

Roseanne Retirement Limited

Introduction

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

The audit has been conducted by Health and Disability Auditing New Zealand 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: Roseanne Retirement Limited

Premises audited: Roseanne Retirement Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 10 June 2015 End date: 10 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: 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

Roseanne rest home provides care for up to 16 rest home residents. At the time of the audit there were 16 residents. Residents and families interviewed were very complimentary of care and support provided. The service is owned and managed by an experienced registered nurse.

This certification audit was conducted against the Health and Disability Standards and the contract with the District Health Board. This audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, staff and the general practitioner

Two continued improvement ratings have been awarded around good practice and the activities programme.

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.	All standards applicable to this service fully attained with some standards exceeded.
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The service functions in a way that complies with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information about the Code and services is easily accessible to residents and families. Information on informed consent is included in the admission agreement and discussed with residents and relatives. Informed consent processes have been maintained and residents' clinical files reviewed evidence informed consent and advanced directives are documented. Complaints and concerns have been managed and a complaints register is maintained.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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Roseanne implements a robust quality and risk management process. Key components of the quality management system link to relevant facility meetings. Corrective actions are identified and implemented. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and appropriately managed.

All staff have an orientation on employment and there is an annual training plan in place for staff. The in-service education programme covers relevant aspects of care and support. The staffing levels provide sufficient and appropriate coverage for the effective delivery of care and support. Staffing is based on the occupancy and acuity of the residents.

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.		All standards applicable to this service fully attained with some standards exceeded.
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Residents are assessed prior to entry to the service and a baseline assessment is completed upon admission. A registered nurse is responsible for care plan development with input from residents and family. Residents, family and staff interviewed confirmed that the care plans were consistent with meeting residents' needs. Planned activities are appropriate to the resident's assessed needs and abilities and residents advised satisfaction with the activities programme. Medications are managed and administered in line with legislation and current regulations. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met.

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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Roseanne home has a current building warrant of fitness. Reactive and preventative maintenance is carried out. Chemicals are stored securely and staff are provided with personal protective equipment. Hot water temperatures are monitored and recorded. Medical equipment and electrical appliances have been calibrated by an authorised technician. Residents' rooms are of sufficient space to allow services to be provided and for the safe use and manoeuvring of mobility aids. There are sufficient communal areas within the facility including lounge and dining areas, and small seating areas. There is a designated laundry and cleaner's room. The service has implemented policies and procedures for civil defence. External garden areas are available with suitable seating and shade provided. Smoking is only permitted in designated external areas.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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There are policies around restraint, enablers and the management of challenging behaviours. The service currently has no residents requiring the use of restraint or enablers. Policy dictates that enablers should be voluntary and the least restrictive option possible.

Staff received training around restraint minimisation and the management in challenging behaviour as part of the annual training plan. The service has appropriate procedures and documents for the safe assessment, planning, monitoring and review of restraint and enablers.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. Documented policies and procedures are in place for the prevention and control of infection and reflect current accepted good practice and legislative requirements. Infection control education is provided to all service providers as part of their orientation and also as part of the on-going in-service education programme. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Results of surveillance are acted upon, evaluated and reported to relevant personnel.

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	2	43	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
Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	Three caregivers, one enrolled nurse and one registered nurse all confirmed familiarity with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Six residents interviewed and three relatives interviewed and confirmed the services being provided are in line with the Code.
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.	FA	Informed consent and advanced directives were recorded as evidenced in the five resident files reviewed. Family involvement occurs with the consent of the resident. Residents interviewed confirmed that information was provided to enable informed choices and that they were able to decline or withdraw their consent. Resident admission agreements were signed.
Standard 1.1.11: Advocacy And	FA	Contact numbers for advocacy services are included in the policy, in the resident information folder and in advocacy pamphlets that are available at reception. Residents' meetings include discussing

