# Windermere Rest Home 2015 Limited - Windermere Rest Home 2015

## Introduction

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

The audit has been conducted by 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Windermere Rest Home 2015 Limited

**Premises audited:** Windermere Rest Home 2015

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 15 July 2015 End date: 15 July 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.

## General overview of the audit

Windermere is privately owned and operated and cares for up to 21 residents requiring rest home level care. On the day of the audit there were 16 residents.

This audit was undertaken to establish the level of preparedness of a prospective provider to provide a health and disability service and to assess conformity prior to a facility being purchased. The audit was conducted against the relevant Health and Disability standards and the contract with the District Health Board. The audit process included a review of policies and procedures; the review of resident’s and staff files, observations and interviews with residents, relatives, staff and management.

The owners/managers are experienced and qualified. They will handover responsibilities to the new owner over a one month time frame. The new owner is presently the charge nurse manager for a district health board and holds extensive experience in mental health. He will be maintaining the existing policies and procedures. It is his intention to facilitate a smooth transition between owners and to minimise disruption to staff and residents.

This audit has identified areas for improvement around staff training and residents’ assessments.

## Consumer rights

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. Residents' cultural, spiritual and individual values and beliefs are assessed on admission. 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

Windermere Rest Home has a current business plan and a quality assurance and risk management programme that outlines objectives for the next year. The quality process being implemented includes regularly reviewed policies, an internal audit programme and a health and safety programme that includes hazard management.

Quality information is reported monthly at staff meetings. Residents and relatives are provided the opportunity to feedback on service delivery issues at six weekly meetings and via annual satisfaction surveys. A risk management programme is in place, which includes a risk management plan, incident and accident reporting, and health and safety processes. Adverse, unplanned and untoward events are being documented by staff.

Human resources are managed in accordance with good employment practice, meeting legislative requirements. An orientation programme is in place for new staff. The education and training programme for staff is embedded into practice. There is an annual performance appraisal process in place.

The service has a documented rationale for determining staffing and caregivers, residents and family members report staffing levels are sufficient to meet resident needs. Registered nursing cover is provided five days a week. A registered nurse is on call when not available onsite. There are adequate numbers of staff on duty to ensure residents are safe.

The residents’ files are appropriate to the service type.

## Continuum of service delivery

Residents are assessed prior to entry to the service. The registered nurse is responsible for the resident assessment, development of care planning and evaluation of care. Residents interviewed confirmed that they are encouraged to participate in the care planning process. There is an integrated approach to resident care and evidence of allied health input into resident care.

Planned activities are appropriate to the resident’s assessed needs and abilities and residents advised satisfaction with the variety, interest and community involvement in the programme.

Medications are managed and administered in line with legislation and current regulations. Staff responsible for medication administration completes annual competencies and medication education.

Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines. Dietary needs were being met including alternative choices for dislikes.

## Safe and appropriate environment

Windermere Rest Home has a current building warrant of fitness. Reactive and preventative maintenance is carried out. Chemicals are stored safely and staff are provided with personal protective equipment. Hot water temperatures are monitored and recorded. Residents’ rooms are of sufficient space to allow services to be safely delivered. There are sufficient communal areas within the facility including lounge, dining area and seating alcoves. There is a designated laundry and cleaner’s area. The service has implemented policies and procedures for civil defence and other emergencies and regular fire drills are conducted. External garden areas are available with suitable pathways and seating.

## Restraint minimisation and safe practice

There is a restraint policy that includes comprehensive restraint procedures. There are clear guidelines in policy, which includes documented definitions of restraints and enablers that align with the definitions in the standard. There are currently no residents requiring enablers or restraints. Staff are trained in restraint minimisation and challenging behaviours.

## Infection prevention and control

The infection control coordinator is the registered nurse/manager who has attended external education. The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. There is a suite of infection control policies and guidelines that meet infection control standards. Staff receive annual infection control education. Surveillance data is collected monthly and used to determine infection control activities within the facility.

## Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Attainment Rating** | **Continuous Improvement****(CI)** | **Fully Attained****(FA)** | **Partially Attained Negligible Risk****(PA Negligible)** | **Partially Attained Low Risk****(PA Low)** | **Partially Attained Moderate Risk****(PA Moderate)** | **Partially Attained High Risk****(PA High)** | **Partially Attained Critical Risk****(PA Critical)** |
| **Standards** | 0 | 43 | 0 | 2 | 0 | 0 | 0 |
| **Criteria** | 0 | 91 | 0 | 2 | 0 | 0 | 0 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Attainment Rating** | **Unattained Negligible Risk****(UA Negligible)** | **Unattained Low Risk****(UA Low)** | **Unattained Moderate Risk****(UA Moderate)** | **Unattained High Risk****(UA High)** | **Unattained Critical Risk****(UA Critical)** |
| **Standards** | 0 | 0 | 0 | 0 | 0 |
| **Criteria** | 0 | 0 | 0 | 0 | 0 |

# Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

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| --- | --- | --- |
| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.1.1: Consumer Rights During Service DeliveryConsumers receive services in accordance with consumer rights legislation. | FA | The Code of Health and Disability Consumers’ Rights (the Code) poster is displayed in English and in Maori in visible locations. Policy relating to the Code is implemented. Care staff (one registered nurse (RN) and two caregiver staff) was able to describe how the Code is implemented in their everyday delivery of care. Staff receive training about the Code during their induction to the service, which continues through in-service training. The new owner interviewed is committed to ensuring the residents continue to receive services in accordance with the Code. |
| Standard 1.1.10: Informed ConsentConsumers 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 general consents were evidenced in all five resident files reviewed. Consents were in place for specific procedures. Advance directives were signed by the resident and the general practitioner. Residents interviewed confirmed that information was provided to enable informed choices and that they are able to decline or withdraw their consent at any time. Discussion with the family member identified the service actively involved them in decisions that affect their relative’s lives. |
| Standard 1.1.11: Advocacy And SupportService providers recognise and facilitate the right of consumers to advocacy/support persons of their choice. | FA | Information on advocacy services through the Health and Disability Commissioner’s (HDC) Office is included in the resident information pack that is provided to residents and their family on admission. This information is also available at reception. Interviews with residents and family confirmed their understanding of the availability of advocacy services. Staff receive education and training on the role of advocacy services. |
| Standard 1.1.12: Links With Family/Whānau And Other Community ResourcesConsumers are able to maintain links with their family/whānau and their community.  | FA | The service has an open visiting policy. Residents may have visitors of their choice at any time. Links to the community are in place. The service encourages the residents to maintain their relationships with their friends and community groups by continuing to attend functions and events, and providing assistance to ensure that they are able to participate in as much as they can safely and desire to do.  |
| Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.  | FA | The service has a complaints policy that describes the management of the complaints process. Complaints forms are available. Information about complaints is provided on admission. Interviews with residents and family members confirmed their understanding of the complaints process. They confirmed that management are approachable and operate an “open door” policy. Staff interviewed were able to describe the process around reporting complaints.A complaints register is maintained. There has been one complaint received in 2014 that was managed in a timely manner including acknowledgement, investigation, time frames, corrective actions as required and resolution. No complaints have been lodged in 2015. |
| Standard 1.1.2: Consumer Rights During Service DeliveryConsumers are informed of their rights. | FA | Details relating to the Code and the Health and Disability Advocacy Service are included in the resident information pack that is provided to new residents and their family. Information is also available at the entrance to the facility. The RN discusses aspects of the Code with residents and their family on admission. Discussions relating to the Code are also held during the six-weekly resident meetings. All five residents and one relative interviewed report the residents’ rights are being upheld by the service.  |
| Standard 1.1.3: Independence, Personal Privacy, Dignity, And RespectConsumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence. | FA | The service ensures that the residents’ right to privacy and dignity are recognised and respected at all times. The residents’ personal belongings are used to decorate their rooms. All rooms are single occupancy. The caregivers interviewed report that they knock on bedroom doors prior to entering rooms, ensure doors are shut when cares are being given and do not hold personal discussions in public areas. They report that they facilitate the residents' independence by encouraging them to be as active as possible. All of the residents and families interviewed report that their family member’s privacy is respected. Guidelines on abuse and neglect are documented in policy. Staff receive education and training on abuse and neglect, which begins during their induction to the service and continues as a regular in-service topic.  |
