

Y&P NZ Limited - Eden Rest Home

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 The DAA Group 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: Y&P NZ Limited

Premises audited: Eden Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 1 April 2015 End date: 2 April 2015

Proposed changes to current services (if any): Eden Rest Home has added one more resident room. This increases the total bed numbers to 18.

Total beds occupied across all premises included in the audit on the first day of the audit: 16

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

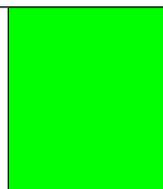
Eden Rest Home provides rest home services for up to 18 residents. On the day of audit there were 16 residents receiving care. The majority of residents do not speak English. The managing director is responsible for managing the service with the assistance of two registered nurses. All the residents and family members interviewed spoke very positively about the staff, personalised care and the standard of services received.

This certification audit was conducted against the Health and Disability Services Standards and the provider's contract with the district health board. The audit process included a review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management and staff.

This audit identified that improvements are required in two areas relating to ensuring the managing director participates in ongoing education related to managing a service, and ensuring the admission agreement is communicated to residents and family in an appropriate manner/language.

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.

Staff demonstrated good knowledge and practice of respecting residents' rights in their day to day interactions. Staff receive ongoing education on the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Residents and families interviewed expressed high satisfaction with the service. An interpreter was used for all interviews, as for all but one resident, English is their second language.

There were no residents who identify as Maori residing at the service at the time of audit. 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 are obtained from the resident, family/whanau, enduring power of attorney (EPOA) or appointed guardians. Signed consent forms were sighted in all residents' files reviewed.

The organisation provides services that reflect current accepted good practice as seen in the guidelines for service delivery. The care staff have completed, or attend study days relating to the care of the elderly. There is regular in-service education and staff access external education that is focused on aged care and best practice.

Linkages with family and the community are encouraged and maintained.

Staff, residents and family members are aware of the complaints process. Complaints are being investigated and addressed in a timely 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.		Some standards applicable to this service partially attained and of low risk.
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The organisation's vision, values and mission are documented in the business and continuity plan. There is also a documented quality and risk plan. The managing director is on site at least three week days a week and on the weekends. An aged care consultant also supports the management team with the provision of education and assistance, reviewing systems and processes to facilitate best practice. The managing director has not attended eight hours of education on managing a residential care service as required to meet the providers' contract with Auckland District Health Board. This is an area requiring improvement.

The quality programme includes compliments, complaints management, incident reporting and policy and procedure review. Policies are current and available to staff. The senior registered nurse is responsible for document control processes. There is a risk management plan and hazards and risks are being identified, managed and reviewed. Internal audits and surveys are conducted. Where improvements are required following quality activities this occurs in a planned manner. Essential notifications are occurring in a timely manner. Regular resident and staff meetings occur.

Staff recruitment includes the applicant completing a job application. Reference and police checks are conducted. Annual performance appraisals have been completed for applicable staff. An orientation programme is in place for new employees and records of this are maintained. Staff have access to relevant ongoing education.

The staffing and skill mix requirements are implemented to ensure the residents' care needs are met. The requirements align with the provider's contract with Auckland DHB. A staff member with a current first aid certificate is rostered on each duty. Two part time registered nurses are employed who job share. A registered nurse is normally on site weekdays and available by telephone when not on site. The managing director is also available to staff when not on site.

All required resident information is collected in an integrated file and stored in a safe place.

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.		Some standards applicable to this service partially attained and of low risk.
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Preadmission information clearly and accurately identifies the services offered. There is an area requiring improvement related to ensuring that the resident, family or EPOA understand the resident service agreement prior to signing.

Services are provided by suitably qualified and trained staff to meet the needs of residents. Residents have an initial nursing assessment and care plan developed by the registered nurse (RN) on admission to the service. The service meets the contractual times frames for the development of the long term care plan. When there are changes in the resident's needs, a short term care plan is implemented to reflect these changes. The care plan evaluations are conducted at least six monthly on all aspects of the care plan.

Residents are reviewed by a GP on admission to the service and at least three monthly, or more frequently to respond to their changing needs. Referrals to other health and disability services is planned and coordinated, based on the individual needs of the resident. The families interviewed reported that care plans are consistently implemented and that the service is managed in a manner that is professional and caring.

The service has a planned activities programme to meet the recreational needs of the residents. Residents are encouraged to maintain links with family and the community.

A safe medicine administration system was observed at the time of audit. The service has documented evidence that staff responsible for medicine management are assessed as competent to do so.

Residents' nutritional requirements are met by the service with likes, dislikes and special diets catered for and food available 24 hours a day. The service has a four week, summer/winter rotating menu which is approved by a registered dietitian.

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.		Standards applicable to this service fully attained.
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Policies and procedures are available to guide staff in the safe disposal of waste and hazardous substances. Appropriate supplies of personal protective equipment are readily available for staff use.

The building has a current building warrant of fitness. Clinical equipment has a current calibration. Electrical safety checks of electrical appliances has been undertaken in the last six months. The security arrangements and practices are appropriate and include surveillance cameras monitoring communal areas and the entrance.

There are 18 single occupancy bedrooms. All except one bedroom has an ensuite toilet and hand washing facilities. There are two showers and one other toilet for resident use. Call bells were present in the bedrooms and bathrooms. Personal space was sufficient for residents, including those who required staff assistance or the use of mobility devices. There is a separate lounge and dining area. There is good indoor/outdoor flow with a covered deck and garden areas for the residents and their families to use. The facility has adequate heating and ventilation. Smoking is allowed only in a designated area.

