

Level Fifty-Two Limited

Introduction

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

The audit has been conducted by HealthShare 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:	Level Fifty-Two Limited
Premises audited:	Camellia Resthome
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 10 August 2015 End date: 10 August 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:	29

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

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

General overview of the audit

Camellia Rest Home can provide care for up to 30 residents. This certification audit is conducted against the Health and Disability Service Standards and the service contract with the District Health Board.

The audit process included the review of policies, procedures and residents and staff files, observations and interviews with residents, family, management, staff and a medical officer.

The facility manager is responsible for the overall management of the facility and is supported by the clinical team leader. Service delivery is monitored.

Improvements are required to the quality plan and documentation and storage of medication.

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 are able to 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 respect and receive services in a manner that considers their dignity, privacy and independence. Information regarding resident rights, access to advocacy services and how to lodge a complaint is available to residents and their family.

The residents' cultural, spiritual and individual values and beliefs are assessed on admission. Staff ensure that residents are informed and have choices related to the care they receive. Linkages with family and the community are encouraged and maintained.

The service has a documented complaints management system available to use however there have not been any complaints to date.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some standards applicable to this service partially attained and of low risk.
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The organisation's mission statement and vision is displayed and planning includes business objectives and key performance indicators. The management team and staff regularly review operational management and service delivery.

The quality and risk system and processes supports safe service delivery and includes an internal audit process, complaints management, resident and relative satisfaction surveys, and incident/accident and infection control data analysis. Corrective action planning is implemented with evidence of resolution of issues. Quality and risk management activities and results are shared among staff, residents and family. A records management system is in place.

There are human resource policies implemented around recruitment, selection, orientation and staff training and development. Staffing levels met occupancy and acuity levels and residents state that they have adequate access to staff when needed.

Continuum of service delivery

<p>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.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Entry into the service is facilitated in a competent, timely and respectful manner. The initial care plans are utilised as a guide for staff while the long term care plan is developed over the first three weeks. Risk assessments are completed and care plans individualised. Residents' responses to treatment are evaluated and documented. Care plans are evaluated six monthly. Relatives are notified regarding changes in a resident's health condition.

Activities are appropriate to the age, needs and culture of the residents and supported their interests and strengths. The residents and families interviewed expressed being satisfied with the activities provided by the activities coordinator.

Medicine management policies and procedures are documented and residents received medicines in a timely manner. Medication competencies are completed annually for all staff that administered medications. General practitioners do not consistently sign off medicines charts in evidence of completing regular and timely medical reviews of residents. Residents who self-administer medicines do not have secure, lockable storage for their medicines.

The facility utilises a four weekly rotating summer and winter menus reviewed by a dietician. The facility use the services of a cook.

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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All building and plant comply with legislation with a current building warrant of fitness in place. A preventative and reactive maintenance programme includes equipment and electrical checks. Fixtures, fittings and floor and wall surfaces are made of accepted materials for this environment. Resident rooms are of an appropriate size to allow for care to be provided and for the safe use and manoeuvring of mobility aids.

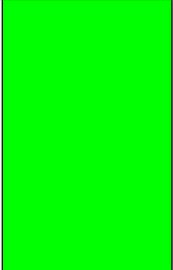
Essential emergency and security systems are in place with regular fire drills completed. Call bells allow residents to access help when needed.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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The restraint minimisation programme defines the use of restraints and enablers. The service did not use any form of restraint in their service. Policies and procedures comply with the standard for restraint minimisation and safe practice. Staff members received training regarding the management of challenging behaviour and restraint use.

Infection prevention and control

<p>Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.</p>		<p>Standards applicable to this service fully attained.</p>
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The infection control programme is reviewed annually for its continuing effectiveness and appropriateness. Staff education in infection prevention and control are conducted according to their education and training programme and recorded in staff files.

