

# Aroha Care Centre for the Elderly

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## 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:** Aroha Care Centre for the Elderly

**Premises audited:** Aroha Care Centre for the Elderly

**Services audited:** Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

**Dates of audit:** Start date: 25 June 2015 End date: 26 June 2015

**Proposed changes to current services (if any):** Currently there are 73 beds of which 28 are rest home, 35 hospital and 10 dual purpose. The proposed reconfiguration includes decreasing rest home beds from 28 to 23, and increasing dual purpose beds from 10 to 50 inclusive.

**Total beds occupied across all premises included in the audit on the first day of the audit: 71**



# Executive summary of the audit

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## 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

Aroha Care Centre is certified to provide rest home and hospital level of care for up to 73 residents. On the day of the audit there were 71 residents.

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 and staff.

An experienced manager is responsible for the daily operation of the facility. She is supported by a full time clinical nurse manager who has been with the service for six years. There are sufficient staff on duty including a registered nurse on duty all shifts.

The service has embedded a quality system, policies and procedures and education plan to enable staff to deliver best care. There have been a number of environmental and clinical improvements. Residents and family/whanau interviewed commented positively on the standard of care and services provided at Aroha Care Centre.

This certification audit identified shortfalls around aspects of care planning interventions. The service has been awarded three continued improvement ratings around implementation of quality initiatives, surveillance of infections and the seven day week activity programme.

A partial provisional audit was also completed as part of this audit to assess the appropriateness of reconfigured services. The proposed reconfiguration includes decreasing rest home beds from 28 to 23, and increasing dual purpose beds from 10 to 50 inclusive.

## 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 an understanding of residents' rights and obligations. This knowledge is incorporated into their daily work duties and caring for the residents. Residents are treated with dignity and respect. Written information regarding consumers' rights is provided to residents and families during the admission process. The residents' cultural, spiritual and individual values and beliefs are assessed on admission and are being met by the service. Evidence-based practice is evident, promoting and encouraging good practice. There is evidence that residents and family are kept informed. A system for managing complaints is in place. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service.

## 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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Services are planned, coordinated, and are appropriate to the needs of the residents. A manager and clinical nurse manager are responsible for the day to day operations of the facility. Goals are documented for the service with evidence of regular reviews.

Corrective actions are implemented where opportunities for improvements are identified. A risk management programme is in place, which includes managing adverse events and health and safety processes.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. A comprehensive orientation programme is in place for new staff. On-going education and training is in place for staff, with external support provided by the Hutt Valley District Health Board.

Registered nursing cover is provided 24 hours a day, seven days a week. The integrated residents' files are appropriate to the service type.

## Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.
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Resident and families receive comprehensive information on the service during the admission process. The registered nurses are responsible for each stage of service provision. The assessments, care plans and evaluations were completed within the required timeframes. Residents and families interviewed confirm they participate in the care planning process. The general practitioner review residents at least three monthly. There is evidence of allied health professional input into the care of residents as required.

The activity programme is provided over seven days. It is varied and appropriate to the level of abilities of the residents at rest home and hospital level of care. Community links are maintained. Entertainment and outings are provided. Spiritual and cultural needs are met.

Medications are managed, stored, and administered in line with medication requirements. Medication training and competencies are completed by all staff responsible for administering medicines. Medication charts evidence three monthly reviews.

Food is prepared on site with individual food preferences and dietary requirements assessed by the registered nurses. Alternative choices are offered for dislikes. There has been a dietitian review of the menu. Residents interviewed commented positively on the meals provided.

## Safe and appropriate environment

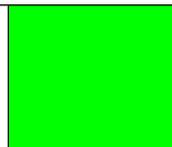
Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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Aroha was built in the 1970's and the original building prevailed until 2012 when a staged programme was started to upgrade the entire facility from four bed cubicles and shared ablutions to single rooms with ensuites. They are presently in the last phase of this upgrade. The upgrade has provided residents with their own personal space and given them the privacy of having their own ensuite. A review of the renovated areas identified that the 50 dual purpose rooms were appropriate for rest home or hospital level care.

Aroha Care Centre has a current building warrant of fitness. Reactive and preventative maintenance is carried out. Chemicals are stored safely throughout the facility. Staff are provided with personal protective equipment. Hot water temperatures are monitored and recorded. Medical equipment and electrical appliances have checked 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 and other emergencies and six monthly fire drills are conducted. Emergency systems are in place in the event of a fire or external disaster. External garden areas are accessible with suitable pathways, seating and shade provided.

## 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.

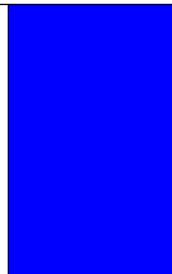


Standards applicable to this service fully attained.

Restraint policy and procedures are in place. The definitions of restraints and enablers are congruent with the definitions in the restraint minimisation standard. The service had nine residents in the hospital using restraints and two residents in the hospital using enablers. A register is maintained by the restraint coordinator/RN. Residents using restraints are reviewed a minimum of six monthly. Staff regularly receive education and training on restraint minimisation and managing challenging behaviours. The restraint minimisation programme is evaluated during the restraint group meetings.

## Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.



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

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control co-ordinator has attended external training. The infection control co-ordinator (registered nurse) is responsible for coordinating education and training for staff. The infection control programme has been reviewed annually. The infection control co-ordinator uses the information obtained through surveillance to determine infection control activities and education needs within the facility. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. The service has demonstrated a reduction in the number of eye infections for which a continuous improvement rating has been awarded.

## 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)
<b>Standards</b>	2	47	0	1	0	0	0
<b>Criteria</b>	3	97	0	1	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	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>There is an implemented policy on residents' rights to guide practice. Discussions with four caregivers (assigned to rest home and hospital level residents) confirmed their understanding of the Code of Health and Disability Consumers' Rights (the Code). Interviews with nine residents (six hospital, three rest home) and five relatives (four with family at rest home level of care and one with family at hospital level of care) confirmed the service is provided in line with the Code. Staff training on the Code begins during their orientation to the service and continues annually as an in-service topic.</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>There are established informed consent policies/procedures including advanced directives. General consents were obtained on admission as sighted in nine of nine resident files sampled (three rest home, one rest home respite care and four hospital). There were written consents for specific treatments such as the influenza vaccine. Advised by staff that family involvement occurs with the consent of the resident. Residents interviewed confirmed that information was provided to enable informed choices. Appropriately signed resuscitation orders were in place in the resident files sampled.</p> <p>D13.1: There were nine of nine signed admission agreements sighted.</p>

		D3.1.d: Discussion with five family (four rest home and one hospital identify the service actively involves them in decisions that affect their relative's lives.
<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>	FA	Residents are provided with a copy of the Code of Health and Disability Services Consumers' Rights and Advocacy pamphlets on entry. Interviews with the managers and staff described how residents are informed about advocacy and support. A resident advocate (volunteer) is available. The service employs a chaplain for 10 hours per week. Interviews with residents and families confirmed that they are aware of their right to access advocacy. Families identified that the service provides opportunities for them to be involved in decision-making.
<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	All families interviewed stated they could visit at any time and that they are encouraged to be involved with the service and care. Visitors were observed coming and going during the audit. The activities programme encourages links with the community. Activities include opportunities to attend events outside of the facility. Residents are assisted to meet responsibilities and obligations as citizens, for example, voting and completion of the census. Interviews with the rest home level residents confirmed that the activity staff help them access the community.
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints procedure is provided to residents and relatives during their entry to the service. A record of all complaints is maintained by the manager using a complaints' register. Complaints received in 2015 were reviewed and reflected evidence of responding to the complaints in a timely manner with appropriate follow-up actions taken. One complaint, lodged with the Health and Disability Commissioner (HDC) relating to resident cares, has recently been received. The manager was in the process of completing an investigation with a response to HDC due on 2 July 2015.</p> <p>Documentation including follow up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set forth by HDC. Follow-up documentation to the complainant includes information relating to the Health and Disability Advocacy Service.</p> <p>Discussions with residents and families confirmed they were provided with information on complaints during their entry to the service. Complaints forms and a suggestions box are located in a visible location at the entrance to the facility.</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 Code posters and brochures are displayed in public areas of the facility in English and Maori languages. The information pack given to prospective and admitted residents and their families includes a pamphlet on the Code and the role of the Health and Disability Advocacy Service. The admission agreement also contains information relating to consumer rights. Interviews with residents and family confirmed that consumer rights were explained during the admission process. Two-monthly residents' meetings and six-monthly family meetings provide opportunities to discuss aspects of the Code.</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 independence.</p>	<p>FA</p>	<p>There is an implemented policy supporting the privacy of residents. Residents' rooms are single, private rooms with the exception of one double room that is shared between two residents. Consent processes and visual privacy are upheld. Residents' rooms include their own toilet and hand basin. Discussions with residents and relatives confirmed their privacy is respected with examples provided. Property is recorded on admission with direction from the resident and family. There are clear instructions provided to residents and families in their admission agreement regarding responsibilities of personal belongings.</p> <p>The service has a philosophy that promotes quality of life, involves residents in decisions about their care, respects their rights and maintains privacy and individuality. Spiritual, religious, and cultural information that is relevant is gathered during the entry process and is sufficient to support responding to the individual needs of the residents. A satisfaction survey is carried out annually to gain feedback. Nine residents' files reviewed (four rest home level of care and five hospital level of care) confirmed that cultural and /or spiritual values and individual preferences are identified.</p> <p>Residents are supported and encouraged to maintain their independence, confirmed in interviews with staff. A physiotherapist is on-site two days (ten hours) a week.</p> <p>The abuse/neglect policy includes definitions and the process for reporting to ensure resident safety. Abuse and neglect training is a regular in-service topic. Discussions with the managers and staff identified that there have been no reported incidents of abuse or neglect and staff are trained to report any concerns.</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</p>	<p>FA</p>	<p>A Maori health care plan is documented for the service. Discussions with staff confirmed their understanding of the different cultural needs of residents and their whānau. There is a section in the residents' social profiles and also in their activities plans that identifies spirituality, religion and cultural needs. There is information in the Maori culture best practice policy to support staff practice. Staff interviews confirmed their understanding of the importance of involving whanau in</p>