Cleaning and laundry services are provided by employed staff. These services are monitored through the internal audit programme and resident satisfaction survey process. Residents and family members interviewed confirmed the facility is kept clean, ventilated and warm.

Emergency policies and procedures provide guidance for staff in the management of emergencies. Staff have current first aid certificates. There is an approved fire evacuation plan and fire evacuations drills are conducted at least six monthly. There are sufficient supplies available on site for use in the event of emergency or an infection outbreak.

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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The service has a commitment to a `non-restraint policy and philosophy`. The restraint minimisation and safe practice policy complies with the standard. There was no restraint in use at the time of the audit. Five residents had enablers in use. The enablers are voluntary and aid independence. Written consents were on each resident's file. There are monthly reviews occurring to ensure/verify the use of enablers is voluntary and safe. Staff have access to education on managing challenging behaviour and safe and effective alternatives to restraint at orientation and at staff meetings.

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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The service has an appropriate infection prevention and control management system. The infection control programme is implemented and reduces risk of infections to staff, residents and visitors. The service's infection prevention and control policies

and procedures reflect current accepted good practice. Relevant education is provided for staff, and when appropriate, the residents. There is a monthly surveillance programme, where infections information is collated, analysed and trended with previous data. Where trends are identified actions are implemented to reduce infections. The infection surveillance results are reported at the staff meetings. An external contractor benchmarks all data with other facilities.

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	43	0	2	0	0	0
Criteria	0	89	0	2	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](#).

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>	<p>FA</p>	<p>The rights policy contains a list of consumer rights that are congruent with the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). The service policy states the Code is displayed and available to all residents and monitored to ensure the rights of residents are respected. New residents and family are given a copy of the Code on admission and a copy is displayed on the wall in full view for residents, caregivers and visitors. On commencement of employment all staff receive induction orientation training regarding residents' rights and their implementation. The Code is available in other languages for residents with English as a second language.</p> <p>The clinical staff interviewed demonstrated knowledge on the Code and its implementation in their day to day practice. At the time of audit staff were observed to be respecting the residents' rights in a calm manner that de-escalates and redirects the residents with cognitive impairment.</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 and give informed consent.</p>	<p>FA</p>	<p>A detailed informed consent policy is in place. The service ensures informed consent is part of all care plans and contact with families. Every resident has the choice to receive services, refuse services and withdraw consent for services. If a resident is cognitively alert they will decide on their own care and treatments unless they indicate that they want representation. Informed consent is closely linked with the Residents' Code of Rights and Responsibilities.</p> <p>The residents' files reviewed had consent forms signed by the resident, family or enduring power of attorney (EPOA). The caregivers interviewed 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 interviewed acknowledge the resident's right to make choices based on information presented to them. Eden Rest Home needs to ensure all residents/family /EPOA understand documents that they are signing when English is their second language (refer to 1.3.1).</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	<p>FA</p>	<p>The advocacy policy documents ensures that all residents receiving care within the organisation's facilities will have appropriate access to independent advice and support, including access to a cultural and spiritual advocate whenever required. An interpreter is available at any time for both residents and families when required.</p> <p>The family interviewed reported that they were provided with information regarding access to advocacy services. Contact details for the Nationwide Health and Disability Advocacy Service is listed in the resident information booklet and with the brochure available at the entrance to the service. Relevant education for staff is conducted as part of the in-service education programme.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	<p>FA</p>	<p>There are no set visiting hours and family are encouraged to visit. This is confirmed by family interviewed. Residents are supported and encouraged to access community services with visitors or as part of the planned activities programme. Evidence was seen of this in the activity programme and reported by residents interviewed.</p>

		The residents and families report that they take their family member out at least once every week to a restaurant.
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints policy detailed the residents or family member's right to make a complaint. The process for reporting, investigating, documenting and following up the complaint is documented and the timeframes aligned with the requirements of the Code. A new complaints reporting form has recently been introduced.</p> <p>The managing director and registered nurse (RN) advised there have been no complaints received from the Health and Disability Commissioner (HDC), District Health Board (DHB) or Ministry of Health (MOH) since the last audit. A complaints register was being maintained. A review of four complaints selected at random verified the complaints have been investigated and responded to in a timely manner.</p> <p>All the residents and family members interviewed confirmed being aware of the complaints process. The residents and family identified they are happy with the services provided.</p> <p>The staff interviewed were able to detail their responsibilities in the event a resident made a complaint.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>The standard operating procedures identifies that a copy of the Code and information about the Nationwide Health and Disability Advocacy Service is provided to the resident and family on admission and that the admitting staff are to go through the Code with the resident/family on admission.</p> <p>The family that were available for interview reported that the Code was explained to them on admission and is part of the admission pack. Interviews were also conducted with residents who were able to provide insight into their care; they expressed that they were treated well and are happy at the facility. An interpreter was used for all interviews with staff and residents.</p> <p>Evidence is seen of the Code of Rights being displayed throughout the facility. Staff demonstrated respect to all residents. Staff reported</p>

