

The Coast to Coast Hauora Trust - Heritage 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: The Coast to Coast Hauora Trust

Premises audited: Heritage Rest home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 11 June 2015 End date: 12 June 2015

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 11

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
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

General overview of the audit

Heritage Rest Home is owned and operated by Coast to Coast Hauora Trust who also provides other activities in the local community. The Trust has close links to the local medical centre. All residents are under the care of local GPs. The home provides rest home level care to a maximum of 17 occupants. On the days of audit there are 11 residents.

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 the review of policies and procedures, the review of residents' and staff files, observations, interviews with residents, family, management, staff and a general practitioner.

There were no areas identified as requiring improvement. The service demonstrates a commitment to continuous improvement in the results it has achieved with quality projects and the actions taken following evaluation of adverse events.

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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Staff demonstrate 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).

The service provider reports 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 residents' enduring power of attorney (EPOA) or appointed guardians. Processes are in place for advance care planning and, as medically indicated, resuscitation directives are recorded.

The organisation provides services that reflect current accepted good practice. This is evidenced in the guidelines for general care. Evidence-based practice is observed, promoting and encouraging good practice. 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.

The complaints management system is effective. Residents and their families are well informed about how to raise concerns. All complaints and concerns are logged in the complaint register, immediately acknowledged and investigated. There is evidence that the small number of complaints received to date have been resolved efficiently and to the satisfaction of all parties. There have been no complaint investigations by the Health and Disability Commissioner. There have been no Police, Accident Compensation Corporation (ACC) or Coroner investigations.

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.

All standards applicable to this service fully attained with some standards exceeded.

Residents are receiving safe services that are well managed, planned and coordinated. Residents and family reported being very satisfied with the care and services being provided.

Quality and risk management systems are coordinated by the nurse manager with support from the chief executive officer (CEO). There is effective and integrated monitoring of all service delivery areas. A rating of continuous improvement is awarded for quality improvements that have been achieved. The service is managing health and safety and risk matters in accordance with current safe best practice and legislation. There have been no serious adverse events. The event reporting system is well established, effective and known by staff. A rating of continuous improvement is awarded for the effectiveness of actions taken as a result of event analysis.

Recruitment, selection and management of staff meet the requirements of these standards and New Zealand legislation. All staff attend regular ongoing education and training in subject areas that are specific to the residents being cared for. There are sufficient numbers of suitably qualified and experienced staff on site 24 hours a day seven days a week.

Consumer information is managed in ways that meets the requirements of the Health Records Standard. Archived or obsolete resident records are being stored safely and securely.

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.

The entry criteria for the rest home are clearly documented and communicated to the potential resident, family/whanau and referring agencies on admission. If entry to the service was to be declined, a record is maintained and the potential resident and/or their family/whānau referred to a more appropriate service.

The service is coordinated in a manner that promotes continuity in service delivery and promotes a team approach to care delivery. The organisation has fully implemented the required electronic assessment tool. Assessments are used to identify resident's needs, with interventions and supports required for these needs recorded in the care plans. The service implements the interventions to achieve the resident's desired outcomes and goals. The provision of services and interventions are implemented within time frames to meet the resident's needs and contractual timeframes. The care is evaluated at least six monthly, or sooner if there is a change in the residents' needs. Where progress is different to that expected, the service responds by initiating changes to the care plan or with the use of short term care plans.

Resident support for access or referral to other health and/or disability service providers is appropriately facilitated. Staff have identified, documented, and minimised risks associated with each resident's transition, exit, discharge or transfer.

The service provides a planned activities programme seven days a week. The activities are planned and provided to develop and maintain skills and interests that are meaningful to the resident.

There are processes in place for a safe medicine management system. Staff responsible for medicine management has been assessed as competent to perform the function for each stage they manage.

Residents receive healthy and nutritious home cooked meals which meet their dietary requirements. The menu was reviewed by a registered dietitian last year. The kitchen area is a domestic design and scheduled for replacement. All areas are clean and food

preparation is safe and hygienic. The procurement, storage and management of food products meet safe food handling standards. Residents and family interviewed were very satisfied with the food and fluids provided.