<p>acknowledges their individual and cultural, values and beliefs.</p>		<p>the delivery of care for their Maori residents. Consultation is available through the Hutt Valley District Health Board's (HVDHB) Maori Health Unit. During the audit, there were no residents who identified as Maori.</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>A culturally appropriate service is provided, which includes assessing residents' needs on admission. A social profile is gathered, including psycho-social needs, spiritual requirements and family/whanau links. Individual values and beliefs are identified through the assessment and care planning process. Family are invited to be part of the care planning process providing the opportunity to be involved in all aspects of care delivery. Staff and family are available as interpreters. Laminated posters are in residents' rooms where English is their second language, translating key words. Food requirements that identify with a resident's culture are being upheld. Families and residents interviewed expressed their satisfaction with the services that the residents are receiving.</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>Policies outline the service's responsibilities to ensure residents are not subjected to discrimination, coercion, harassment, and sexual or other exploitation. Annual training is provided to staff across a number of topics such as professional boundaries, code of conduct, abuse and neglect and residents' rights. Residents and families interviewed confirmed that they do not feel they are discriminated against.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>Evidence based practice is evident, promoting and encouraging good practice. The managers and staff are committed to continuous quality improvement (CQI) processes. Registered nursing staff are available seven days a week, 24 hours a day. Residents identified as stable are reviewed by the general practitioner (GP) every three months with more frequent visits scheduled for those residents whose condition is not deemed stable.</p> <p>The service receives support from the Hutt Valley District Health Board (HVDHB) and local community hospice services. Examples include visits from a psychogeriatrician and the mental health team, occupational and speech therapists, and nurse specialists (eg: wound care, palliative care). A physiotherapist is on-staff and works 10 hours per week. .</p> <p>There is a regular in-service education and training programme for staff that exceeds contractual requirements and includes a range of competencies. A 2015 initiative is to reward staff financially for achieving a list of professional development activities. RNs and caregiver staff are supported to attend external study days. Three RNs are attending the Hutt Valley DHB 'No Harm from Falls</p>

		<p>programme' and two RNs are being supported to complete a post graduate certificate in palliative care. Three RNs are attending an education programme for the prevention and management of pressure injuries. The facility subscribes to an infection control consultant for infection control updates / training and expert advice.</p> <p>In 2012 the facility enrolled as an early adopter to implement the InterRAI Long term Care Facilities Assessment and Nursing Care Planning System. As of June 2015 they achieved 100% compliance in the implementation of the InterRAI system ahead of when it becomes mandatory in all aged residential care facilities. Ten RNs have completed their InterRAI competencies with one other RN in training.</p> <p>The service has maintained strong links with the local community and encourages their active residents to remain independent with examples provided. Residents interviewed spoke positively about the care and support provided. Care staff interviewed have a sound understanding of principles of aged care and state that they are supported for on-going professional development.</p> <p>The GP interviewed is satisfied with the level of care that is being provided.</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>Policies and procedures relating to accident/incidents and open disclosure identify staff responsibility to notify family/next of kin of any accident/incident that occurs. Evidence of communication with family/whanau is recorded on the accident/incident form and in the residents' progress notes. A red stamp placed adjacent to the progress note entry alerts staff that family have been contacted. Fifteen accident/incident forms that were reviewed across the rest home and hospital identified family had been kept informed. Family interviewed stated that they are kept informed when their family member's health status changes.</p> <p>Contact details of available interpreters are available. Staff and family assist as they are able. The information pack is available in large print and is read to residents who require assistance.</p> <p>Non-Subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items they have to pay that are not covered by the agreement.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned,</p>	<p>FA</p>	<p>Aroha Care Centre for the Elderly is certified to provide hospital and rest home level care for up to 73 residents. The service is in the process of completing renovations. Currently there are 73 beds of which 28 are rest home, 35 hospital and 10 dual purpose. The provider has applied to HealthCERT for a reconfiguration of beds to 50 dual purpose and 23 rest home level beds. At the</p>