| Standard 1.1.4: Recognition Of Māori Values And BeliefsConsumers 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. | FA | The service is committed to ensuring that the individual interests, customs, beliefs, cultural and ethnic backgrounds of Maori are valued and fostered within the service. Staff encourage active participation and input of the family/whanau in the day-to-day care of the resident. There were no Maori residents living at the facility during the audit. The service employs two Maori staff. Maori links have been established with the Waikato District Health Board. Staff receive education on cultural awareness during their induction to the service, which continues as a regular in-service topic. All care staff interviewed could describe cultural needs identified by Maori and are aware of the importance of whanau in the delivery of care. |
| Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And BeliefsConsumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.  | FA | The service identifies the residents’ personal needs and desires from the time of admission. This is achieved with the resident, family and/or their representative. The service is committed to ensuring that each resident remains a person, even in a state of mental decline. Beliefs and values are discussed and incorporated into the care plan, sighted in all five care plans reviewed. All residents and families interviewed confirmed they were involved in developing the resident’s plan of care, which included the identification of individual values and beliefs. |
| Standard 1.1.7: DiscriminationConsumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation. | FA | There are documented code of conduct/house rules, which define professional boundaries, and are discussed and signed by each new employee during their orientation to the service. Professional boundaries are also defined in job descriptions. Interviews with staff confirmed their understanding of professional boundaries including the boundaries of the caregivers’ role and responsibilities. Professional boundaries are reconfirmed through education and training sessions, staff meetings, and performance management if there is infringement with the person concerned. |
| Standard 1.1.8: Good PracticeConsumers receive services of an appropriate standard. | FA | Evidence-based practice is evident, promoting and encouraging good practice. A registered nurse is available on site 40 hours per week and is on call when not at the premises. Residents are reviewed by the general practitioner (GP) every three months at a minimum. The service receives support from the Waikato District Health Board, which includes visits from a range of specialty services. Physiotherapy services are available as needed. There is a monthly in-service education and training programme for staff. A podiatrist visits every six weeks. A hairdresser is available as required. A van is available for regular outings. Community outings include regular visits to local cafes, shopping and another rest home for to participate in their activities programme.All residents and family interviewed expressed their satisfaction with the care delivered. The GP interviewed is also satisfied with the level of care that is being provided. |
| Standard 1.1.9: CommunicationService providers communicate effectively with consumers and provide an environment conducive to effective communication. | FA | There is a policy to guide staff on the process around open disclosure. Twelve accident/incident forms were reviewed from May – July 2015. All accident/incident forms evidence family have been informed of an accident/incident unless they have consented otherwise. Interviews with one registered nurse (RN) and two caregivers confirmed family are notified following changes in health status. Family interviewed stated they were kept well informed. Six-weekly residents meetings provide a forum for residents to discuss issues or concerns on every aspect of the service. Access to interpreter services are available if needed although have not been required. 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 is not covered by the agreement. The information pack is available in large print and can be read to residents who are visually impaired. |
| Standard 1.2.1: GovernanceThe governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | Windermere Rest Home currently provides rest home level care for up to 21 residents. On the day of the audit there were 16 residents living at the facility. A mission statement, values and philosophy have been developed for the service. Business goals, objectives and quality indicators are established and have been reviewed annually. Two owner/managers have owned the rest home since October 2012. One of the owner/managers is an RN with a current practising certificate. She has completed a master's degree in nursing. The second owner/manager is responsible for health and safety and maintenance. Both owner/managers have attended at least eight hours of education related to managing a rest home over the past year. The owners/managers are supported by a registered nurse who was employed 1 June 2015 and works 40 hours per week. The RN worked for four years in the Philippines before immigrating to New Zealand. She completed the nursing competence assessment programme (CAP) in Dunedin in January 2014. She worked at another aged care facility in Taranaki for nine months prior to her employment at Windermere Rest Home. The Windermere Rest Home Ltd 2015 has purchased the facility. The new owner is a registered nurse with a current practising certificate. He has twenty years of experience in the public health system, primarily in mental health. This will be the first time that he will be managing an aged care facility. He has hired an experienced, full-time nurse manager/RN. The current full-time RN will remain in the position and will continue to work full-time. The transition plan includes a one month handover between owners from the date of settlement, which is included as a condition in the purchase agreement. The new owner plans to maintain the same standard operating policies and procedures and strategic goals for 2015. He also plans to attend the New Zealand Aged Care Conference that will be held in September 2015. |
| Standard 1.2.2: Service Management 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.  | FA | The RN is responsible for day-to-day operations in the absence of the owners/managers with additional care staff rostered to help cover the clinical load. The owners have not taken leave since her employment seven weeks ago. |