		knowledge of the Code during interviews.
<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>A dignity and privacy policy requires the visual privacy and personal space of residents to be respected and observed at all times and that staff will facilitate the use of private space for interaction with visitors and significant others.</p> <p>The family/whanau members interviewed reported that their relative was treated in a manner that shows regard to the resident's dignity, privacy and independence.</p> <p>The residents' files reviewed indicated that residents received services that were responsive to their needs, values and beliefs of culture, religion and ethnicity. The family interviewed reported high satisfaction with the way that the service meets the needs of their relatives.</p> <p>As observed on the day of audit and confirmed with review of the residents' files, residents receive services in the least restrictive manner. The family interviewed expressed no concerns in relation to abuse or neglect and reported there is always a positive atmosphere when they visit.</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 policies acknowledge the organisation's responsibilities in their current operations to Maori residents and in accordance with the Treaty of Waitangi. The organisation is committed to identifying the needs of its residents and ensuring that staff are trained and capable of working appropriately with all residents in their care. The provision of culturally appropriate services and the identification and reduction of barriers are part of the organisation's objectives.</p> <p>There were no residents who identify as Maori at the time of audit. The caregivers interviewed demonstrated good understanding of services that are in line with the needs of Maori residents and importance of whanau.</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>	<p>FA</p>	<p>The spiritual, religious and cultural standard operating procedure documents that the admission process includes assessing specific cultural, religious and spiritual beliefs, which includes any cultural nutritional requirements. The RN ensures that the cultural needs are identified on admission and care staff are aware of these needs.</p> <p>Staff reported they received annual training in cultural awareness and this was evidenced in the education plan.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>The staff files reviewed have job descriptions and employment agreements that have clear guidelines regarding professional boundaries. The family and residents interviewed reported they are happy with the care provided. The family expressed no concerns with breaches in professional boundaries, and all reported high satisfaction with the caring, calming and patient manner of the staff.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>The management actively promote and encourage best practice with staff. Evidence of this was reported during interviews with the RN and caregivers. Examples include policies and procedures that are linked to evidence-based practice and regular visits by the GP.</p> <p>There is regular in-service education and staff access external education that is focused on aged care and best practice. The caregivers interviewed reported they are very satisfied with the regular education provided.</p> <p>The family and residents interviewed expressed satisfaction with the care delivered.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>The open disclosure policy is based on the principle that residents and their families have a right to know what has happened to them and to be fully informed. The cultural appropriateness standard operating procedure documents that residents and relatives who do not speak English shall be advised of the availability of an interpreter at the first</p>

		<p>point of contact with Eden Rest Home.</p> <p>The service promotes an environment that optimises communication through the use of interpreter services as required and staff education related to appropriate communication methods. An interpreter was used on the day of audit for resident and family interviews.</p> <p>The family interviewed confirmed they are kept informed of the resident's status, including any events adversely affecting the resident. Evidence of open disclosure is documented in the family communication sheets, on the accident/incident form and in the residents' progress notes.</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>	PA Low	<p>The business and continuity plan details that Eden Rest Home provides a service for those who cannot live independently and who are needing 24 hour rest home care. The plan notes services are provide that are culturally appropriate, individual, goal-orientated, with purposeful programmes and social interaction that contributes to a resident's independence. The values, vision and philosophy is detailed in the resident's admission pack.</p> <p>This facility is one of three facilities owned by the managing directors. Each facility has a manager. The organisation is working to align policies, procedures and systems across the three sites where able.</p> <p>The managing director advises monitoring of progress to achieve the business and continuity plan occurs by reviewing the results of the quality and risk programme and through discussions at the three monthly quality review meetings. The minutes sighted verified the business plan is regularly reviewed.</p> <p>The roles and responsibilities for the managers are detailed. The managing director attends regular education but has not attended eight hours of education related to managing an aged residential care service in the last year, as required.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service</p>	FA	<p>The manager's assistant is responsible for oversight of services in the managing director's absence and works weekdays in the rest home. The manager's assistant started working at Eden Rest Home in May 2013</p>

<p>is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>		<p>and has a Masters of accounting and finance from the University of Adelaide and a Graduate diploma in information technology via a New Zealand training facility. The manager's assistant is supported by the registered nurses. The manager's assistant is able to detail what the roles and responsibilities are in the MDs absence and these aligned with the MD's stated expectations.</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 available to guide staff practice. The policies have been developed and reviewed by a different external consultant and then personalised to reflect the needs of Eden Rest Home. The policies have all been reviewed by the managing director between January and March 2015. One copy of the policies are available for staff. The organisation is working towards developing a new set of policies; however this project is expected to take some time to complete. Document control processes are implemented with the exception of the kitchen policies (refer to 1.3.13). This has not been raised as an area for improvement as all other documents sighted have been controlled. The senior RN is responsible for document control processes.</p> <p>There is a documented quality and risk plan sighted. This has been developed by the managing director, the consultant and the senior RN. A review of the quality and risk programme is undertaken via a quality and service review meeting. Topics discussed includes hazards/risks, the results of audits, infection data, use of restraints/enablers and the number and type of reported incidents. An annual review of the quality programme also occurs. The report is detailed. Eden Rest Home benchmarks a number of aspects of care with other facilities. A reduction in resident falls in 2014 was noted. Eden Rest Home features favourably as compared to the benchmarked facilities for aspects including infection rates, episodes of challenging behaviours, residents requiring admission to hospital and resident falls.</p> <p>Internal audits have been undertaken and are conducted using template forms. The seven audits sampled confirm there is good compliance by staff in meeting the requirements of the policy and audit criteria. Where improvements were required these improvements have been documented and implemented.</p>