<p>coordinated, and appropriate to the needs of consumers.</p>		<p>time of the audit there were 71 residents including 32 rest home level residents and 39 hospital level residents. This audit included reviewing the appropriateness of the renovated areas to provide dual purpose.</p> <p>The facility is governed by a trust board who meet quarterly. The service is managed by a manager who is a registered nurse (RN) with extensive experience in aged care and in management positions. She has been in post for seven years. She is supported by a clinical nurse manager, registered nurse/quality officer and rest home charge nurse. Regular visits from board members and quarterly board meetings ensure that there is good communication between the board and local governance.</p> <p>There is a documented business plan which lists strategic objectives for 2015. Strategic objectives are regularly reviewed by the trust board and the manager.</p> <p>The manager and clinical nurse manager have maintained over eight hours annually of professional development activities related to managing an aged care service.</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>	<p>FA</p>	<p>During the temporary absence of the manager, the clinical nurse manager covers the manager's role. She has held the position of clinical nurse manager for the past six years.</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 following quality objectives are being implemented for 2015. (i).Provide a weekend recreation programme. This goal has evolved in response to family survey which historically rates programme as low because it is not run all week. (ii).Complete the upgrade of Aroha. This has been a four year project of upgrading the accommodation from four bed cubicles and single room with shared ablutions to single rooms with ensuites. Completion date August 2015. (iii) Implement a staff incentive for attendance at meetings and education and to complete questionnaires and surveys. The aim of this incentive is to encourage staff involvement/attendance and compliance with meetings and completing competencies and questionnaires. (iv) Achieve Tertiary level in our ACC Audit (ACHIEVED May 2015)</p> <p>A quality and risk management programme is in place. Interviews with the manager, clinical nurse manager and staff (four caregivers, five registered nurses, two activities staff, one cleaner, one laundry staff, one cook, one maintenance staff) reflect their understanding of the quality and risk</p>

		<p>management systems that have been put into place. A 2015 quality plan is in place with evidence of on-going review.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. A document control system is in place. Policies are regularly reviewed. Policies and procedures have been updated to include appropriate reference to interRAI for an aged care environment. New policies or changes to policy are communicated to staff.</p> <p>The monthly monitoring, collation and evaluation of quality and risk data includes (but is not limited to) residents' falls, infection rates, complaints received, restraint use, pressure areas, and medication errors. Data is benchmarked against other similar facilities using QPS. An annual internal audit schedule was sighted for the service with evidence of internal audits occurring as per the audit schedule. Quality and risk data, including trends in data are discussed in staff meetings. Corrective actions are being implemented and signed off by the manager when completed.</p> <p>Falls prevention strategies include yellow tagging walking frames for all residents who require supervision, tracing falls on a case-by-case basis to ensure that strategies to reduce falls have been implemented, and completing walking records for clients. Sensor mats are in place with consideration given to residents who avoid stepping on the mats.</p> <p>A health and safety programme is in place. Health and safety goals are documented for the service. Hazard identification forms and a hazard register are in place. The organisation holds tertiary accreditation by ACC for their workplace safety management programme. A health and safety orientation programme is in place for staff.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>Individual reports are completed for each incident/accident with immediate action noted and any follow up action(s) required. Incident/accident data is linked to the organisation's quality and risk management programme and is used for comparative purposes. Fifteen accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. Data collected on incident and accident forms are linked to the quality management system.</p> <p>The managers are aware of their requirement to notify relevant authorities in relation to essential notifications.</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 address recruitment, orientation and staff training and development. Nine staff files that were randomly selected for review (three caregivers, four registered nurses, one cook, and one cleaner) included evidence of the recruitment process, employment contracts, completed orientation, and annual performance appraisals. The orientation programme provides new staff with relevant information for safe work practice and is developed specifically to worker type. Staff interviewed stated that new staff are adequately orientated to the service. Current annual practising certificates were sighted for registered health professionals.</p> <p>There is an annual education and training schedule that exceeds eight hours per annum. Mandatory training is well-attended by staff. Aged Care Education (ACE) and Careerforce education is undertaken by the caregivers with one (RN) assessor on-site. Education and training for registered nursing (RN) staff is supported by the Hutt Valley DHB and nurse practitioners/specialists. Ten RN's have completed their interRAI training. Competency assessments are in place for medication management, manual handling and hand washing. Two yearly chemical safety training is conducted by Ecolab. The facility is linked to external infection control training.</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>Staffing levels meet contractual requirements. The manager and clinical nurse manager are registered nurses who are available during weekdays and oncall 24/7. Adequate RN cover is provided 24 hours a day, seven days a week. RNs are supported by sufficient numbers of caregivers. Agency staff are rarely used with the facility currently fully staffed with RNs. Interviews with the residents and relatives confirmed staffing overall was satisfactory.</p> <p>The manager reports that a staffing plan is in place with a pre-determined formula that calculates staffing levels based on residents' level of care and acuity. The ratio of caregivers to hospital residents is one caregiver to five residents or two caregivers to nine residents, based on resident acuity. An example was provided whereby if there were 50 hospital level residents, there would be an increase in caregiver hours to the above ratio and pm RN shift would increase by 30 minutes per day.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible</p>	<p>FA</p>	<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. An initial support plan is developed in this time. All residents' files hold completed interRAI assessments.</p> <p>Information containing personal resident information is kept confidential and cannot be viewed by</p>