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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The facility has a current Building Warrant of Fitness. There has been full refurbishment of all bathrooms and toilets since the previous audit and the outside deck has been significantly extended.

Cleaning and laundry services are provided to a high standard by care staff on all shifts. Chemicals are stored appropriately.

Emergency and disaster planning is evident and equipment and resources are available on site and maintained. All building regulations, fire safety, emergency and security standards are met. Residents and families report high satisfaction with the environment.

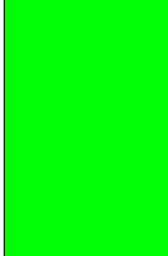
Restraint minimisation and safe practice

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 clear and comprehensive policy and procedures which meet the requirements of the restraint minimisation and safe practice standard. Restraint and enablers are only used to prevent harm and promote independent mobilisation. On the days of audit there are no restraints or enablers in use. There are established systems and practices for the assessment, approval,

monitoring, evaluation and review of any type of restraint. Staff training and competency assessment in safe use of restraint occurs at least annually. Staff and management demonstrated knowledge and understanding about the requirements of this standard.

Infection prevention and control

<p>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.</p>		<p>Standards applicable to this service fully attained.</p>
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Infection prevention and control systems are suitable for the size of the service and low rate of infections. Precautionary actions are implemented by staff to minimise risk of infections to residents, staff and visitors. The role of the infection control coordinator is clearly documented. The infection prevention and control programme is reviewed at least annually. There are adequate resources to implement the programme with the infection data reviewed at the staff meeting to ensure all required corrective actions are followed up. The service's policies and procedures comply with relevant legislation and current accepted good practice. The service provides education on infection control to all staff, and when relevant, residents and family/whānau.

There is a monthly collection of surveillance data for infections. The surveillance data is collated and analysed, with results communicated to staff. Documentation identifies that if trends are identified the service implements actions to reduce the prevalence of infections. The service has had a number of months where there have been no infections.

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	1	44	0	0	0	0	0
Criteria	2	91	0	0	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>	FA	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) was displayed throughout the facility. New residents and families were provided with copies of the Code as part of the admission process. Staff demonstrated knowledge on the Code and its implementation in their day to day practice. Staff were observed to be respecting the residents' rights.</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>	FA	<p>The residents' files have consent forms signed by the resident or by the enduring power of attorney (EPOA). Staff demonstrated their ability to provide information that residents require in order for the residents to be actively involved in their care and decision-making. All files reviewed contain copies of advance care planning, advance directives and the resident's wishes for end of life care. Staff acknowledged the resident's right to make choices based on information presented to them.</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 families reported that they were provided with information regarding access to advocacy services. Family/whānau are encouraged to involve themselves as advocates. Contact details for the Nationwide Health and Disability Advocacy Service is listed in the client information booklet, with the brochure available at the entrances to the service. Education is conducted as part of the in-service education programme. Residents reported that they are reminded about advocacy services at the monthly residents meetings.</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 families are encouraged to visit at any time. The families report there are no restrictions to visiting hours. Residents were supported and encouraged to access community services with visitors, independently or as part of the planned activities programme.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>The complaints policy and procedures meet the requirements of this standard, the provider's contract with the DHB, and Right 10 of the Code. It also contains references to advocacy and the organisation's quality system, resident's rights, advocacy and resident/family meetings policies.</p> <p>Review of the complaints register and interview with the CEO and manager confirmed there have been two complaints received since the previous audit. Systems are in place to ensure residents and their families are advised on entry to the facility of the complaint processes and the Code. The residents and relatives interviewed demonstrated an understanding and awareness of complaint processes. Staff attend regular education on the Code of Rights, including the complaints processes. Review of resident meeting minutes provides evidence of discussion on the Code of Rights and complaints.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>FA</p>	<p>The families and residents reported that the Code was explained to them on admission, was part of the admission pack, and is discussed at the monthly residents' meetings. Nationwide Health and Disability Advocacy service information is part of the admission pack with brochures available at the entrance to the facility.</p>
<p>Standard 1.1.3: Independence, Personal</p>	<p>FA</p>	<p>The service has two shared rooms, with these rooms shared by residents. The family/whanau interviewed reported that their relative is treated in a manner that shows regard to the resident's dignity, privacy and</p>