		<p>A resident satisfaction survey was conducted in September 2014. The results were very positive. A separate food satisfaction survey and activities/recreation survey has been recently undertaken. The satisfaction surveys and complaints forms are available in English as well as Chinese.</p> <p>Resident meetings have been held monthly. Between eight and ten residents attend. Minutes sighted reflected discussion on activities, security, infection prevention and staffing changes.</p> <p>Staff meetings are held monthly. The minutes of the last three meetings were reviewed and included information on audit results, incidents/accidents and changing individual resident's needs, residents who have developed an infection, facility routine, policy/processes, staff training/education and other issues relevant to the service. Staff interviewed confirm they are kept informed of quality and risk issues in a timely manner.</p> <p>Staff are required to report any hazards. Where hazards/maintenance concerns have been identified these have been eliminated or minimised.</p> <p>A risk management plan is in place. Organisation risks are categorised. The plan includes the identification of the hazards/risks, risk reduction strategies, readiness, response and recovery activities. The risk and hazard plan has been recently reviewed.</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>	<p>FA</p>	<p>The senior RN has developed a new reporting form for accident and incidents. One form is now used to report incidents/accidents (IAs) rather than different forms per type of event as occurred previously. The new IA form is used for the reporting of staff/visitor injuries, falls, hazards, skin tears/lacerations, sprain/bruises, pressure ulcer medication problems/errors, security events, equipment/building issues, residents with infections, challenging behaviour, complaints/compliments, resident admission to hospital, residents who are admitted or transferred to another facility and other events. Staff were provided with education on the use of the new IA form in February 2015.</p> <p>The senior RN has developed an electronic reporting mechanism that enables details of an adverse event to be entered once. The data then</p>

		<p>automatically populates the monthly register per type of incident/accident, as well as per resident; the resident risk assessment profile; and can enable the RN at a glance to review individual events as well as to have a systems focus for reportable events. The RN demonstrated how the programme works and the communication improvements that have occurred as result. The data also links to the patient handover form. This programme is continuing to be refined, demonstrates a commitment to making quality seamless and simple. With more time in use this is moving towards become a continuous improvement project.</p> <p>Applicable events are being reported in a timely manner and also disclosed to the resident and or designated next of kin. This is verified by resident and family members interviewed who confirmed they are always kept informed. The IA form includes an area to record who was informed about the event and includes notification where applicable to the RN, residents GP and family.</p> <p>The MD and managers assistant are able to identify the type of events that must be reported to external agencies. This includes the admission and discharge of any resident. The MD advised the other essential notification that was made related to the plan to increase bed numbers at Eden Rest Home.</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>	<p>FA</p>	<p>The copy of the annual practising certificates (APCs) for the four general practitioners (GPs), three registered nurses (RNs) including the consultant are current. The copy of the APC on file for the dietitian had expired the day prior to audit. The dietitian had already been contacted with a request to provide a copy of the new APC. The manager's assistant advised this is required prior to the dietitian providing future services.</p> <p>The recruitment/employment policy aligns with current accepted practices. This includes staff completing an application form, police vetting, interviews being conducted and reference checks obtained. Staff have a signed employment agreement and confidentiality/privacy agreement on file. Performance appraisals are conducted at least annually and these were sighted in relevant staff files.</p>

		<p>Records evidencing completion of the orientation programme were present in staff files. Staff interviewed report the orientation included between one and three shifts being buddied with a senior staff member. The orientation included the facility, policy/processes, facility routine, staff tasks, and the individual resident's care needs.</p> <p>Individual records of education are maintained for each staff member and copies of certificates are present in the five staff files reviewed. In-service education and attendance records were sighted showing staff had access to regular ongoing education relevant to their roles and the service. There was good attendance from staff at the in-service education sessions.</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>	<p>FA</p>	<p>A policy details staffing levels and skill mix requirements and this aligns with the requirements of the provider's contract with Auckland District Health Board (ADHB).</p> <p>The current roster was reviewed and demonstrated that there is one caregiver on each shift. At least three weekdays each week the managing director is on site between 9 am and 5pm. The managing director also visits on the weekends assists with activities and food services. The manager's assistant works weekdays between 9 am and 3pm or 5pm.</p> <p>One of the RNs is on site weekdays between 9 am and 5pm. A RN is on call when not on site.</p> <p>Additional staff hours are rostered for the kitchen service (9 am to 6pm), and cleaning services (between two and three hours each day). The managing director assists with meal services on the weekend.</p> <p>All caregivers interviewed report that there is adequate staff available and that they are able to get through their work. The staff confirm the RN and the managing director is available out of hours if required. At least one staff member on each shift has a current first aid certificate and these were sighted.</p> <p>Residents and family members interviewed confirm staffing meets their needs.</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>	<p>FA</p>	<p>There is evidence that resident information is collected and stored in accordance with the NZ Health Records Standard. A resident file is created prior to admission and essential information is entered on the day of admission (eg, medical conditions, medicines, next of kin and emergency contact numbers, initial assessments and the referral information). The front sheet of the record contains unique personal identifying information, such as the consumers NHI, date of birth, legal name, next of kin, past medical history, presenting medical and physical conditions, allergies/sensitivities, current GP, ethnicity, birthplace, current support needs levels and gender.</p> <p>The current resident records are filed in the main staff office which is locked when not staffed as observed on days of audit. Information from the current files is 'culled' every three months and stored in a separate lockable office. Archived records of past or deceased residents are stored in a secure place on site.</p> <p>The residents' records sampled demonstrate that entries are legible and the writer of each entry signs their initials and designation. Records are integrated with information from all disciplines, external providers and medico-legal information.</p> <p>ARRC requirements are met.</p>
<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>	<p>PA Low</p>	<p>The service has an admission/enquiry form that records the pre-admission information. There is a resident's welcome brochure for all enquiries. The interpreter identified that some areas of the brochure do not accurately translate to Chinese, although she reported that there was no areas of concern in regards to the information. The RN reported that he will review and amend the current brochure. The resident service agreement is based on the Aged Care Association agreement which is individualised to the service. The residents' records reviewed have signed admission agreements by the resident /family or EPOA.</p> <p>All residents at the facility were assessed as requiring rest home level care. Evidence is seen of a resident recently being transferred from the facility as they required hospital level care. The admission agreement</p>