Infections are investigated and appropriate antibiotics prescribed according to sensitivity testing. The surveillance data is collected monthly for trending and benchmarking. Appropriate interventions are in place to address the infections. There are sanitary gels and hand washing facilities for staff, visitors and residents. Staff members are able to explain how to break the chain of infection.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	43	0	1	1	0	0
Criteria	0	90	0	3	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

For more information on the standards, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed throughout the facility. New residents and families are provided with copies of the Code as part of the admission process.</p> <p>Staff are provided with annual training around rights and the Code. The clinical staff were observed to implement rights as per the Code in their day-to-day practice.</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 is an informed consent policy and procedure that directs staff in relation to the gathering of informed consent. Staff ensure that all residents are aware of treatment and interventions planned for them, and the resident and/or significant others are included in the planning of that care.</p> <p>All resident files identified that informed consent is collected.</p> <p>Staff confirmed their understanding of informed consent processes.</p> <p>The service information pack includes information regarding informed consent. The facility manager or the clinical team leader discusses informed consent processes with residents and their families/whānau during the admission process.</p>

		The policy and procedure includes guidelines for consent for resuscitation/advance directives. A review of files noted that all had appropriately signed advanced directives.
<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	<p>Information on advocacy services through the Health and Disability Commissioner's (HDC) Office is provided to residents and families. Written information on the role of advocacy services is also provided to complainants at the time when their complaint is being acknowledged. Resident information around advocacy services is available at the entrance to the service.</p> <p>Staff training on the role of advocacy services is included in training on the Code with this provided annually to staff.</p> <p>Discussions with family and residents identifies that the service provides opportunities for the family/EPOA to be involved in decisions.</p> <p>The resident files include information on resident's family/whanau and chosen social networks with a communication sheet kept on the resident file and completed when family visit or ring.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>There are no set visiting hours and family/whānau are encouraged to visit at any time. The family report there are no restrictions to visiting hours.</p> <p>Residents are supported and encouraged to access community services with visitors or as part of the planned activities programme. The facility is close to community facilities and residents report they are encouraged to access these independently as able.</p> <p>The service encourages the community to be a part of the residents lives with visits from entertainers and RSA volunteers.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>Policy and procedures identify that the organisation is committed to an effective and impartial complaints system. Procedures are in place to show how they support a culture of openness and willingness to learn from incidents and complaints.</p> <p>Complaints management is explained as part of the admission process for residents and family/whānau and is part of the staff orientation programme and ongoing education.</p> <p>Residents and family/whānau confirm that the management's open door policy makes it easy to discuss concerns at any time and there is a complaints register to record the complaint,</p>

		<p>dates and actions taken. There are no outstanding complaints at the time of audit.</p> <p>There have been no complaints lodged with external authorities since the last audit as confirmed by the manager.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>The facility manager or clinical team leader discusses the Code, including the complaints process with residents and their family on admission.</p> <p>Discussions relating to the Code are also held at the resident meetings. Residents and family confirm their rights are being upheld by the service.</p> <p>Information regarding the Health and Disability Advocacy Service is clearly displayed in the foyer of the facility.</p> <p>Information is also given to next of kin or enduring power of attorney (EPOA) to read to and discuss with the resident in private.</p> <p>Residents and family members are able to describe their rights and advocacy services particularly in relation to the complaints process.</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>	FA	<p>The service has a philosophy that promotes dignity and respect and quality of life. Resident support needs are assessed using a holistic approach. The initial and on-going assessment includes gaining details of people's beliefs and values with care plans completed with the resident and family member (confirmed by residents and family interviewed).</p> <p>Interventions to support these are identified and evaluated.</p> <p>Residents are addressed by their preferred name and this is documented in files reviewed.</p> <p>A policy is available for staff to assist them in managing resident practices and/or expressions of sexuality and intimacy in an appropriate and discreet manner with strategies documented to manage any inappropriate behaviour.</p> <p>The residents' own personal belongings are used to decorate their rooms. Discussions of a private nature are held in the resident's room and there are areas in the facility which could be used for private meetings.</p> <p>Caregivers reported 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 – observed on the days of the audit. Residents and families confirm the residents' privacy is</p>