when required.		<p>other residents or members of the public. Resident files are protected from unauthorised access by being held in secure metal filing cabinets. Archived records are stored securely in a locked room on the premises.</p> <p>Individual resident files demonstrate service integration.</p> <p>Entries are legible, dated and signed by the relevant caregiver or registered nurse including designation.</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 is completed on admission. The service has specific information available for residents and families at entry and it included associated information such as the Health and Disability Code of Rights, advocacy and complaints procedure. Nine admission agreements reviewed aligned with the ARC contract and exclusions from the service is 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>There is an exit discharge and transfer policy that describes guidelines for death, discharge, transfer, documentation and follow up. This directs staff to the appropriate documentation. All relevant information is documented and communicated to the receiving health provider or service. Follow up occurs to check that the resident is settled or, in the case of death, communication with the family is made.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>Registered nurses responsible for the administration of medications complete an annual medication competency and attend annual medication education. All medications are checked on delivery against the medication charts. There are weekly checks on as required medications for expiry dates. Standing orders are reviewed annually. There are policies and procedures in place for self-medication. One self-medicating resident has had a self-medication competency completed by the RN and GP. The medication chart and care plan identifies the resident is self-medicating.</p> <p>The 18 medication charts sampled had photo identification and allergy status recorded. The GP had reviewed the medication charts at least three monthly. Telephone orders can be taken from the GP.</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 Aroha care centre are prepared and cooked on site. There is a four weekly seasonal menu which has been reviewed by a dietitian May 2015. Meals are served from bain maries in the rest home and hospital dining rooms. Dietary needs are known with individual likes and dislikes accommodated. Pureed, vegetarian and diabetic desserts are provided. Cultural and religious food pretences are met. Specialised crockery and utensils are available to help promote independence at meal times. Staff were observed assisting residents with their meals and drinks in the hospital dining room. Resident/family meetings and surveys allow for the opportunity for resident feedback on the meals and food services generally. Residents and family members interviewed were complimentary of the food and confirmed alternative food choices were offered for dislikes</p> <p>Fridge, freezer and chiller temperatures are taken and recorded daily. End cooked food temperatures are monitored. Chemicals are stored safely. Staff were observed to be wearing correct personal protective clothing.</p> <p>Food services staff have completed food safety and hygiene training and chemical safety.</p> <p>Partial provisional – There are no changes required to the food service with an increase of two rest home beds. There are systems in place to ensure the needs of rest home and hospital residents are met.</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 should this occur. The service stated it would communicate with 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>The needs assessment team complete a resident assessment for long term care which is available on admission. Personal needs information is gathered during admission, which formed the basis of resident goals and objectives. InterRAI assessments including risk assessments are completed by the RN and reviewed six monthly, or earlier due to changes in the resident's condition. The care plan reports reviewed (for the eight LTCPs) included the outcomes of the InterRAI assessments.</p>

<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>The care plan report (long-term care plan) is developed from the InterRAI assessment. Overall care plan were comprehensively written. Seven of nine care plans reviewed described all the interventions and supports to achieve the residents desired outcomes for identified issues (link 1.3.6.1). Resident files reviewed identified that the resident/family and relevant allied health professionals were involved in the care plan development and on-going care needs of the resident.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>PA Low</p>	<p>When a residents health status changes the RN initiates a review, GP consultation, nurse specialist involvement or referral to the appropriate health professional. The residents and relatives stated the resident's needs were being met.</p> <p>Adequate dressing supplies were sighted on the day of audit. Wound assessment forms were in place for all wounds. Wound management forms described the dressing type and frequency for dressing changes. Wound evaluation forms recorded the healing progress. There were 18 minor wounds and three grade 1 pressure areas. Care plans sampled identified pressure area interventions. There is access to wound care specialists as required.</p> <p>Continence products are available and specialist continence advice is available as needed.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>CI</p>	<p>The service employs three recreational officers (two qualified diversional therapists) who have been with the service three years and a third recreational officer who has been with the service for three months. There are separate programmes for the rest home and hospital with some activities integrated such as entertainment, outings, exercises, baking, craft, church services and canine visitors. Residents have a choice to attend either programme. Activities take place throughout the rest home and hospital. There is a volunteer involved who plays the piano. The volunteer is also the resident advocate. The physiotherapist is actively involved in the exercise programme for the residents. The service has two vans for outings with wheelchair access.</p> <p>There are adequate resources available. The programme is flexible and enhances resident's interests such as gardening, musical entertainment and knitting for charity.</p> <p>There is a chapel onsite with interdenominational church services three times a week. There are weekly regular catholic services. A chaplain (employed) provides spiritual services for residents and families as needed.</p> <p>Activity assessments are completed on admission in the resident files sampled. Activity plans and care plans are reviewed at the same time. There are two monthly resident/family forums that</p>