<p>Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>		<p>previous meeting minutes and actions taken (if any) before addressing new items. Discussions with relatives identified that the service provides opportunities for the family/EPOA to be involved in decisions.</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>	FA	<p>Residents and relatives confirmed that visiting can occur at any time. Key people involved in the resident's life have been documented in the care plans. Residents and relatives verified that they have been supported and encouraged to remain involved in the community. Entertainers have been invited to perform at the facility.</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>	FA	<p>The service has a complaints policy that describes the management of complaints process. There are complaint forms freely available. Information about complaints is provided on admission. Interview with six residents and three relatives confirms an understanding of the complaints process. All staff were able to describe the process around reporting complaints</p> <p>One complaint is logged on the complaints register, the documentation evidences that the complaints policy and procedures have been implemented.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>The Health and Disability Code of Rights poster is posted up on the wall, both in English and Maori. Residents and relatives interviewed identified they were aware of the code of rights. The monthly resident meetings, daily interaction with the resident by the owner/manager and a resident and family survey provide the opportunity to raise concerns. Advocacy and code of rights information are included in the information pack and are available in the facility foyer.</p>
<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</p>	FA	<p>All residents have a single room and staff were observed ensuring privacy during care provided. The service philosophy and staff interactions with residents aim to support independence (observed).</p> <p>Care givers interviewed demonstrated an understanding of confidentiality of resident records, resident's privacy and dignity. Six residents and three relatives all agreed that the staff maintain resident's privacy and dignity.</p> <p>Church services are held weekly and resident files include cultural and spiritual values. Contact details of spiritual/religious advisors are available to staff. There is an elder abuse and neglect policy and staff</p>

independence.		education and training on abuse and neglect has been provided.
<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 service has a Maori health plan and an individual's values and beliefs policy which includes cultural safety and awareness. There are currently no residents who identify as Maori. The service is able to access Maori advisors through the DHB and local iwi advocacy services as identified in the Maori health policy and plan.</p> <p>Resident admission and on-going assessment is undertaken by the registered nurse with the inclusion of the family/whānau (where approved by the resident). The service identifies opportunities to involve family/whānau in all aspects of planning individual's service delivery.</p> <p>Policies for Maori emphasise the critical importance of whānau. Discussions with staff confirmed their understanding of the different cultural needs of residents and their whānau.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>Spiritual and cultural needs are included in the service mission; caregivers interviewed were able to describe individual care provided to residents at Roseanne. Cultural and care planning includes consideration of spiritual, psychological and social needs. Relatives reported that they feel they are consulted and kept informed and family involvement is encouraged.</p> <p>D3.1g: The service provides a culturally appropriate service by carrying out a cultural assessment on admission with family/whānau involvement when available</p> <p>D4.1c: Care plans reviewed included the residents' social, spiritual, cultural and recreational needs.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>Staff records reviewed, document that the orientation and induction programme includes resident dignity and privacy and boundaries. The registered nurse/owner manager provides a high level of supervision as well as caregivers evidencing that they would report any suspected abuse or discrimination.</p> <p>There are policies and procedures in place to ensure the safety of residents and staff. All residents interviewed reported that the staff showed respect.</p> <p>Job descriptions include responsibilities of the position, ethics, advocacy and legal issues.</p>
Standard 1.1.8: Good Practice	CI	Roseanne has new policies and procedures in place that are updated as necessary. There is a quality

<p>Consumers receive services of an appropriate standard.</p>		<p>improvement programme that includes performance monitoring against prescribed indicators.</p> <p>There is ongoing staff development occurring that is appropriate to the size and scope of the service. This is delivered both at Roseanne and at another local facility. There is evidence of education being provided by external experts. The achievement of the rating that service provides an environment that encourages good practice is beyond the expected full attainment.</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>There is an open disclosure policy and procedure in place. Staff interviewed evidenced their knowledge around open disclosure. Residents and family members interviewed stated they are informed of changes in health status and incidents/accidents. Residents and family members also stated they were welcomed on entry and were given time and explanation about services and procedures.</p> <p>Regular contact is maintained with family including if an incident or care/health issues arises. Family members interviewed stated they were well informed and involved when needed in residents care. Resident/relative meetings occur three monthly, the resident survey (February 2015) is documented as presented to and discussed with family and residents. Monthly newsletters are sent to family and residents.</p> <p>Residents and family are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The service has policies and procedures available for access to interpreter services for residents (and their family). If residents or family/whānau have difficulty with written or spoken English the interpreter services are made available.</p> <p>May incident forms included nine resident falls. All incident forms documented that family had been informed.</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>	<p>FA</p>	<p>Roseanne rest home provides care for up to 16 rest home residents. At the time of the audit there were 16 residents. The quality plan has nursing objectives related to a resident focus. The quality and risk programme is implemented into practice. There is a documented review of the previous year's business with new quality and business goals.</p> <p>Performance is monitored through a quality and risk management programme that includes an internal audit programme. Communication and reports against day to day information's and quality outcomes is achieved through three monthly staff/quality meetings and six weekly health and safety meetings.</p> <p>The owner/manager is a registered nurse who owns the facility. She has extensive experience in rest home care and has owned the service since 2010. She has worked at the facility since 2004.</p>