		<p>respected.</p> <p>Caregivers state they encourage the residents' independence by encouraging them to be as active as possible.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>The service implements the Maori Health Plan and cultural safety procedures to eliminate cultural barriers. The rights of the residents/family to practise their own beliefs are acknowledged in the Maori health plan.</p> <p>Links to local kaumatua are documented with the kaumatua supporting the service as required e.g. to bless rooms after someone has died.</p> <p>Any Maori resident living at the facility has their cultural needs assessed with any preferences documented in files reviewed.</p> <p>Staff report that specific cultural needs are identified in the residents' care plans and this was sighted in one file reviewed.</p> <p>Staff are aware of the importance of whanau in the delivery of care for the Maori residents.</p> <p>Cultural safety training is provided to all staff.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>The service identifies each resident's personal needs from the time of admission. This is completed with the resident, family and/or their representative having input into the admission, assessment and planning processes.</p> <p>There is a culture of choice with the resident determining when cares occur, times for meals, choices in meals and choices in activities. Caregivers are able to give examples of how choices are given to residents who have non-verbal ways of communicating.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>The staff files have job descriptions and employment agreements that have clear guidelines regarding professional boundaries. The families and residents expressed no concerns with breaches in professional boundaries, discrimination or harassment.</p> <p>The orientation and employee agreement provided to staff at orientation includes standards of conduct.</p> <p>Interviews with staff confirm their understanding of professional boundaries, including the</p>

		boundaries of the caregivers' role and responsibilities.
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>There are policies and procedures to guide practice with these developed by an external consultant. These policies align with the health and disability services standards and are reviewed annually. A quality framework supports an internal audit programme.</p> <p>There is a training programme implemented. Staff described sound practice based on policies and procedures, care plans and information given to them via the clinical team leader (registered nurse).</p> <p>Residents and families interviewed expressed a high level of satisfaction with the care delivered. Residents and family used words to describe care such as 'outstanding', 'family', 'excellent care and support' and 'genuine caring'.</p> <p>The general practitioner reported a high standard of care provided at the service.</p> <p>Consultation is available through other health professionals and specialists in the region with staff able to describe how and when they could make contact.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Accident/incidents, the complaints procedure and the open disclosure procedure alert staff to their responsibility to notify family/enduring power of attorney of any accident/incident that occurs. These procedures guided staff on the process to ensure full and frank open disclosure was available. Family are informed if the resident has an incident, accident, has a change in health or a change in needs, as evidenced in accident/incident forms reviewed.</p> <p>Family contact is recorded in residents' files.</p> <p>Interviews with family members confirm they are kept informed. Family also confirm that they are invited to the care planning meetings for their family member and could attend the resident meetings.</p> <p>Interpreting services are available from the district health board. There are no residents requiring interpreting services.</p> <p>The information pack is available in large print and this could be read to residents.</p> <p>Residents sign an admission agreement on entry to the service. This provides clear information around what is paid for by the service and by the resident. All were signed on the day of admission.</p>