<p>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>		<p>independence. The residents' files reviewed indicated that residents receive services that are responsive to their needs, values and beliefs. The family/whanau and residents interviewed reported high satisfaction with the way that the service meets the needs of their relatives. The family/whanau and general practitioner (GP) expressed no concerns with abuse or neglect.</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>	<p>FA</p>	<p>There were no residents who identified as Maori at the time of audit. The nurse manager/RN reported that there are no barriers to Maori accessing the service and there have been Maori residents in the past. Staff demonstrated a good understanding of services that are commensurate with the needs of Maori resident and importance of whanau. The service has links with a local Maori health organisation.</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 residents' files demonstrated consultation with families on the resident's individual values and beliefs. The families and residents reported they were consulted with the assessment and care plan development. The staff demonstrated good knowledge on respecting resident's individual culture, values and beliefs.</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 had job descriptions and employment agreements that had clear guidelines regarding professional boundaries. The residents reported they are 'very happy' with the care provided and had very high praise for the caring manner of all the staff. The families 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>	FA	<p>Evidence-based practice is observed, promoting and encouraging good practice. The service has implemented a number of care reviews and best practice in the management of psychotropic medications, falls and infection reduction strategies. The service has links to specialist nursing and medical providers. The DHB care guidelines for aged care are utilised. The gerontological nurse specialist visits residents as required to consult regarding residents who are referred for additional care advice.</p> <p>There is regular in-service education and staff access external education that is focused on aged care and best practice. Staff reported that they were 'very satisfied' with the relevance of the education provided. The families, residents and GP expressed high 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>	FA	<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. The service has not required access to interpreting services for the residents. Policies and procedures are in place if the interpreter services are needed to be accessed. The families 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>	FA	<p>The business plan contains an accurate service purpose, organisational values, service scope, and detailed direction and goals for the services provided. Interview with the CEO reveals that the Trust is closely involved with the services provided. The chairperson provides GP services and three of the other trustees provide allied health care (e.g., pharmacy, nursing and cultural services) to the home. The Trust is committed to providing ongoing care for the local community and is investigating the feasibility of building a new facility with capacity to also provide hospital and dementia care. The low number of residents on audit day (10 plus one short term respite resident) reflects the rest home single scope of service. Three residents were transferred to hospital level care outside the community the week prior to the audit.</p> <p>The manager is a registered nurse with a current practising certificate. This person has been in the manager's role for three years and has previously owned and operated an aged care facility. Personnel records and interview with the manager confirmed that this person's nursing portfolio, clinical skills and knowledge are maintained by attending networking meetings with other aged care providers and regular professional development/education in subject areas related to rest home management and care of older people.</p>
<p>Standard 1.2.2: Service Management</p>	FA	<p>Temporary cover during the manager's planned absences is provided by either the CEO who is a registered nurse or another RN who lives locally and works in another aged care facility. The nurse manager/RN and the</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>		<p>CEO confirmed this arrangement works well.</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>The quality system and quality monitoring methods are being effectively maintained. The nurse manager, the CEO and an administrator meet monthly to consider quality and risk matters. Minutes of these meeting reveal that quality data, such as accidents/incidents, complaints, infection rates, results from internal audits and feedback from resident/family meetings and resident plan reviews, are considered. Where improvements are required these are discussed, actions are agreed and implementation is monitored by the manager. The service has clearly described quality indicators which are reported against monthly and formally reviewed annually by the nurse manager.</p> <p>There have been a number of quality improvement projects implemented since the previous audit. These include establishing falls prevention focused activities and participation in the 'First Do No Harm' project which aims to reduce harm from falls and pressure injuries. The manger meets with all staff weekly to evaluate falls and is submitting and comparing falls and pressure injury data with other members of the Northern Regional Alliance. Outcomes of the falls focus programme show a continuing reduction in the number of falls. The service is also focused on reducing or minimising the use of psychiatric medicines on residents and eliminating medicine errors. Medicine error rates are low and the manager is aiming for no service generated errors. There is a rating of continuous improvement for the way these areas of service delivery are linked to the quality programme. Quality data and results of service monitoring via internal audits is reliably and frequently shared with all staff. The staff interviewed stated that they understand and continue to be involved in quality and risk management.</p> <p>Risk management and occupational health and safety processes are clearly described. The risk management plan identifies all actual and potential business and environmental risks and residents are regularly assessed for risk using the interRAI assessment tool. The sighted hazard register is current. Staff meetings include health and safety discussions.</p> <p>The policies, forms, quality and risk systems continue to be reviewed and adapted by the nurse manager. A comprehensive document review revealed that all policies comply with best known practice, these standards and legislative requirements.</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>CI</p>	<p>The service has clearly documented and known processes for reporting, recording, investigating and reviewing adverse events.</p> <p>Review of incident/accident records and monthly summary sheets reveal a coordinated approach to reviewing events. The nurse manager compiles a summary sheet which describes the event and provides easy to understand comments on treatment and/or what to do to prevent recurrence. The manager confirmed that all events are reported, recorded and reviewed as soon as possible. The trending and monitoring of these continues to be based on comparing data with data from the previous year to determine a benchmark average. There is a reduction in fall rates and medicine errors reported for the past 12 months.</p> <p>There have been no serious events requiring notification. Review of the incident documentation and interview with the CEO and nurse manager confirm that investigation and corrective and remedial actions are implemented where necessary. Any negative trends identified result in mitigating strategies being implemented immediately. This is confirmed by review of staff and quality and risk meeting minutes.</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>Human resources policies and guidelines for recruitment and staff management comply with legislation and good employment practices. Professional qualifications are validated - the RN's current practising certificate was on file. New staff are recruited according to good employment practices as evidenced by formal interviews, police checking and referee checks sighted in a sample of personnel records reviewed.</p> <p>The orientation programme is very comprehensive and well implemented over a number of weeks according to staff interviewed. The programme includes training in emergency systems on day one. All subject areas have competency assessments to determine knowledge and understanding before progressing further on the programme. A recently employed caregiver with no previous employment as a caregiver stated the induction and orientation was providing the necessary skills and confidence.</p> <p>Staff learning and development occurs regularly in a planned way. Records show that the in-house education is well attended. Each of the six staff records reviewed contained a running record of education attended in a range of different subject areas. These include consumer rights, infections, restraint, emergency procedures, prevention of falls and pressure injuries. There is a least eight hours as required in the provider's contract with the DHB (ARC 17.8). This was confirmed by review of six personnel files which contained training records and interview with the RN manager, two RNs, four caregivers, the cook, activities coordinator, laundry and cleaning staff. Review of individual staff files showed that staff who are authorised to administer medicines are competency assessed annually.</p> <p>Review of six personnel files reveals that staff have regular performance appraisals as required by the ARC contract.</p> <p>All other staff related requirements of the ARC contract are met.</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>The Staffing Rationale Policy provides clear guidelines for ensuring there is an appropriate level of suitably qualified and skilled staff available for the number of residents and their needs.</p> <p>Review of the roster and interviews with staff and caregivers reveals there are at least two caregivers on site each morning and afternoon and one staff member at night which is adequate for the number of rest home level residents. The RN manager is on site four days a week between the hours of 8am to 5pm and is on call 24 hours a day and seven days a week (24/7).</p> <p>Care staff numbers are flexible according to the number of residents and their acuity. Cooks are employed for appropriate number of hours seven days a week. Group and individual activities are provided by care staff along with frequent and reliable community volunteers who have skills and expertise in diversional therapy.</p> <p>Caregivers also provide cleaning and laundry tasks and state this is manageable.</p> <p>Staffing levels meet the requirements of the ARC contract.</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>Information is entered into the resident information management system in an accurate and timely manner. The resident's administration details are recorded on the day of admission and updated as information changes. The five residents' files reviewed are accurate and up to date. The services archived records are stored in a fire protected area. Information of a private or personal nature was maintained in a secure manner that is not publicly accessible or observable, as observed at the time of audit. Residents' current files are stored in the staff office which is only accessible by staff. All residents' files reviewed were legible and the name and designation of the staff member was identifiable. The service also maintains a signature verification record for all staff.</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>FA</p>	<p>The service has an enquiries list kept in a diary. Prospective residents are required to have an assessment for the appropriate level of care. The entry criteria, assessment and entry process was clearly documented and communicated to the potential resident and family/whānau.</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>	<p>FA</p>	<p>When admission is required to the acute care hospital, the service utilises the DHBs transfer form/envelope. The referral process documents any risks associated with each resident's transition, exit, discharge, or transfer. This includes expressed concerns of the resident and family/whānau and a copy of any advance directives. With the transfer form/envelope, the RN reported that the service also provided a copy of any other relevant information, such as the medication chart. The file of a resident with a recent admission to the acute care hospital evidenced that the transfer to and from the hospital was effectively managed.</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>	<p>FA</p>	<p>The medicines are individually supplied for each resident by the pharmacy in a pre-packed administration system. The medicines and medicine signing sheets are checked for accuracy by the RN when delivered. The GP conducts medicine reconciliation on admission to the service and when the resident has any changes made by other specialists.</p> <p>Safe medicine administration was observed. The medicines and medicine trolley were securely stored. There were no controlled drugs that were required to be recorded in the controlled drug register. There are documented process and policies for the managing of controlled drugs, should this be required.</p> <p>All the medication files sampled in the medication folder had prescriptions that complied with legislation and aged care best practice guidelines. The medicine review date is recorded on the medication prescribing sheet, with all residents having their medicines reviewed within the last three months.</p> <p>Medication competencies were sighted for all staff who assist with medicine management.</p> <p>The staff reported that there were no residents who self-administer medicines. The service has policies, procedures and self-administration guidelines to assess if a resident was competent and wanted to administer their own medicines.</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 nutrition and safe food policy contains sufficient information about assessing a resident's nutritional needs, procurement, storage and preparation of food and maintaining a safe and hygienic environment for food. The menu was reviewed by a dietitian in January 2014 and deemed suitable for older people living in long term care. The service has a four week rotational menu with seasonal variations. Residents are routinely weighed at least monthly, and more frequently when indicated. Residents with additional or modified nutritional needs or specific diets have these needs met. The residents interviewed were all very satisfied with the taste and variety of meals and fluids provided.</p> <p>The fridge and freezers are monitored daily, with the sighted temperatures within food safe guidelines. The service has a stock rotation system. Any food that is returned to the fridge is covered, labelled and dated. The decanted dry food is labelled and records the 'best before' dates. The cook has been employed on site for 17</p>

