that this created a potential hazard, and minimised the risk accordingly. Additional environmental hazards were identified and monitored. There are sufficient separate lounge and dining spaces. Corridors and doorways are wide enough to accommodate equipment and mobility aids. Equipment, which was in use, was observed to be well maintained, calibrated and appropriate to the needs of residents. Sufficient equipment including a hoist and chair scales were available. Electrical appliances were tested.</p> <p>A maintenance person was on site five days per week. Maintenance records and requests sighted confirmed on-going maintenance activities.</p> <p>Applicable building regulations and requirements are met. The current building warrant fitness (and related records) is displayed and is current.</p> <p>Residents interviewed reported no concerns regarding the facility and grounds.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>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.</p>	FA	<p>Sufficient numbers of toilets and bathrooms were observed. There are two private bedrooms with ensembles and a number of bedrooms had hand basins. Bathrooms and shower rooms are maintained in line with infection control requirements. It was observed that there was a number of stored commodes which did not meet infection control requirements; however it was reported that these were not in use. All toilet and bathroom facilities could accommodate equipment if required. Hot water was maintained at a consistently safe temperature. Residents and family members interviewed voiced no concerns regarding the toilet/bathing facilities.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>There were a variety of room shapes and sizes. All rooms were private. A number of bedrooms opened onto the outdoor decks or had a private conservatory. All bedrooms had at least one external window/door and were of sufficient size. All rooms were observed to</p>

		have personal furnishings. Residents and the family member interviewed voiced no concerns regarding personal space/bed areas.
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>There was adequate, well-furnished lounges and a dining area which could safely and comfortably accommodate all residents. Areas were well utilised and sufficiently sized. Dining and lounge areas were separated. Residents and family members interviewed voiced no concerns regarding the communal and dining areas.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>All personal laundry was completed on site. The laundry had well defined processes for the management of clean and dirty linen with clearly defined clean and dirty areas. Chemicals were provided through a closed chemical circuit system. Laundry staff interviewed confirmed attendance at chemical and infection control training.</p> <p>Designated cleaning staff used well stocked cleaning trolleys. All cleaning products were labelled and the cleaning trolleys were safely stored when not in use. Cleaning and laundry hazards were documented and material data safety sheet were displayed. There was adequate personal protective equipment sighted throughout the facility. Cleaning and laundry guidelines were documented.</p> <p>Satisfactions with cleaning and laundry activities was monitored through surveys and resident meetings. Records sampled confirmed general satisfaction. This was also confirmed in resident and family interviews.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	PA Moderate	<p>Processes were in place to maintain the safety and security of residents over the 24 hours and during an emergency. Working call bells were located throughout the facility and there were security lights outside the building.</p> <p>The fire service had approved the current evacuation plan and records of biannual fire evacuations were sighted. Fire systems and emergency evacuation equipment was checked as required. A sprinkle system was in place and evacuation procedures were sighted throughout. The building was separated by into fire cells.</p> <p>Disaster plans were documented for a range of emergencies and outbreak management and pandemic planning was documented in line</p>

		<p>with the district health board guidelines. Adequate civil defence supplies were available and included the required equipment and stores. There was adequate food and water supplied in the event of an emergency. There were supplies and equipment in place in the event of a power outage. A generator was provided by the council during any planned outage.</p> <p>Staff interviewed confirmed they received training in the management of emergencies, however not every shift was covered by a staff member with a current first aid certificate (refer 1.4.7.1).</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>The facility had plenty of natural light throughout. All rooms have at least one window, or external door. The temperature was maintained. Adequate heating was provided. There were no concerns voiced by residents, or family regarding the temperature of the facility. A safe smoking area was provided away from the building.</p>
<p>Standard 3.1: Infection control management</p> <p>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.</p>	FA	<p>The service had a designated infection control co-ordinator. The co-ordinator confirmed that a surveillance programme is maintained. Surveillance data was sighted and included infection details related to clinical files sampled. Monthly analysis was completed and reported at monthly staff meetings. Minutes were sighted. Six monthly internal auditing had been completed and an annual review of the organisation infection control programme had been conducted.</p> <p>A review of clinical files and medication charts showed antibiotics were prescribed only if clinically indicated.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>Staff observed during the audit completed hand hygiene and used personal protective equipment appropriately. An outbreak kit was sighted, it was appropriately stocked and was easily accessible to staff. Hand sanitizer was readily available to residents, staff and visitors. There have been no infection outbreaks in the facility since 2009</p>
<p>Standard 3.3: Policies and procedures</p> <p>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</p>	FA	<p>Policies and procedures were available and the co-ordinator was able to demonstrate that available external resources were utilised to ensure current best practice.</p>

implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.		
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>Education had been provided to staff around infection control in 2014. The training session was documented and attendance records completed. Minutes of meetings indicated that infection control was regularly discussed.</p> <p>The infection control coordinator had received training around infection control specific to the role.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>The infection control co-ordinator confirmed a surveillance programme was maintained. Surveillance data was sighted and included infection details related to files sampled. Monthly analysis was completed and reported at monthly general staff meetings.</p> <p>The infection control surveillance is appropriate to the size of the service.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>A restraint policy was sighted and is appropriate for this service. No restraints or enablers are used in this facility and staff described the use of enablers as being voluntary. Staff had been provided with education related to managing challenging behaviour.</p>

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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.4.7.1</p> <p>Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	<p>PA</p> <p>Moderate</p>	<p>There are a number of staff with first aid certificates. The facility manager planned the roster to ensure at least one member of staff, who was trained in first aid, was rostered per shift. The facility had one staff member rostered to cover the night shift. A night shift worker's file was sampled. The staff member's first aid certificate had expired in January 2015.</p>	<p>Not all shifts were covered by at least one staff member with a current first aid certificate.</p>	<p>Provide evidence that each shift is covered by a least one staff member with a current first aid certificate.</p> <p>30 days</p>

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

No data to display

End of the report.