		identifies any charges that are not covered by the service agreement and the relevant costs of each charge. Incontinence products are only charged if the resident or family chooses one that is different to those provided by the facility.
Standard 1.3.10: Transition, Exit, Discharge, Or Transfer Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.	FA	Risks are identified prior to planned discharges as confirmed by interview with the RN. A transfer form is used that identifies risks. There is open communication between the service and family/whanau related to all aspects of care, including exit, discharge or transfer. If there are any specific requests or concerns that the family or resident want discussed, these are noted on the transfer form. The discharge form and care plan summary is provided and covers all aspects of care provision and intervention requirements, including any known risks or concerns. A copy of the resident's individual risk profile, individual file front page, medication profile form with allergies records, and a summary of medical notes and a copy of any advance directives also accompany the resident if they are transferred to hospital. The service uses the DHB's processes and forms for admission and discharge to and from the acute care hospital.
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.	FA	The medication management policy and procedure clearly describes the processes to ensure safe administration of all medications. This includes competency requirements, prescribing, recording, processes when an error occurs as well as definitions for 'over the counter' medications that may be required by residents. The sighted policies meet the legislative requirements and best practice guidelines. Medicines for residents are received from the pharmacy in a pre-packed delivery system. A safe system for medicine management is observed on the day of audit. The medicine charts reviewed are reviewed by the GP at last three monthly, with this review recorded on the medicine chart. All

		<p>prescriptions sighted contained the date, medicine name, dose and time of administration. All medicine charts have each medicine individually charted. There is a specimen signature register maintained for all staff who administer medicines. All the medicine files reviewed have a photo of the resident to assist with the identification of the resident. Medicine signing sheets are completed on the administration of medicine on the day of admission.</p> <p>There are no standing orders or controlled drugs at Eden Rest Home. Evidence was seen of assessment and review for residents who self-medicate.</p> <p>There are documented competencies sighted for the staff (RN and caregivers) designated as responsible for medicine management. The caregiver administering medicines at the time of audit demonstrated competency related to medicine management.</p>
<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>	<p>FA</p>	<p>The kitchen and food handling policy states the food handling areas and practices will meet the requirements of the Food Act 1981. It includes guidelines for cleaning with a separate cleaning schedule, temperature requirements, hygiene standards for staff, purchasing of food, checking, storage and waste handling. Regular monitoring and surveillance of the food preparation and hygiene is to be carried out. The policies have been developed by the consultant and do not have details of the date of issue or other document control information. This is not raised as an area for improvement as this is the only policy document sighted during audit that do not have full document control information noted and a plan is in place to include this information. The policies are available to the kitchen staff.</p> <p>There is a four week rotating menu with summer and winter variations. The menu has been reviewed by a dietitian. Where unintentional weight loss is recorded, the resident is referred for a dietitian review, as evidenced in one of the resident's files reviewed.</p> <p>A nutritional profile is completed for each resident by the RN upon entry and this information is shared with the kitchen staff to ensure all needs, wants, dislikes and special diets are catered for. There is food and nutritional snacks available 24 hours a day. The family/whanau and</p>

		<p>residents reported they are satisfied with the food and fluid services.</p> <p>All aspects of food procurement, production, preparation, storage, delivery and disposal complies with current legislation and guidelines. Fridge and freezer recordings are observed daily and recorded at least weekly, with the recordings sighted meeting food safety requirements. The kitchen staff have undertaken food safety management education appropriate to service delivery.</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>The Director interviewed reported that their service does not refuse the resident if they have a suitable NASC assessment for the level care and there is a bed available. In the event that the service cannot meet the needs of the resident, the resident, family and NASC service will be contacted so that alternative residential accommodation can be found.</p> <p>If the resident's needs exceed the level of care provided, they are reassessed and an appropriate service is found for the resident. The resident agreement has a statement that indicates when a resident is required to leave the service.</p> <p>Evidence is seen of a resident being recently transferred as they had been assessed as requiring hospital level care.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>The service is in the process of implementing a single point data collection computer programme which will simplify the reporting system and evaluations in the future. All assessment tools sighted are appropriate to the level of care. Initial assessments includes falls, skin integrity, challenging behaviour, nutritional needs, continence, communication, end of life, self-medication and pain. Assessments are undertaken by a RN.</p> <p>The residents' files reviewed have initial assessments that includes identifying any risks relating to the particular resident. The files reviewed had an 'Individual Risk Profile' which alerts specific risks identified in the initial or ongoing care reviews. The behaviour assessments sighted include the triggers, description of the behaviour, contributing factors and solutions/de-escalation techniques.</p>

		<p>The service has a continence assessment and management procedure, wound care management procedures, wound care protocols and behaviour management processes, which include seeking expert assistance, such as, mental health services, as required. Where a need is identified, interventions for this are recorded on the care plan. All of the files reviewed have falls risk assessments and pressure risk assessments.</p> <p>The family interviewed reported the residents receive excellent care that meets their relative's needs.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>The residents' files reviewed have care plans that address resident's current abilities, level of independence, identified needs/deficits, and takes into account the resident's habits, routines and idiosyncrasies. The strategies for minimising falls risks are based on assessment and use of techniques that are effective for the resident and are evidenced in the files reviewed. The caregivers interviewed demonstrated knowledge on the management of falls risks for residents.</p> <p>The care plans and diversional therapy plans sighted in the residents' files reviewed identified the resident's individual diversional, motivational and recreational requirements, with documented evidence of how these are managed over a 24 hour period. The residents' files reviewed demonstrated integration, with one clinical file that has input from care staff, activities staff, and medical and allied health services. The RN and caregivers interviewed reported they receive adequate information to assist the continuity of care. The handover observed includes updates of all residents.</p> <p>The family reported a high level of satisfaction with the quality of care provided at the service.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>Clinical management policies and procedures includes assessment on admission, weight and bowel management, clinical notes and referral information.</p> <p>As observed on the days of audit and from review of the care plans,</p>