		years, has qualifications in food safety and attends staff in-service training. The kitchen is a domestic design and scheduled for renovation. All areas are being cleaned daily and food handling procedures were assessed as safe and hygienic.
Standard 1.3.2: Declining Referral/Entry To Services Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.	FA	The nurse manager/RN reports that they have not declined entry to any potential residents who have an appropriate needs assessment. The nurse manager reports that if entry to the service was to be declined the referrer, potential resident and where appropriate their family/whānau would be informed of the reason for this and of other options or alternative services. The admission agreement contains information on the termination of the agreement. The admission agreement documents if the resident's needs change and the service can no longer provide a safe level of care to meet the needs of the resident, they would be reassessed for the appropriate level of care. The nurse manager reported residents requiring secure dementia care, hospital or psychogeriatric level of care are not admitted. The nurse manager reports that there has been residents requiring reassessment and that they were transferred to a more suitable service to meet the resident's higher level of needs.
Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	The service uses the interRAI and other paper assessment tools to inform the care planning. Initial and ongoing assessments include skin integrity/pressure area risk, falls risk, continence assessment and nutritional assessment. The assessment processes sighted in the residents' files reviewed covered the resident's physical, psycho-social, cultural and spiritual needs. The residents and family report satisfaction with the care provided.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	All the care plans reviewed evidenced they are individualised to the needs of the resident. The care plans clearly record the resident's goals. The resident's records contained the medical information, nursing assessment, routine observations, activities, therapies, family correspondence and specialist consultations. The residents and family/whānau interviewed reported that the staff have excellent knowledge and care skills. The GP interviewed expressed high satisfaction with the care provided.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate	FA	The provision of services and interventions were consistent with, and contributed to, meeting the residents' assessed needs, and desired outcomes. The residents' records reviewed were individualised and personalised to meet the assessed needs of the resident. The care was flexible and focused on promoting quality of life for the residents. All residents and family/whānau interviewed reported satisfaction with the care