		allows the opportunity for feedback on the activity programme.
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	Initial care plans reviewed had been evaluated within three weeks of admission. There was documented evidence of an interdisciplinary team review including the resident (where appropriate, family, GP and any other allied health professionals involved in the care of the resident). All care plans sampled were reviewed and evaluated by the registered nurses at least six monthly or earlier due to health changes. Short term care plans were utilised for short term needs (link 1.3.6.1).
<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	The service facilitates access to other services (medical and non-medical) and where access occurred, referral documentation is maintained. Residents' and/or their family are involved as appropriate when referral to another service occurs.
<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	All chemicals are labelled with manufacturer labels. There are designated areas for storage of cleaning/laundry chemicals and chemicals were stored securely. Product use charts and safety data sheets were available for staff. There are policies and procedures for the safe disposal of waste and hazardous substances. Gloves, aprons, and goggles are available for staff. Staff were observed to be wearing appropriate personal protective clothing when carrying out their duties. Safe chemical handling training has been attended by relevant staff.
<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 on 12 December 2015. There is a fulltime maintenance person responsible for the daily maintenance and repairs as requested. Essential contractors are available 24/7. There is a planned maintenance schedule in place. Hot water temperatures are checked monthly and have been maintained at the required temperature. Medical equipment has been checked and calibrated annually. Electrical appliances have been tested and tagged.</p> <p>Residents were observed to mobilise safely within the facility. There are sufficient seating areas and alcoves throughout the facility. The exterior has been well maintained with safe ramp access</p>

		<p>to the outdoor areas. There is seating and shade provided. There is a designated outdoor area for smoking.</p> <p>Caregivers interviewed confirmed there is adequate equipment to carry out the cares according to the resident needs as identified in the care plans, hi-low beds, electric beds, sensor mats and chair scales.</p> <p>Partial provisional - The service is in the final stage of a complete renovation to the facility to provide spacious bedrooms with ensuites. The 50 dual purpose rooms were spacious and appropriate for either hospital or rest home level care.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>Twelve rest home bedrooms have a toilet and hand basin. There are adequate numbers of communal showers. All dual purpose and hospital bedrooms and the remaining 11 resthome bedrooms all have full ensuites. There are sufficient numbers of resident communal toilets in close proximity to the communal areas. Residents interviewed state their privacy and dignity is maintained while staff attend to their personal cares and hygiene.</p> <p>Partial provisional – the 35 hospital beds and the five rest home beds (within the hospital wing) to become dual purpose beds all have ensuites with appropriate fittings and fixtures.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>The resident rooms at Aroha care centre are spacious enough to meet the assessed resident needs. Residents are able to manoeuvre mobility aids around the bed and personal space, as required. Rest home beds are hi-low beds. All hospital beds are electric. All bedrooms have double doors for easy bed or ambulance trolley access. Caregivers interviewed reported that rooms have sufficient room to allow cares to take place. The bedrooms viewed were personalised.</p> <p>Partial provisional - All existing hospital level rooms and the five rest home rooms to become dual purpose beds have adequate space to safely manoeuvre mobility aids and hoists. All the rooms viewed have double doors for easy bed or ambulance access.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and</p>	FA	<p>The rest home wing has a separate dining room and lounge. There are seating alcoves throughout the facility. The hospital wing has a large open plan dining and lounge area with a kitchenette area. 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 several locations throughout the facility. There is a chapel within</p>

<p>accessible areas to meet their relaxation, activity, and dining needs.</p>		<p>the facility for church services, events and activities.</p> <p>Partial provisional - Access to communal areas is able to be accessed safely from all bedrooms within the facility.</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>All personal clothing and linen is laundered on-site. There is a separate laundry area with an entry and exit door. There are defined clean and dirty laundry areas. There are designated laundry and cleaning staff seven days a week. Staff have attended infection control education and chemical safety training. The chemical provider conducts quality control checks on the effectiveness of laundry and cleaning chemicals Residents and family interviewed reported satisfaction with the laundry service and cleanliness of the rooms and 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>Appropriate training, information, and equipment for responding to emergencies are provided. Fire evacuations are held six monthly. There is a minimum of one staff available 24 hours a day, seven days a week with a current first aid certificate.</p> <p>There are comprehensive civil defence and emergency procedures manuals in place. Civil defence kits are readily accessible. An up to date register of all residents' details are held. There is an approved evacuation plan that has taken into consideration recent renovations (approved 2 April 2015). The facility is well prepared for civil emergencies and has emergency lighting. A store of emergency water is kept. There is a gas BBQ for alternative heating and cooking. Emergency food supplies are sufficient for three days and are kept in the kitchen. Extra blankets are also available.</p> <p>Hoists have battery packs and there are batteries that can be used to operate electric beds in the event of a power failure. Oxygen cylinders enable residents to switch from concentrators to cylinders and there is a list of names and contact details of staff so that they can easily be contacted in an emergency. At least three days stock of other products such as incontinence products and personal protective equipment are stored at the facility.</p> <p>The electronic call bell system is available in all areas with indicator panels in each area. Residents were observed to have easy access to the call bells. Long call bell cords are available if needed. Residents interviewed stated their bells were answered in a timely manner.</p>
<p>Standard 1.4.8: Natural Light,</p>	<p>FA</p>	<p>All communal and resident bedrooms have external windows with plenty of natural sunlight. General living areas and resident rooms are appropriately heated and ventilated. Residents and</p>