		<p>support and care was flexible and individualised and focused on the promotion of quality of life. The RN and caregivers demonstrated good skills and had good knowledge of the individual needs of residents. The residents' files showed evidence of consultation and involvement of the family. The residents interviewed reported satisfaction with the care and services provided.</p> <p>There is evidence of short term care plans for any event that is not part of the care plan. The short term care plans sighted in the residents' files are for infections and weight loss.</p> <p>The service has adequate dressing and continence supplies to meet the needs of the residents. The care plans reviewed recorded interventions that are consistent with the residents' assessed needs and desired goals. Observations on the day of audit indicated residents are receiving care that is consistent with their needs. The RN and caregivers interviewed reported that the care plans are accurate and kept up to date to reflect the resident's needs.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>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 programme ensures resident's individual cultural needs are recognised. The residents have opportunities to maintain interests they have developed within their lifetime and to develop new friendships in a caring environment. The activities coordinators are able to adapt activities to meet the needs and choices of the residents.</p> <p>The weekly activities plan which was sighted is developed based on the resident's needs, interests, skill and strengths. The caregivers assist with the planned activities seven days a week.</p> <p>The activities programme covers cognitive, physical and social needs. The activities are modified to suit the individual needs and capabilities of each resident. The caregivers reported that this gives the residents a sense of purpose, belonging and meaningful activities reflecting normal life interests. The caregivers reported that they gauge the level of interest in activities as they are occurring and have the flexibility to change activities based on the resident's response.</p> <p>The service provides easy access to outside areas that enable the resident to wander safely. There are tactile objects and plants in the</p>

		<p>outside areas. There is a courtyard that allow residents to wander safely.</p> <p>The residents' files reviewed have activities and social assessments that identify the resident's individual diversional, motivational and recreational requirements over a 24 hour period.</p> <p>A daily activities attendance sheet is maintained and reviewed at the end of each month to assess the enjoyment and interest of the residents. The goals are updated and evaluated in each resident's file six monthly. The participation in activities is recorded on a daily basis. Where possible residents' independence is encouraged to maintain links with family and community groups. Families are encouraged to attend activities. Families take their relative to religious services and social events weekly.</p> <p>The family/whanau reported that their relative enjoys the range and variety of planned activities.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>The residents' files reviewed had a documented evaluation that is conducted within the past six months. Evaluations are resident focused and indicate the degree of achievement or response to supports/interventions and progress towards meeting the desired outcomes.</p> <p>If a resident is not responding to the services/interventions being delivered, or their health status changes, then this is discussed with their GP. Residents' changing needs are clearly described in the care plans reviewed. Short term care plans are sighted for wound care, pain, infections, and changes in mobility, changes in food and fluid intake and skin care. These processes are clearly documented on the short term care plan, medical and nursing assessments and the resident's progress notes. The caregivers interviewed demonstrated good knowledge of short term care plans and reported that these are identified at handover.</p> <p>The family reported that they can consult with the staff at any time if they have concerns or there are changes in the resident's condition.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services</p>	<p>FA</p>	<p>Residents are provided with options if required to access other health and disability services (e.g., public or private). There is one GP who</p>

<p>(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>		<p>visits the service fortnightly, although residents are able to maintain their own GP if they wish. The RN or the GP arrange for any referral to specialist medical services when it is necessary. The RN interviewed reported that referral services respond promptly to referrals sent. Records of the process are maintained as confirmed in all residents' files reviewed, which included referrals and consultations with the mental health services, general medicine services, psychiatrist, radiology, gerontological nurse specialist, podiatry and dietitian. The GP interviewed reported that appropriate referrals to other health and disability services are well managed at the service.</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>	<p>FA</p>	<p>Policies were sighted to detail how waste was to be segregated and disposed. The policy content aligns with current accepted practice.</p> <p>Chemicals sighted were stored in designated and secure areas. Material safety data sheets detailing actions to take in the event of exposure were sighted for chemicals in use.</p> <p>Appropriate personal protective equipment (PPE) was available on site including disposable gloves, hair covers, aprons, masks, and face protection. An emergency kit with PPE is also available in the staff office for use in an outbreak or other significant event. The staff interviewed on this topic detailed what PPE was required to be worn by staff and when in order to minimise risk of exposure to blood and other body fluids and contaminated items/equipment.</p> <p>Staff advised they would report inadvertent exposures to hazardous substances and blood and body fluids via the incident reporting system.</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>	<p>FA</p>	<p>There is a current building warrant of fitness. An external company undertakes performance monitoring and electrical safety checking of clinical equipment. Electrical equipment has evidence of current electrical testing and tag checks. Maintenance requests are documented during monthly site inspections (or sooner on occasions). Requested tasks have been signed off as completed. The hot water temperature of at least five resident areas is monitored monthly. The temperature is within required range (under 45 degrees Celsius) and this included hot</p>