		<p>ARC, D17.3di (rest home): The owner/manager attends at least eight hours a year training relevant to requirements.</p> <p>All staff interviewed state that they receive good support from the owner/manager who is able to provide advice at any time.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>A relief registered nurse has provided cover during a temporary absence of the nurse manager.</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>	FA	<p>There are policies and procedures being implemented to provide assurance that the service is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. The service has in place a range of policies and procedures to support service delivery.</p> <p>Roseanne is now fully implementing a recently purchased quality system. There is an audit schedule which is fully implemented. All audits have an action plan where a shortfall has been identified. Audits are reported to the three monthly staff meetings and six weekly health and safety meetings. Staff interviewed were all able to explain the staff and health & safety meeting and how they are used to discuss problems and improve services.</p> <p>Quality data is collected and evaluated and used for quality improvement. Key components of the quality system link to service delivery. Health and safety meetings document reporting of; Incidents and accidents, infection control, restraint, health & safety, audits, training complaints and other matters. The minutes are documented well.</p> <p>The service evidences that it uses data to improve services, linking to the DHB to reduce falls, training updates for staff where a problem has been identified as examples (1.1.8.1).</p> <p>Staff meetings (three monthly); document discussion of new policies, cultural care, documentation, and care of residents including strategies to improve care.</p> <p>Resident/family meetings are documented as well as monthly newsletters. The resident survey has</p>

		<p>been (February 2015) collated and presented to residents and family.</p> <p>There is an H&S and risk management programme in place. The hazard register is up to date and has been 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>	FA	<p>Incident and accident data has been collected and analysed. Discussions with the service confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. Incidents and accidents are documented as reported to the health and safety meeting and individual incidents discussed with staff. Care plans reviewed document that risks identified through incident forms are reflected in the care plans. Caregivers interviewed (three) and one enrolled nurse were all able to explain the importance of neuro observations. Monthly collation of incident forms highlight resident with more than one incident (such as falls). These residents are documented as followed up.</p> <p>A sample of resident related incident reports for May 2015 were reviewed. All reports and corresponding resident files reviewed evidence that appropriate clinical care has been provided following an incident.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>Roseanne House employs 16 staff. This includes the registered nurse (RN)/owner/manager, and an enrolled nurse (EN). Annual practicing certificates are on file for all registered staff including the RN, EN, GP and pharmacist. Five staff files reviewed; all have a signed job description, employment contract, and appraisals as needed and training records. An annual in-service education programme is in place. The annual training plan covers a range of subjects and attendance at these is recorded on staff records. First aid training has been provided and there is a first aider on each shift. There are implemented competencies for staff related to medication with all relevant caregivers.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>The service continues to have a documented rationale for determining staffing levels and skill mixes for safe service delivery. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. The registered nurse/owner/manager is on site at least 35 hours per week and is on call at all times. An RN from a neighbouring rest home assists with on call and support as needed.</p> <p>Caregivers do the laundry and dedicated staff do cleaning duties.</p> <p>Staff turnover is low. Three caregivers and the enrolled nurse interviewed stated that there is adequate</p>

		<p>staffing to manage their workload on any shift.</p> <p>The GP was interviewed and confirmed that staffing is appropriate to meet the needs of residents.</p> <p>All six residents and all three family members interviewed confirm that there are sufficient staff on site at all times and staff are approachable and in their opinion, competent and friendly.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Residents' files are protected from unauthorised access by being locked away in the nurses' stations. Information containing sensitive resident information is not displayed in a way that can be viewed by other residents or members of the public. Record entries are legible, dated and signed by the relevant staff member. Individual resident files demonstrate service integration. Medication charts are stored in a separate folder.</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>	FA	<p>Residents are assessed prior to entry to the service by the needs assessment team, and an initial assessment was completed on admission. The service has specific information available for residents/families at entry and it included associated information such as the Health and Disability Code of Rights, advocacy and complaints procedure. The admission agreement reviewed aligned with the ARC contract and exclusions from the service were included in the admission agreement.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>The transfer/discharge/exit procedures included a transfer/discharge form and the completed form is placed on file. The service stated that a staff member escorts the resident, if no family are available to assist with transfer, and copies of documentation are forwarded with the resident.</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</p>	FA	<p>The service uses individualised medication robotic sachets, which are checked in on delivery. A medication competent caregiver was observed administering medications correctly. Medications and associated documentation were stored safely and securely and all medication checks were completed and met requirements. Medications are reviewed three monthly with medical reviews by the attending GP. Resident photos and documented allergies or nil known were on all five medication charts reviewed. An annual medication administration competency was completed for all staff administering</p>