services in order to meet their assessed needs and desired outcomes.		and service delivery.
<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>	FA	<p>The residents are included in meaningful activities at the care facility and as part of the wider rural community. Feedback is sought from residents at the residents meeting and during activities. The nursing, care staff and volunteers implement the activities programme over seven days a week. The staff reported that they gauge the response of residents during activities and modified the programme related to the response and interests. The activities were modified according to the capability and cognitive abilities of the residents. The activities programme covers physical, social, recreational and emotional needs of the residents. There were diversional therapies, activities, social and cultural assessments sighted in the residents' records. These social assessments are used to develop an activities programme that is meaningful to the residents. The residents reported satisfaction with the level and variety of activities provided.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Evaluations are documented at least six monthly. The interRAI outcome assessment and comparison of this score to previous outcomes scores are used as part of the evaluation process. These are documented on the printed outcome scales and care plan.</p> <p>Where progress was different from expected, the service responded by initiating changes to the care plan or by use of short term/acute care plans for temporary changes. These acute care plans were sighted in the files reviewed. Wound care plans are evaluated at each dressing change. The residents and family/whanau interviewed reported high satisfaction with the care provided at the service.</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>The service has one main GP, though residents were able to maintain their own GP if available and desired. The nurse manager/RN or the GP arrange for any referral to specialist medical services when necessary. The residents' files had appropriate referrals to other health and diagnostic services. The GP reported that appropriate referrals to other health and disability services were 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>Policy and procedures contain correct disposal methods about all types of human and domestic waste. These also include standards about chemical labelling, the use of protective clothing and equipment and reporting of spills incidents. Chemical Material Safety Data sheets are available and accessible for staff. The sighted Hazard Register is current. Review of staff training records and interviews with care staff who carry out cleaning and laundry duties confirmed that regular training and education on the safe and appropriate handling of waste and hazardous substances occurs. Visual inspection throughout the facility and observations of staff during both audit days reveals that protective clothing and equipment (e.g., gloves and aprons, footwear, and masks) is provided and located in the laundry and bathrooms.</p> <p>There were no hazardous substances; the service uses domestic type cleaners. These were stored in their original containers and clearly labelled.</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 are established systems in place to ensure the physical environment and facilities are safe and fit for their purpose. Handrails are installed in corridors, showers and toilets to promote safe mobilisation. All external areas inspected are safe, secure and contain appropriate seating and shade. Visual inspection and review of documents confirms that although the facility is old it is being maintained in good repair. Medical equipment is checked and calibrated regularly (e.g., sphygmomanometer, scales and the hoist). This is confirmed by review of documentation including the recent invoice and report from the medical equipment inspection agent. The current Building Warrant of Fitness expires on 30 June 2016.</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>There are sufficient numbers of toilets and bathrooms for the number of residents. Six of the 13 bedrooms have attached ensuite bathrooms with a toilet and hand basin; otherwise the residents use communal bathrooms which are designated for use by male and female. All the bathrooms and toilets have been refurbished to a good standard are disability accessible with easy to clean walls and floor surfaces, detachable shower heads and electric heaters. Hot water temperatures are being monitored monthly. Review of the records and hand testing at tap sites reveals temperatures are all below 45 degrees Celsius.</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>	<p>FA</p>	<p>Observations on days of audit and interview with staff and residents confirmed there is sufficient personal space provided in all bedrooms to allow consumers and staff to move around safely. Four of the 13 bedrooms are designated as twin share rooms. Two of these was occupied with the occupants' approval and/or request.</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>The home has two lounge areas, one which is adjacent to the dining area and another larger lounge which is also used for activities. Residents who do not want to participate in group activities are offered one on one time in their bedrooms or may avoid disturbance by sitting in another area. The dining room and lounges are within easy walking distances to bedrooms. Residents interviewed confirm they use their rooms or external areas if they want privacy or quiet times. All furniture is safe and suitable for the consumer group. New outdoor furniture which is safe for use by older people has been purchased.</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>The laundry and cleaning policies detail the tasks and standards for safe and hygienic practice. These include procedures for handling used and soiled laundry and an itemized cleaning schedule which lists the cleaning chemicals to be used in each area. Cleaning and laundry systems are being maintained as safe and effective. There have been no complaints or issues about residents' laundry. The internal audit programme monitors the effectiveness of the cleaning and laundry services and audit results and consumer satisfaction show there are no issues. Care staff provide laundry and cleaning services at various times over a 24 hours period. The staff interviewed stated there was enough time on each shift to complete personal care and housework. They talked confidently about how they ensure cleaning and laundry is safe and hygienic, and stated they had appropriate equipment and effective cleaning chemicals. The RN/Manager has provided in-service education on safe use of chemicals. The cleaning and laundry chemicals in use are domestic products which are labelled and stored safely and securely in locked storage areas. Information about the chemicals is on the product container. Staff stated they rarely have to handle body waste and when they do, they follow known processes for sanitization and cleaning.</p> <p>Hand washing and hand sanitising units are conveniently located and readily accessible throughout the facility.</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>There is an approved fire evacuation scheme. Fire suppression systems are installed throughout the building (e.g., sprinklers, fire hydrants and hoses) and trial evacuations are conducted at least six monthly and when new staff are being orientated. Records show four trial evacuations have occurred so far in 2015 and include notes on the time efficiency and any matters identified. All staff including the RNs are maintaining first aid certificates.</p> <p>Personnel records and internal audit records contained evidence of ongoing staff training in emergency preparedness. Emergency procedures are included in new staff orientation and staff knowledge is tested regularly. Interviews with staff from all shifts demonstrated knowledge and understanding about what to do in the event of emergencies. The facility is kept secure by ensuring that all external doors and windows are locked and checked at night and that visitors are directed to enter by the front door only. The service has sufficient food, water and medical and personal care supplies to meet the needs of 17 residents for at least three days. The content of the sighted civil defence kit is checked regularly. Additional blankets for warmth and alternative energy supplies (e.g., two barbeque, torches and batteries) are stored on site for use in the event of a power outage. There is an emergency backup lighting system installed that will run for two hours.</p> <p>The call bell system was functioning on audit days. The residents interviewed state that staff respond to their calls within an acceptable timeframe.</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>The internal heating systems are powered by electricity. There are panel heaters that can be individually controlled in each bedroom and in the communal areas. There are heaters in all bathrooms. The home has sufficient doors and external opening windows for ventilation. All bedrooms have good sized external opening windows which are designed and installed to be secure. Five residents and two relatives interviewed confirmed that internal temperatures and ventilation are comfortable during summer and winter months.</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</p>	<p>FA</p>	<p>The nurse manager is the designated infection prevention and control coordinator (IPCC). The CEO is also a RN and there is daily or immediate contact with trustees if required for guidance. The job description for the infection control coordinator role has clear lines of accountability for infection control. The identified infection control committee who comprise a GP, the nurse manager/IPCC and another senior caregiver meet monthly to review any infection matters.</p> <p>The annual review of the infection control programme was conducted in December 2014. The review which was shared at a quality meeting discusses infection rates and, treatments and aims for 2015 and how this</p>