<p>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>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>	<p>FA</p>	<p>The infection control (IC) programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. The infection control coordinator is a registered nurse with defined responsibilities for infection control as per the job description. The IC coordinator has been in the role four years. Infection control matters and monthly data are discussed at the two monthly combined health and safety and infection control committee meeting.</p> <p>The infection control programme has been reviewed in May each year.</p> <p>Visitors are asked not to visit if they have been unwell. Influenza vaccines are provided. There are hand sanitizers throughout the facility and adequate supplies of personal protective equipment.</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>Infection control is managed by the infection control coordinator who has attended external training from an infection control specialist. Representatives on the infection control/health and safety committee have attended external education on food safety hygiene and laundry standards. There is access to an external infection control specialist, district health board (DHB) infection control nurse, public health, and GP and laboratory personnel. The service has plentiful outbreak management supplies 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 implemented in the organisation. These policies and procedures are practical, safe, and</p>	<p>FA</p>	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes the infection control programme, responsibilities and oversight, training and education of staff. Infection control policies have been authorised by the IC coordinator and reflect current best practice.</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>The infection control coordinator is responsible for coordinating/providing education and training to staff. The IC coordinator has completed appropriate IC training. Staff receive infection control orientation on employment and attend on-going annual infection control education. Staff complete an annual IC questionnaire. Hand hygiene procedures are observed for each staff member.</p> <p>Resident education is expected to occur as part of providing daily cares and discussed at resident meetings as appropriate.</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>	CI	<p>There is a policy describing surveillance methodology for monitoring of infections. The infection control coordinator collates information obtained through surveillance to determine infection control activities and education needs in the facility. Definitions of infections are in place appropriate to the complexity of service provided. Trends are identified and quality initiatives put in place. Systems are in place are appropriate to the size and complexity of the facility. The service participates in an external benchmarking system..</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. The policy includes comprehensive restraint procedures. Interviews with the caregiver and nursing staff confirm their understanding of restraints and enablers.</p> <p>Enablers are assessed as required for maintaining safety and independence and are requested voluntarily by the residents. At the time of the audit, the service had two hospital level residents using bedrails as enablers.</p>
<p>Standard 2.2.1: Restraint approval and processes</p> <p>Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this</p>	FA	<p>Responsibilities and accountabilities for restraint are outlined in the restraint policy and include roles and responsibilities for the restraint coordinator and for staff. A restraint committee, which includes the restraint coordinator, clinical nurse manager and physiotherapist, meet six monthly to review the use of restraint.</p>

process is made known to service providers and others.		
<p>Standard 2.2.2: Assessment</p> <p>Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.</p>	FA	<p>Assessments are undertaken by the restraint coordinator/RN in partnership with the resident and their family/whanau. Restraint assessments are based on information in the care plan, resident/family discussions and during observations. The restraint assessment tool is completed for residents requiring an approved restraint for safety.</p> <p>On-going consultation with the resident and family/whanau is also identified. Two restraint files were reviewed (both hospital level). Both residents' files included completed assessments that considered those listed in 2.2.2.1 (a) - (h).</p>
<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	FA	<p>The service has a restraint approval process that is described in the restraint minimisation policy. Monitoring and observation is included in the restraint policy. Approved restraints include bedrails, lap belts, and a cradle chair. The restraint coordinator is a registered nurse and is responsible for ensuring all restraint documentation is completed. Assessments identify the specific interventions or strategies trialed before implementing restraint.</p> <p>Restraint authorisation is in consultation/partnership with the resident and family and the restraint coordinator. Internal audits are completed three monthly, ensuring all restraint processes are completed as per the restraint policy and procedures. The restraint coordinator reports that each episode of restraint is monitored at pre-determined intervals depending on individual risk to that resident. Monitoring is documented on a specific restraint monitoring form.</p> <p>A restraint register is in place providing an auditable record of restraint use. This has been completed for all residents requiring restraints and enablers.</p>
<p>Standard 2.2.4: Evaluation</p> <p>Services evaluate all episodes of restraint.</p>	FA	<p>The restraint evaluation includes the areas identified in 2.2.4.1 (a) – (k). Evaluations occur six-monthly as part of the on-going reassessment for the residents on the restraint register, and as part of the care plan review. Families are included as part of this review. A review of two files of residents using restraints identified that evaluations are up to date.</p>
<p>Standard 2.2.5: Restraint Monitoring and Quality Review</p> <p>Services demonstrate the monitoring</p>	FA	<p>Restraints are discussed and reviewed at the six-monthly restraint meetings. Meeting minutes include a review of the restraint and challenging behaviour education and training programme for staff and review of the facility's restraint policies and procedures.</p>

and quality review of their use of restraint.		
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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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>	PA Low	A written record of each resident's progress is documented. Care staff state resident significant events are discussed at the handovers and documented in the progress notes.	The following shortfalls were identified in three files reviewed; (i) one rest home respite care resident did not have a pain assessment or pain monitoring tool in place for on-going breakthrough pain; (ii) one hospital resident on insulin did not have interventions documented for the signs, symptoms and management of hypo and hyperglycaemia and (iii) one hospital resident did not have the short term care plan updated for a chest infection requiring oxygen therapy. Interviews with staff could identified they were well adverse with current resident care and therefore this finding has been identified as low risk.	<p>Ensure documented interventions reflect the resident current needs and guide staff in the safe and timely delivery of care.</p> <p>60 days</p>