<p>guidelines.</p>		<p>medications and medication training had been conducted.</p> <p>There is a self-medicating resident's policy and procedures in place. There were currently no residents who self-administered medications. Individually prescribed resident medication charts are in use and this provides a record of medication administration information. As required medication, is reviewed by the nurse manager/owner each time prior to administration. Medication charts reviewed identified that the GP had reviewed the resident three monthly and the medication chart was signed.</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>All meals at Roseanne are prepared and cooked on site. There is a four weekly winter and summer menu which had been reviewed by a dietitian. Meals are prepared in a well-appointed kitchen adjacent to the rest home dining room and lounge and served directly to the residents. Kitchen staff are trained in safe food handling and food safety procedures were adhered to. Staff were observed assisting residents with their lunch time meals and drinks. Diets are modified as required. Resident dietary profiles and likes and dislikes are known to food services staff and any changes are communicated to the kitchen via the enrolled nurse or clinical manager. Supplements are provided to residents with identified weight loss issues. Weights are monitored monthly or more frequently if required and as directed by a dietitian/GP. Resident meetings and surveys allow for the opportunity for resident feedback on the meals and food services generally. Residents and family members interviewed indicated satisfaction with the food service.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	<p>FA</p>	<p>The reason for declining service entry to residents to the service would be recorded on the declined entry form, and when this has occurred, the service stated it had communicated to the resident/family and the appropriate referrer.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>All residents are admitted with a care needs level assessment completed by the needs assessment and service coordination team prior to admission. Personal needs information is gathered during admission which formed the basis of resident goals and objectives. Assessments reviewed had been evaluated at least six monthly. Appropriate risk assessments have been completed for individual resident issues. The clinical manager/owner (RN) has completed InterRAI training and the assessment tool was evident in resident files reviewed.</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	Resident files include all required documentation. The long-term care plan records the resident's problem/need, objectives, interventions and evaluation for identified issues. Five care plans reviewed included interventions to support resident current assessed needs. The service has a specific acute health needs care plan that includes short term cares. These were evident when required in resident files reviewed. Resident files reviewed identified that family were involved in the care plan development and on-going care needs of the resident.
<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	Care plans reviewed were current and interventions reflected the assessments conducted and the identified requirements of the residents. Interviews with staff (clinical manager, enrolled nurse and caregivers) and relatives confirmed involvement of families in the care planning process. Dressing supplies were available and a treatment room was stocked for use. Continence products were available and resident files included a urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice was available as needed and this could be described. Wound assessment and wound management plans were in place for six residents.
<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>	CI	The activity co-ordinator provides an activities programme over five days each week. The programme was planned weekly and posted on notice boards around the facility. A diversional therapy plan was developed for each individual resident based on assessed needs and preferences. Residents were encouraged to join in activities that were appropriate and meaningful and were encouraged to participate in community activities. The service had a van that was used for resident outings. Residents were observed during the audit participating in activities. Resident meetings provided a forum for feedback relating to activities. Residents and family members interviewed discussed enjoyment in the programme and the diversity offered to all residents.
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	Care plans reviewed were updated as changes were noted in care requirements. Care plan evaluations reviewed were comprehensive, related to each aspect of the care plan and recorded the degree of achievement of goals and interventions. Any changes to the long term care plan were dated and signed. Short-term care plans were in use. Care plans had been evaluated within the required time frames.