<p>visitors. This shall be appropriate to the size and scope of the service.</p>		<p>links to the quality improvement and risk management programmes. The review is part of the annual documentation review and outcomes are discussed at quality meetings on an ongoing basis.</p> <p>The service has clear policies about staff, residents and visitors suffering from, or exposed to and susceptible to, infectious diseases. Staff report that they do not come to work if they are unwell. Staff and residents have annual 'flu' vaccinations. A notice is on display at the entrance at times of the year when there are increased risks of infections to ask visitors not to visit if they are unwell, or have been exposed to others who are unwell. The manager reports that they also email relatives of relevant infection prevention and control information or any ministry/DHB notices about community infection outbreaks. There is sanitising hand gel at the entrance to the facility. The infection control coordinator reports that residents are asked to stay in their room if they have an infection risk.</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>	<p>FA</p>	<p>The infection control coordinator attends ongoing education and is a member of the New Zealand Nurses' Organisation (NZNO) infection control section which provides ongoing information and support about infection prevention and control best known practice for NZ. The infection control coordinator also accesses external advice through the GP, DHB and Ministry of Health services as required. Infection control is discussed at the quality meeting. There have been no outbreaks in the facility since the Trust acquired ownership.</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</p>	<p>FA</p>	<p>The infection prevention and control manual contains policies for all matters related to infection prevention and control (IPC) and references best known practice sources. It allocates roles and responsibilities to nominated employees and provides terms of reference. The programme describes a quality indicator and requirement for an annual review both of which are monitored for achievement. Surveillance methods are clearly described and carried out as documented by the nurse manager.</p>