| Standard 1.2.3: Quality And Risk Management SystemsThe organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. | FA | A 2015 quality and risk management plan is in place with goals and areas for improvement. Policies and procedures have been developed by an external consultant and will be retained by the new owner. Policy amendment records are maintained. Staff are made aware of any policy changes through regular staff meetings. The monthly collating of quality and risk data includes monitoring accidents and incidents and infection rates. An annual internal audit schedule is in place. Quality improvement plans are raised for corrective actions and areas for improvement. These have been followed up, signed off and outcomes reported in the staff meetings.Annual resident/relative and food satisfaction surveys have been completed and collated with results provided to staff and residents. Falls prevention strategies are in place that include the identification of interventions on a case-by-case basis to minimise future falls. Sensor mats, and falls risk assessments are in place. A physiotherapist is available on an as-needed basis. |
| Standard 1.2.4: Adverse Event Reporting 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.  | FA | There is an incident reporting policy that includes definitions, and outlines responsibilities including immediate action, reporting, monitoring and corrective action to minimise and debriefing. Twelve incident reports selected for review reflect immediate action(s) taken and document follow up action(s) taken.The service collects monthly data relating to adverse, unplanned and untoward events. This includes the collection of incident and accident information. Staff meeting minutes evidence discussions of incidents and accidents. Discussion with the owners/managers confirmed their awareness of statutory requirements in relation to essential notification.  |
| Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.  | PA Low | There are job descriptions available for all relevant positions that describe staff roles, responsibilities and accountabilities. The practising certificates of the RNs are current. Five staff files reviewed (two caregivers, one RN, one cook and one cleaner) contained all required recruitment documentation. Annual performance appraisals for staff have been completed. Newly appointed staff have completed a generic and role specific orientation.Caregivers have access to an aged care education programme on-site. There is a 2015 education planner that covers all the education requirements. Records of attendance, content of education and staff evaluations are maintained. Chemical safety training is in place on the two yearly planner but the cook and cleaner have not attended.At present, there is no RN available who has completed InterRAI training.  |
| Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery, meeting contractual requirements. A full time staff RN and the manager/RN are on site Monday to Friday and take turns alternating weekend on-call. Caregiving staff are responsible for laundry. Cleaning staff work seven days a week (27 hours). Activities staff provide 25 hours of activities five days a week.Staff reported that staffing levels and the skill mix was appropriate and safe. Residents and family interviewed advised that they felt there is sufficient staffing.The new owner will oversee the management of the facility. He plans to hire an additional full time nurse manager and a full time maintenance staff. He reports there will be no changes to current caregiving staff levels. The RN on call arrangements will continue to be managed 24 hours a day, 7 days a week. Cover will be provided between the two RNs with the owner/RN providing relief cover if needed.  |
| Standard 1.2.9: Consumer Information Management Systems Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required. | FA | The residents’ 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 also developed in this time. Information containing personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Residents’ files are protected from unauthorised access by being held in a secure room. Archived records are stored securely in separate locked areas.Residents’ files demonstrate service integration. Entries are legible, dated and signed by the relevant caregiver or nurse, including time and designation.  |
| Standard 1.3.1: Entry To Services Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified. | FA | Residents are assessed prior to entry to the service by the needs assessment team. The service has specific information available for residents/EPOA at entry including the Code, advocacy and the complaints procedure. Five admission agreements reviewed were signed and aligned with the ARC contract and exclusions from the service were included in the admission agreement.  |
| Standard 1.3.10: Transition, Exit, Discharge, Or Transfer Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.  | FA | 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 were available to assist with transfer and copies of documentation were forwarded with the resident. |
| Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | FA | There are policies and procedures in place for safe medicine management that meet legislative requirements. The RNs and caregivers who administer medications complete competencies and medication education annually. Medications are checked on delivery and any discrepancies fed back to the supplying pharmacy. There are no standing orders. There were no self-medicating residents. Ten medication charts reviewed identified that the GP had seen the resident three-monthly and the medication chart was signed. All medication charts had allergy status and photo identification.  |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid ManagementA consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.  | FA | There is a four weekly menu that has been reviewed by the dietitian June 2015. All baking and meals are prepared and cooked on-site. The qualified cook (interviewed) receives residents' dietary profiles that identify dietary requirements, likes and dislikes. Residents interviewed were very positive about the meals and variety provided including alternative choices for dislikes. Fridge, freezer and end cooked temperatures are taken and recorded daily. All foods sighted were date labelled. Residents have the opportunity to feed back on the food services at the resident meetings. Food services staff have attended food safety refreshers.  |