<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 facilitates access to other services (medical and non-medical) and where access occurred, referral documentation is maintained. Residents and or their family/whanau are involved as appropriate when referral to another service occurs.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>All chemicals are labelled with manufacturer labels. There are designated areas for storage of cleaning/laundry chemicals and chemicals were stored securely. Laundry and sluice rooms are locked when not in use. Product use charts were available and the hazard register identifies hazardous substances. Gloves, aprons, and goggles are available for staff. Safe chemical handling training has been provided.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The service displays a current building warrant of fitness, which expires: 16/11/2015. Hot water temperatures are checked weekly. Medical equipment and electrical appliances have been tested and tagged and calibrated. Regular and reactive maintenance occurs. Residents were observed to mobilise safely within the facility. There are sufficient seating areas throughout the facility. The exterior has been well maintained with safe paving, outdoor shaded seating, lawn and gardens. Caregivers interviewed confirmed there was adequate equipment to carry out the cares according to the resident needs as identified in the care plans.</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</p>	FA	<p>All resident rooms in Roseanne Rest Home are single rooms. Residents share communal toilets and showers. There are sufficient numbers of resident communal toilets in close proximity to resident rooms and communal areas. Visitor toilet facilities are available. Residents interviewed state their privacy and dignity is maintained while attending to their personal cares and hygiene. The communal toilets and showers are well signed and identifiable and include large vacant/in-use signs.</p>

assistance with personal hygiene requirements.		
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	The resident rooms are spacious enough to meet the assessed resident needs. Residents are able to manoeuvre mobility aids around the bed and personal space. All beds were of an appropriate height for the residents. Caregivers interviewed reported that rooms have sufficient room to allow cares to take place. The resident rooms are personalised.
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	There is a main lounge and dining room, and small television lounge. The dining room is sufficiently sized, and located directly off the kitchen/server area. All areas are easily accessible for the residents. The furnishings and seating are appropriate for the consumer group. Residents interviewed report they are able to move around the facility and staff assisted them when required. Activities take place in any of the lounges.
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	There is a separate laundry area where all linen and personal clothing is laundered by designated laundry staff. There are secure cleaners cupboards. Staff have attended infection control and safe chemical handling education and there was appropriate protective clothing available. Manufacturer's data safety charts are available. Residents and family interviewed reported satisfaction with the laundry service and cleanliness of the room/facility.
<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>	FA	The service has a fire and emergency procedures manual. The fire evacuation scheme was approved. The New Zealand Fire Service has reviewed the altered building layout and has advised that there is no change to the current evacuation scheme. There is a staff member with a first aid certificate on each shift. Fire safety training has been provided. A call bell light over each door and a panel in each corridor alerts staff to the area in which residents require assistance. Visitors and contractors sign in at reception when visiting. Fire drills have been conducted six monthly. Civil defence and first aid resources were available. Sufficient water is stored for emergency use and alternative heating and cooking facilities are available. Emergency lighting is installed. Security checks have been conducted each night by staff and a contracted firm.

<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>All communal and resident bedrooms including the new wing have external windows with plenty of natural sunlight. General living areas and resident rooms are appropriately heated and ventilated. Residents and family interviewed stated the environment was warm and comfortable.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The infection control nurse is the registered nurse; she can access external specialist advice from GP's, and the DHB when required. The IC programme is appropriate for the size and complexity of the service. Infection control is a standing agenda item at the health and safety meetings. Staff are informed about IC practises and reporting. Suspected infections are confirmed by laboratory tests and results are collated monthly by registered nurse and entered into the infection register. There are policies and an infection control manual to guide staff to prevent the spread of infection.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>There are adequate resources to implement the infection control programme. The infection control (IC) nurse has maintained her practice by attending infection control updates. (DHB training 2014) The infection control team is representative of the facility. External resources and support are available when required. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are</p>	FA	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes roles, responsibilities, procedures, the infection control team and training and education of staff. The policies are reviewed and updated at least two yearly.</p>

implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.		
Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.	FA	Staff education is provided by the infection control registered nurse and the DHB nurse specialist. All infection control training has been documented and a record of attendance has been maintained.
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	FA	<p>Infection surveillance and monitoring is an integral part of the infection control programme and is described in infection monitoring policy. Monthly infection data is collected for all infections based on signs and symptoms of infection. All infections are collated and graphed. This is presented to the health and safety meeting.</p> <p>Definitions of infections are described in the infection control manual. The surveillance policy describes the purpose and methodology for the surveillance of infections including risk factors and needs of the consumers and service providers. Communication between the service, the GP and also the DHB specialist is good.</p>
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	<p>There are policies around restraint, enablers and the management of challenging behaviours. The service currently has no residents requiring the use of restraint or enablers. Policy dictates that enablers should be voluntary and the least restrictive option possible.</p> <p>Staff received training around restraint minimisation and the management in challenging behaviour as part of the annual training plan. The service has appropriate procedures and documents for the safe assessment, planning, monitoring and review of restraint and enablers.</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.