		<p>water tested during audit.</p> <p>Grab rails were present in the patient showers. There were handrails in the corridors. The bathroom floors had non slip linoleum floor covering.</p> <p>The residents and family members interviewed confirmed the facility is appropriately furnished to create a home like environment. Furniture and fixtures were appropriate to the service setting. There are stairs at the front entrance. There are two other exits at the side and rear of the building that have ramps. Residents have personalised their rooms.</p> <p>The new resident bedroom which was recently added in January 2015 is sufficient size for a resident who requires rest home level care. The patient bedroom that was added prior to the last un-announced surveillance audit has since had the toilet enclosed. Both rooms have a patient call bell installed.</p> <p>The facility vehicle has a current registration and warrant of fitness. A copy of applicable staff, and the managing directors and spouse driver's licence is on file.</p> <p>There is a number of external chairs on a covered deck that residents and family can use. Residents were sighted to be using the outdoor areas for tai chi and other exercises.</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>	<p>FA</p>	<p>Hand basins are present in each resident's bedroom except one. Waterless hand gel is also available for staff and residents.</p> <p>There was two showers and a separate toilet. All bedrooms except one have a toilet ensuite attached.</p> <p>The two caregivers confirmed there are enough bathroom and shower facilities for the residents' use. Privacy locks are present on bathroom doors.</p> <p>There is a separate bathroom for the use of staff.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas</p>	<p>FA</p>	<p>All residents' bedrooms are single occupancy. The rooms contained space for the residents, personal possessions and use of mobility</p>

<p>appropriate to the consumer group and setting.</p>		<p>devices if required. Residents were sighted mobilising independently inside and outside the rest home independently, including while using a mobility aid.</p> <p>The staff interviewed advised there was sufficient space for the residents to mobilise, including when assistance was required. The residents and family members interviewed confirmed this. The senior RN advised having worked with some residents to change the layout of the resident room as part of a falls prevention strategy.</p>
<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>	<p>FA</p>	<p>There is a lounge and separate dining area that residents and their family or visitors can use. There is a covered deck which residents are sighted to use. The residents and family members interviewed confirmed that there was sufficient space available for consumers and support persons to use in addition to the residents' bedrooms.</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>	<p>FA</p>	<p>Policies detailed how the cleaning and laundry services are to be provided. Resident's personal clothing is washed individually at the frequency agreed with the resident and family.</p> <p>The residents and family members interviewed confirmed the rest home is normally kept clean and tidy and residents' laundry is washed and returned in a timely manner. Audits of cleaning and laundry services were undertaken regularly and reports demonstrated a high level of compliance with the rest home policy and service requirements and prompt remedial action where improvements were identified. The resident satisfaction survey includes questions related to environmental cleanliness and laundry services.</p> <p>The chemical supplier undertakes monthly checks to verify the chemical dilution (from the auto dispenser) is within the required range.</p> <p>Chemicals were stored in designated secure cupboards. Instructions for managing emergency exposures to chemicals was readily available to staff.</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>	<p>FA</p>	<p>The fire evacuation plan has been approved by the New Zealand Fire Service (NZFS) in a letter dated 5 August 2008. A fire evacuation drill was last conducted on 29 September 2014 and the records were sighted.</p> <p>Policy documents provide guidance for staff on responding to other events, including (but not limited to) earthquake, flooding and volcanic eruptions.</p> <p>A review of the staff files and training records verifies all staff have a current first aid certificate. The caregivers interviewed detailed their responsibilities in the event of emergency.</p> <p>There were sufficient supplies available of dry food, drinking water, lighting, blankets and other clinical supplies for use in emergency. A gas hob for cooking and gas heater, and spare blankets was also available.</p> <p>Call bells are present in the bathrooms and residents' bedrooms. They alert audibly and a light also illuminates outside the room. Three call bells tested at random were fully functioning.</p> <p>The caregivers interviewed advised the external doors and windows were checked and locked prior to darkness. The caregivers complete a visual check together at handover to ensure all residents are safe and accounted for. A number of security cameras are in use monitoring the entrance and communal areas. The managing director is able to access the images remotely and check at any time.</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>	<p>FA</p>	<p>There are windows present in all residents' bedrooms. Doors and windows were sighted open during the audit. Heating is provided as required via wall mounted heaters or portable oil heaters.</p> <p>The residents and family members interviewed confirmed the facility is normally warm and well ventilated. One resident smokes in a designated outside area.</p>
<p>Standard 3.1: Infection control management</p>	<p>FA</p>	<p>The service has a documented infection control programme which is reviewed as part of the annual quality review of the whole programme.</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>		<p>The infection control programme minimises the risk of infections to residents, staff and anyone else visiting the facility.</p> <p>The infection control co-ordinator is the RN. The infection control position description sighted has clear guidelines for the accountability and responsibility; contained in the infection control manual. The infection control co-ordinator monitors for infections, uses standardised definitions to identify infections, surveillance, changes in behaviours, monitoring of organisms related to antibiotic use and the monthly surveillance record. Infection control is a standing agenda item in the staff meetings. If there is an infectious outbreak this is reported immediately to staff, management, and where required, to the DHB and public health departments.</p> <p>The infection control co-ordinator interviewed reported that the staff have good assessment skills in the early identification of suspected infections. Residents with infections are reported to staff at handover, have short term care plans and documentation in the progress notes.</p> <p>A process is identified in policy for the prevention of exposing providers, residents and visitors from infections. Staff and visitors suffering from infectious diseases are advised not to enter the facility by notices at entrances. When outbreaks are identified in the community, notices are placed at the entrance not to visit the service if the visitor has come in contact with people or services that have outbreaks identified. Sanitising hand gel is available throughout the facility and there are adequate hand washing facilities for staff, visitors and residents. Residents suffering from infections are encouraged to stay in their rooms if required, though the infection control coordinator reports that this can be difficult at times with residents with cognitive impairment.</p> <p>The RN and caregivers interviewed demonstrated good infection prevention and control techniques and awareness of standard precautions, such as hand washing.</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</p>	<p>FA</p>	<p>The RN has the role of infection prevention and control co-ordinator. The infection control committee meets quarterly and report any issues at staff meetings. External specialist advice on infection prevention and control issues is available if and when required from the DHB infection control</p>