| Standard 1.3.2: Declining Referral/Entry To Services Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.  | FA | The reason for declining service entry to residents to the service would be recorded on the declined entry form. Reasons for declining entry would be if there were no beds available or the service could not provide the level of care required. The service would communicate with the appropriate referrer.  |
| Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner. | PA Low | Personal needs information, gathered during admission, forms the basis of resident goals and objectives in the initial and long term care plans. Re-assessments had not been completed for new or altered health status.  |
| Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery. | FA | The long-term care plan records the resident’s problem/need, objectives and staff interventions to meet the residents identified needs (link to finding 1.3.4.2). The service uses short term care plans to document interventions required to meet short term change in health status. Resident files reviewed identified that family were involved in the care plan development and on-going care needs of the resident. Five residents and one family member confirmed they are encouraged to participate in the care planning process and receive copies of care plans. Care plans identify the input of allied health professionals into residents to achieve resident goals.  |
| Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes. | FA | When a resident’s health status changes the RN or manager/RN initiates a GP or nurse specialist review. Residents interviewed reported their needs were being met. The relatives interviewed stated their relative’s needs were being appropriately met and they were informed of any changes to health and interventions required. Staff reported that there are adequate continence supplies and dressing supplies available. There was a wound assessment, wound care plan and wound evaluations for one surgical wound.  |
| Standard 1.3.7: Planned ActivitiesWhere 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. | FA | The service employs an activities coordinator for 25 hours per week. The activities coordinator has commenced diversional therapy training (DT) and has a current first aid certificate. The activity coordinator attends regional DT meetings. The activity programme is planned a week in advance and reflects the residents’ recreational preferences including community links (community care and crafts groups/library), inter-home visits and competitions, men’s activities, church services, shopping, entertainers and pet therapy and exercises. The programme involves residents in meaningful household activities and one-on-one activities. Resident meetings are held six weekly where activities are discussed. A social history is completed in consultation with the resident/family/whanau on admission. Activity plans were incorporated in the InterRAI assessments and are scheduled for review at the same time as the care plans. |
| Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner. | FA | There is evidence of completed InterRAI evaluations that have been completed at least six monthly. The current RN has completed a care plan review (not yet on InterRAI) of all residents. Short term care plans sighted have been reviewed regularly. On-going problems have been transferred to the long term care plan. The GP conducts a three monthly resident review and medication review.  |
| Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.  | 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/EPOA are involved as appropriate when referral to another service occurs. |
| Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery. | FA | There are policies and procedures that meet legislative requirements around chemical safety and waste management. There are designated areas for storage of cleaning/laundry chemicals. Chemicals were stored safely. All chemicals are labelled with manufacturer labels. Safety data charts were readily available for staff. Gloves, aprons, and goggles are available for staff. Relevant staff have not attended chemical handling training (link to finding 1.2.7.5).  |
| Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | FA | The service displays a current building warrant of fitness which expires 17 June 2016. The facility has two levels, with stair and lift access between the floors. The owner/manager is responsible for maintenance and repairs on request and as per the monthly planned maintenance programme. Hot water temperatures are checked monthly and are within the acceptable range. Medical equipment and electrical appliances have been tested, tagged and calibrated. Residents were observed on day of audit mobilising safely within the facility. There are sufficient seating areas throughout the facility. The exterior has been well maintained with safe paving and easy access to the outdoors with ramps and rails in place. Caregivers confirmed there was adequate equipment to carry out the cares according to the residents’ needs as identified in their care plans.  |
| Standard 1.4.3: Toilet, Shower, And Bathing FacilitiesConsumers 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. | FA | All bedrooms are single use. The majority of bedrooms have hand basins. There are sufficient numbers of resident communal toilets and showers in close proximity to resident rooms and communal areas. Residents interviewed stated their privacy and dignity was maintained while staff attend to their personal hygiene and cares. The communal toilets and showers are identifiable and include privacy locks. |
| Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.  | FA | The resident rooms are spacious enough to meet the assessed resident needs at a rest home level of care. Residents are able to manoeuvre mobility aids around the bed and personal space. All beds are of an appropriate height for the residents. Caregivers interviewed reported that rooms have sufficient space to allow personal cares to take place. The bedrooms are individualised. |
| Standard 1.4.5: Communal Areas For Entertainment, Recreation, And DiningConsumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs. | FA | There is a large main lounge, sunroom and several seating alcoves for communal use, quiet time or visitors. Bedrooms allow for seating for visitors. The separate dining room is spacious and located near the kitchen serving area. All communal areas are easily accessible for the residents. The furnishings and seating are appropriate. Residents interviewed report they are able to move around the facility and staff assisted them when required. Activities take place in the lounge or seating alcoves for smaller groups. |
| Standard 1.4.6: Cleaning And Laundry ServicesConsumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided. | FA | There is a separate laundry and sluice area. All linen and personal clothing is laundered on-site by a designated cleaner/laundry person. The cleaner’s trolley is stored safely when not in use. Staff were observed to be wearing appropriate protective clothing when carrying out their duties. Laundry equipment has been serviced regularly. Residents interviewed reported satisfaction with the laundry service and cleanliness of the room/facility.  |
| Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations. | FA | Emergency and disaster policies and procedures are in place. Fire evacuation drills take place every six months. The orientation programme and mandatory education and training programme include fire and security training. Staff interviews confirm their understanding of emergency procedures. Required fire equipment was sighted on the day of audit and all equipment has been checked within required timeframes. An approved fire evacuation plan is in place.A civil defence plan is in place. There are adequate supplies in the event of a civil defence emergency including food, water, blankets and gas cooking. A back up three- hour battery for emergency lighting is in place.Two call bell systems are in place, suitable to meet the needs of the residents. Residents report their call bells are answered in a timely manner. There is a minimum of one person available 24 hours a day, seven days a week with a current first aid/CPR certificate.External lighting is adequate for safety and security. Doors are locked at dusk. |
| Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. | FA | All communal and resident bedrooms have external windows with plenty of natural sunlight. General living areas and resident rooms are appropriately heated and ventilated. There is safe heating in the shower rooms. The environment on the day of audit was warm and comfortable. Residents and family stated the environment is warm and constant in all areas of the facility.  |
| Standard 3.1: Infection control managementThere 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.  | FA | The infection control coordinator is the manager/RN. She has a job description that defines the responsibility for infection control within the service. Infection control matters and infection rates are discussed at staff meetings and at handovers for any significant events. The infection control programme was reviewed March 2015. Visitors are asked not to visit if they have been unwell. Influenza vaccines are offered. There are hand sanitizers throughout the facility and adequate supplies of personal protective equipment. There have been no outbreaks. |
| Standard 3.2: Implementing the infection control programmeThere are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation. | FA | The infection control coordinator has attended external infection control education. She attends two monthly manager meetings which includes topics around infection control. The infection control coordinator has access to an external infection control consultant, infection control personnel within the district health board, laboratory services and GP service.  |
| Standard 3.3: Policies and proceduresDocumented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided. | FA | 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. Policies were last reviewed in March 2015.  |
| Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers. | FA | The infection control coordinator is responsible for coordinating and providing education and training to staff. Staff receive infection control education during their orientation. Training continues as an annual in-service. Staff complete hand hygiene competencies and questionnaires. Resident education is expected to occur as part of providing daily cares and discussed at resident meetings as appropriate.  |
| Standard 3.5: SurveillanceSurveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme. | FA | Policies and procedures document infection prevention and control surveillance methods. The surveillance data is collected and analysed monthly, to identify areas for improvement or corrective action requirements. Infection control internal audits have been completed. Infection rates have been low. Trends are identified and quality initiatives are discussed at staff meetings (minutes sighted). There is a policy describing surveillance methodology for monitoring of infections. Definitions of infections are in place appropriate to the complexity of service provided.Systems in place are appropriate to the size and complexity of the facility. |
| Standard 2.1.1: Restraint minimisationServices demonstrate that the use of restraint is actively minimised.  | FA | There are policies around restraints and enablers including definitions. The staff registered nurse is the restraint coordinator and is knowledgeable regarding this role. During the audit there were no residents using a restraint or an enabler. Staff receive training around restraint minimisation and managing challenging behaviours. Staff interviewed understands the difference between an enabler and a restraint. |