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 1.1.8.1</p> <p>The service provides an environment that encourages good practice, which should include evidence-based practice.</p>	CI	<p>Interview with the GP informed no issues with the care at the facility. Assessments and care plans are documented in resident files reviewed. Caregivers inform an understanding of principles of aged care and state that they have on-going in-service education. Residents (eight) interviewed spoke positively about the care and support provided. The service</p>	<p>The achievement of the rating that service provides an environment that encourages good practice is beyond the expected full attainment. The service has conducted a number of quality improvement projects where a review process has occurred, including analysis and reporting of findings has occurred. There is evidence of action taken based on findings that has made improvements to service provision. There is documented evidence the projects include reviewing if the improvements have had positive impacts on resident safety or resident satisfaction. Example: There is an implemented falls plan, this is linked to the DHB lead ‘stand up to falls’ process. All repeat fallers are reviewed by a physio and there is evidence that the advice is implemented. This was evidenced by a resident with Parkinson’s and dementia. This resident has had a physio and OT assessment. The resident care includes a change to his environment, appropriate shoes and verbal cues when mobilising. All staff were able to explain how they are supporting this man and their intervention was observed in practice. Repeat falls for this resident have reduced by 50%.</p>

		<p>has made many improvements since the previous audit. They have fully implemented the InterRAI assessment process along with new, resident focussed care plan templates. Caregivers advise that the new care planning template is easy to understand. All staff have new uniforms. The service has conducted a number of quality improvement projects where a review process has occurred, including analysis and reporting of findings has occurred.</p>	
<p>Criterion 1.3.7.1 Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>	CI	<p>Roseanne Rest Home has policies around providing an organised activities programme to the residents. The activity co-ordinator is employed for 2.5 hours a day, across five days a week and has worked at Roseanne for approximately two years. However, the activity co-ordinator</p>	<p>The activity co-ordinator provides an individualised activity programme to the residents' at Roseanne Rest home. This often involves staying late and coming in over the weekends. There was documented evidence of individualised activity plans developed for residents. Many of the activities, such as van outings to monthly library visits, ladies shopping trip and coffee mornings, visits to garden centres for those residents' who enjoyed gardening, R.S.A. evenings, as well as cinema outings to see a movie, take place at weekends. There is a regular walking club, which organises walking around the block for those residents who choose. This is well participated. During the walk residents are encouraged to participate in discussions on a number of topics; such as observed concerns or items along the way. The activities participation was well documented. The activity co-ordinator recognises that the female and male residents may often have different expectations and preferences and organises a Girl Time, especially aimed at the female residents. Subsequently, there is also a separate Men Time specifically aimed at the men at Roseanne, however, some women often</p>

		<p>works longer hours including extra hours over the weekend, which is individually aimed at each resident. The activity co-ordinator is currently completing a diversional therapist course.</p>	<p>attend. This might involve discussion groups, movies, arts and crafts. The activity co-ordinator has introduced model making as a method of encouraging manual dexterity. There is building blocks, including Lego type bricks and metal Meccano type equipment. These involve undoing and tightening nuts and bolts. Also there are model aeroplane making competitions. Residents' who made aeroplanes would then fly them to see who flew the longest. There are photographs of residents' involved in these activities and the models they made. Volunteers are encouraged to provide other activities when there would not normally be any. There are some volunteers who provide bible reading and discussion groups. There is also a regular canine visitor. Music is organised every day, along with newspaper reading and discussion groups. There are also movie sessions from the extensive selection of movies on DVD. An interdenominational church service is organised monthly. Recently, golf was organised on the front lawn, which was appropriate for the age and abilities of the residents. A Longest Lunch was also organised on the front lawn, during the warmer weather, which all residents' attended. There was also a programme of word games, including crosswords, scrabble, as well as bowls. Five of the six residents' interviewed stated that they really enjoyed the activities and were encouraged to attend. Three of three resident relatives stated that they were impressed by the activities. They also commented on the enthusiasm of the activity co-ordinator. The activity co-ordinator stated that there is flexibility around the programme, dependent on resident wishes and abilities. Activities, including photographs, were highlighted in the monthly newsletter, as cited in February and April editions. Feedback is obtained regularly from residents.</p>
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End of the report.