<p>the organisation.</p>		<p>nurse specialist, the diagnostic service, and the GP. The infection control co-ordinator undertakes courses in infection prevention and control through the in-service education programme and updates from the DHB. The RN and caregivers interviewed demonstrated good knowledge of infection prevention and control.</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 implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	<p>FA</p>	<p>An infection control policy sets out the expectations the organisation uses to minimise infections. This is supported by an infection control manual and a large suite of policies and procedures that deal with specific areas, including antibiotic use, MRSA screening, bandaging, wound management, blood and body spills, cleaning, disinfection and sterilisation, laundry and standard precautions. They are easily understood and appropriate for service requirements.</p> <p>Observations at the onsite audit identified the implementation of infection prevention and control procedures. Staff demonstrated safe and appropriate infection prevention and control practices.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>Infection control education is included in orientation and as part of the ongoing in-service education programme as sighted on the provider's training calendar. The infection prevention and control education is provided by the infection control co-ordinator and external specialists as required. The service accesses specialist advice through the DHB. The infection control co-ordinator demonstrated knowledge of current accepted good practice in infection prevention and control.</p> <p>The RN and caregivers interviewed demonstrated good knowledge of infection prevention and control. Resident education is conducted as required. The infection control coordinator reported that if the resident has cognitive impairment, education with the residents can be difficult, though during personal care delivery residents are prompted with infection control measures, such as hand washing after toileting.</p>
<p>Standard 3.5: Surveillance</p>	<p>FA</p>	<p>The infection control surveillance that is undertaken is appropriate to the size and complexity as shown in the infection control programme. All</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>		<p>staff are required to take responsibility for surveillance activities as shown in the policy. Monitoring is clearly described in the quality plan and management meetings, to describe actions taken to ensure residents' safety.</p> <p>There is a monthly infection surveillance report. The service monitors urinary tract infections (UTIs), eye infections, upper and lower respiratory tract infections, wound infections, multi-resistant organisms, diarrhoea, vomiting and other infections. The monthly analysis of the infections includes comparison with the previous month, reasons for increase or decrease and actions taken to reduce infections. The analysis includes the feedback that is provided to staff.</p> <p>An external contractor benchmarks surveillance data.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The service has a commitment to a 'non-restraint policy and philosophy'. The restraint minimisation and safe practice policy complies with the standard. There was no restraint in use at the time of the audit. Five residents have enablers (bed loops) in use to aid mobility and independence. An enabler register is maintained.</p> <p>Staff interviewed had a good understanding that the use of enablers was a voluntary process along with approval and informed consent processes. Signed consent forms are on file for all five residents with enablers in use. The resident care plans details the use of enablers. Monthly resident enabler reviews verifies that enablers are being used appropriately and safely.</p> <p>Staff have access to education on safe and effective alternatives to restraint at orientation. Managing challenging behaviour is included in the ongoing education programme.</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 1.2.1.3</p> <p>The organisation is managed by a suitably qualified and/or experienced person with authority, accountability, and responsibility for the provision of services.</p>	PA Low	<p>The managing director (MD) and spouse have owned this rest home since June 2012. They both work in the rest home. The managing director is responsible for the day to day care delivered to the residents. Prior to purchasing the rest home the MD worked in another aged care facility for six year; initially as a caregiver and then as the manager's assistant. The MD has attended regular in service education on clinical/care topics in the last year and has a current first aid certificate. The MD has not attended eight hours of education related to managing a residential care service.</p> <p>The MD is assisted by two registered nurses who job share. One of the RNs works three days a week and has the</p>	<p>The managing director has not completed eight hours of education in the last twelve months related to managing a residential care service as required to meet the Aged Related Residential Care (ARRC) contract.</p>	<p>Ensure the managing director attends at least eight hours of education every year relevant to managing a residential aged care facility.</p> <p>180 days</p>

		<p>senior leadership role. This RN has worked in other aged care services in New Zealand and critical cares services in both Hong Kong and the United Kingdom. The other RN also works within a DHB service and holds a proficient level professional development and recognition programme (PDRP) portfolio. Both RNs have participated in relevant ongoing educations. A job description details the RNs' roles and responsibilities.</p> <p>In addition an experienced aged care RN provides advisory and consultancy services to the managing director and RN. This includes at least four hours on site each week.</p>		
<p>Criterion 1.3.1.4</p> <p>Entry criteria, assessment, and entry screening processes are documented and clearly communicated to consumers, their family/whānau of choice where appropriate, local communities, and referral agencies.</p>	PA Low	<p>There is a resident's service agreement which is part of the entry process. A welcome brochure is also available for residents and family.</p>	<p>The majority of residents at Eden Rest Home have English as a second language or do not understand English. The resident service agreement is only available in English. There is no evidence that the resident, family or EPOA have been provided with this information in a language /manner they understand. The management reported on interview that they sometimes used another family member who could understand English. The residents interviewed using an interpreter were not sure regarding the service agreement.</p>	<p>Provide evidence that the family, resident or EPOA understand the content of the resident service agreement prior to signing.</p> <p>180 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.