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>Infection control education is provided by the infection control coordinator (RN) who maintains knowledge of current practice. The infection control coordinator has attended ongoing education on infection prevention and control via the Waitemata District Health Board Residential Age Care Implementation Programme (RACIP). Information from sessions attended is shared with staff. Staff training records and interviews confirmed that additional infection education training occurs at least three monthly. This includes annual hand washing competency, managing pandemics, wound care, multi-resistant organisms and antibiotic use.</p> <p>The ARRC requirement is met.</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>There is monthly surveillance of all reported infections. These are primarily urinary tract infections (UTIs) and the occasional respiratory tract infection. The data is collated and analysed for trends. The surveillance data is compared with previous months to identify trends. This information is discussed with the quality team, the infection control committee and staff meetings.</p> <p>The infection data for 2014 indicates just over one UTI per month. Many of these relate to one resident and the service has identified contributing factors (e.g., diabetes, low fluid intake) and taken actions to mitigate recurrence. This resident is encouraged with fluids and mobilisation. There is one resident on prophylactic antibiotics which was discussed with the GP who is managing this.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Interview with the nurse manager who is also the restraint coordinator reveals there have been no restraints used since April 2015 and there are no enablers in use. The Heritage Rest Home restraint philosophy, policy and practices meet the requirements.</p> <p>The assessment, consent and monitoring documents describe processes that would meet this standard in the event that restraint interventions are required. Review of quality reports and staff meeting minutes demonstrated that the ongoing use of bedrails for vulnerable residents was frequently reviewed and discussed. The Restraint Minimisation and Safe Practice and Enabler Use Policy contain definitions that are congruent with this standard. It states the only restraint interventions authorised for use are bedrails and lap belts and clearly describes methods for avoiding or minimizing the use of restraint. It designates a restraint coordinator, and clearly describes the processes for evaluations and review and ongoing staff education.</p> <p>Review of a sample of staff files and training documents confirmed that staff engage in ongoing education. This includes managing challenging behaviour, use of de-escalation techniques and preventing the use of restraint.</p>