# 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.

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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 1.2.7.5A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers. | PA Low | An education and training plan is in place for staff, meeting contractual requirements. This includes both in-service training and staff completing competency questionnaires for selected topics. Missing is evidence of chemical safety training for the cook and cleaner.The staff RN is currently undergoing her InterRAI training with a scheduled completion date of 2 August 2015. The previous RN had completed her InterRAI training. There have been no new admissions since 1 July 2015.  | The cook and the cleaner have not attended chemical safety training. The staff RN and the manager/owner/RN have not completed their InterRAI training. | Ensure the cook and cleaner attend chemical safety training. Ensure a minimum of one RN completes InterRAI training.90 days |
| Criterion 1.3.4.2The needs, outcomes, and/or goals of consumers are identified via the assessment process and are documented to serve as the basis for service delivery planning. | PA Low | InterRAI assessments had been completed by the previous RN on admission. There were no assessments due for six-monthly review. Missing was evidence of assessments when the resident’s health status changed.  | Assessments have not been completed for one resident with new continence concerns and one resident with breakthrough pain. Four of five residents care plans do not reflect the residents identified pain status, type or location of pain.  | Ensure assessments are completed for new residents’ concerns/issues. Ensure care plans reflect the outcomes of pain assessments.90 days |

# 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.

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End of the report.