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

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

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

If, instead of a table, 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 1.2.3.7</p> <p>A process to measure achievement against the quality and risk management plan is implemented.</p>	CI	<p>Quality and risk management systems are implemented across the system with a number of quality initiatives that reflect evidence of evaluation and positive outcomes for residents and/or staff. A number of quality initiatives have been implemented since the facility's last audit. A facility upgrade, which is still in progress, allows for enhanced resident privacy and personal space; all residents have had their interRAI assessment completed; corrective actions relating to short term care plans have resulted in internal audits reflecting 100% compliance; the implementation of a medication robotics system has resulted in a reduction in medication error rates; the activities programme covers seven days a week; a 'no harm from falls' project is in place; the facility was recently awarded a tertiary level certificate under the ACC</p>	<p>A number of quality initiatives are being implemented across the service including: increasing the activities programme to seven days a week, upgrading the facilities to include a toilet in each resident's room, involvement in the Hutt Valley DHB 'No Harm From Falls' project, and achieving tertiary level in the ACC Workplace Safety Management Programme for the third consecutive cycle. In each instance, a review process has been undertaken which has included an analysis and reporting of findings. Enhancements to the building and the seven day a week activities programme has resulted in improvements in the resident satisfaction survey scores when comparing 2014 results with 2015 results. Also documented for each quality initiative is evidence of improvements in service provision.</p>

		Workplace Safety Management Programme Scheme; and the assessment tool for pressure areas has recently changed to the Waterlow Pressure Area Risk Assessment tool, which the clinical nurse manager states will have a long term effect on reducing pressure wounds.	
<p>Criterion 1.3.7.1</p> <p>Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>	CI	<p>The team of three have been providing a seven day week programme since April 2015. Residents and relatives have commented positively on the programme through the regular resident meetings and six monthly family meetings.</p>	<p>The activities programme has been identified as an area of quality improvement through the resident and family survey results which returned a 75% satisfaction rate in 2013 and an 80% satisfaction rate in 2014 for activities. Improving the activity programme and resident and family satisfaction has been included in the annual objectives for the past two years with a target satisfaction rate of 85%. A SWOT (strengths, weakness, opportunity and threats) exercise was carried out with the activity team. Discussions were held with families at care plan reviews and residents at their meetings. The area of dissatisfaction was the weekends as there were no activities available. The 2015 objective was to structure activities hours into the weekend and recruit a suitable person to run the programme. A third recreational officer was employed three months ago and a seven day programme was commenced in April 2015. Residents and family interviewed expressed satisfaction with the weekend programme. The annual 2015 resident and relative survey met the target rate of 85% satisfaction with activities.</p>
<p>Criterion 3.5.7</p> <p>Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and</p>	CI	<p>The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the facility. Infection control data is collated monthly and reported at the combined health and safety and infection control committee meetings. Infection rates, trends and quality initiatives are discussed at the committee and staff meetings (minutes signed).</p>	<p>Surveillance of eye infections for the year 2013 identified an increase to 19 infections. Three residents suffered recurrent eye infections. The IC coordinator researched the use of Johnson's baby shampoo as an eyewash. The committee agreed to a two month trial for the three residents. Prior to the trial care staff were informed on the procedure for the three residents and received a refresher on eye cares. Information on the trial and use of Johnson's baby shampoo was displayed in the staff room. Resident care plans were updated to include the change to eye</p>

<p>prevention outcomes are acted upon, evaluated, and reported to relevant personnel and management in a timely manner.</p>		<p>Caregivers interviewed confirm infection control and surveillance data is discussed at staff meetings.</p>	<p>cares. The trial for the three residents began June 2014. There were no reports of sticky or red eyes during the trial period. The trial period was extended and included six more residents. At the end of the six month trial period an evaluation was completed. The residents in the first sample group had remained free of eye infections. They have continued to remain free of eye infections for over a year. The GP has documented in the residents medical notes "no eye infections for the last year due to the use of Johnson's baby shampoo". Eye infections for the 2014 period 2014 was three (3). The change in practice and product demonstrate a reduction in eye infections as per the surveillance data. The Johnsons baby shampoo eye treatment has been implemented and approved by the GPs and IC committee. The eye care policy has been reviewed to reflect current best practice.</p>
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End of the report.