		There is also an emergency restraint policy which authorises the RN to initiate an emergency restraint before a GP assessment.
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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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.2.3.5</p> <p>Key components of service delivery shall be explicitly linked to the quality management system.</p>	CI	<p>Quality improvement projects have been implemented since the previous audit. Outcomes of the falls focus programme show a continuing reduction in the number of falls. Efforts to reduce or eliminate prescriptions of psychiatric medicines have resulted in the number of residents on these medicines reducing from nine to one. There is also a steady decrease of service generated medicine errors by more than 50% from an average of two to three errors per month to one or no errors.</p>	<p>The extent of quality activities initiated in the past 18 months has increased safety and reduced preventable harm to residents.</p>
<p>Criterion 1.2.4.2</p> <p>The service provider understands their statutory and/or regulatory obligations in relation to essential notification reporting and the correct authority is notified where</p>	CI	<p>There is a well-coordinated approach to reviewing and analysing events. The nurse manager compiles a summary sheet which describes the event and provides easy to understand comments on treatment and/or what to do to prevent recurrence. The trending and monitoring of these continues to be based on comparing data with data from the previous year to determine a benchmark average. There is a reduction in fall rates and medicine errors reported for the past 12 months.</p>	<p>The service has achieved its desired outcome of reducing falls and medicine errors in the past 12 months.</p>

required.			
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End of the report.