<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>The service provides rest home level of care under the aged care contract. The service is able to provide support for a maximum of 30 residents with 29 beds occupied on the day of the audit.</p> <p>Camellia Rest Home has a management team including the owner and facility manager who provide support and operational management to the service. The owner visits once or twice a week to discuss issues, progress and attend to maintenance.</p> <p>There is a clear mission, values and goals. These are communicated to residents, staff and family through information in the welcome pack and in staff training.</p> <p>The facility manager has over 15 years' experience in aged care in varying roles with a year in the facility manager role. The facility manager personnel file indicates that the manager has attended education relevant to the role.</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>There is a clinical team leader (registered nurse) who is the second in charge along with the owner in the absence of the facility manager. The clinical manager has had previous experience as a caregiver in aged care and has been in the role as clinical team leader since January 2015.</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>PA Low</p>	<p>Camellia Rest Home uses the quality and risk management framework that is documented to guide practice. This has been developed by an external contractor with policies updated yearly and as changes occur. The owner documents a business plan with overall objectives included. Policies are linked to the Health and Disability Sector Standard, current and applicable legislation, and evidenced-based best practice guidelines. Policies are readily available to staff in hard copy. New and revised policies are presented to staff to read and staff sign to say that they have read and understood.</p> <p>Service delivery is monitored through complaints, review of incidents and accidents and implementation of an internal audit programme with corrective action plans documented and evidence of resolution of issues completed. There is documentation that includes collection, collation, and identification of trends and analysis of data particularly around falls. A quality plan should be documented.</p>

		<p>Meeting minutes evidence communication with all staff around all aspects of quality improvement and risk management. There are also monthly resident/family meetings that keep residents informed of any changes. Staff report that they are kept informed of quality improvements.</p> <p>There is an annual family and resident satisfaction survey last completed in February 2015 with a high level of satisfaction documented.</p> <p>The organisation has a risk management programme in place. Health and safety policies and procedures are documented along with a hazard management programme. There is evidence of hazard identification forms completed when a hazard is identified. Hazards are addressed or risks minimised or isolated. Health and safety is audited monthly and quarterly through the facility checks.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>Policy identifies that the organisation requires all incidents, accident and adverse events to be reported immediately. Responsibilities are clearly identified.</p> <p>The facility manager understands their obligations in relation to essential notification reporting and knew which regulatory bodies must be notified. Staff state they report and record all incidents and accidents and that this information is shared at all levels of the organisation, including any follow up actions required.</p> <p>Incident and accident reporting processes are well documented and any corrective actions to be taken are shown on the forms used by the service.</p> <p>Families are notified of any adverse, unplanned or untoward events at times they have nominated. Management confirm that information gathered from incident and accidents is used as an opportunity to improve services where indicated. Falls management strategies are implemented for residents who have falls.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>Staff that require professional qualifications have them validated as part of the employment process and annually, as confirmed in documentation sighted.</p> <p>Policies and procedures identify human resources management that reflects good employment practice and meet the requirements of legislation. Newly appointed staff are police vetted upon employment, references are checked and job descriptions clearly describe staff responsibilities and best practice standards. Staff have completed an orientation programme with specific competencies for their roles. Competencies are completed annually</p>

		<p>around medication and restraint. All staff have a performance appraisal completed annually.</p> <p>Staff undertake training and education related to their appointed roles with an annual training plan documented. Education records are retained in staff files and in training records.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>Policy identifies staffing levels and skill mix with these maintained to meet residents' needs. Documentation identifies that at all times adequate numbers of suitably qualified staff are on duty to provide safe and quality care.</p> <p>The facility manager and clinical manager report that additional staff would be rostered to meet residents' needs and this was confirmed by staff interviewed.</p> <p>Rosters show that staff are replaced when on annual leave or sick leave with staff from the service or bureau used to replace any leave. Staff confirm there are adequate staff on each shift and that they have time to complete all tasks to meet residents' needs. Residents interviewed stated that all their needs have been met in a timely manner.</p> <p>There is always at least one staff member rostered on to each shift with first aid qualifications.</p> <p>The clinical team leader is on call after hours with a second registered nurse available to be on call when the clinical team leader is on leave and for every second weekend.</p> <p>There are kitchen, cleaning, activity and maintenance staff to support residents.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>Information is entered into the resident information management system in an accurate and timely manner. Records are securely stored. Archived records are stored onsite.</p> <p>Progress note entries are made by staff on duty at each shift. The records are legible and the name and designation of the staff member documented on records. All records pertaining to individual residents are integrated. Information of a private or personal nature is maintained in a secure manner and is not publicly accessible.</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</p>	FA	<p>Residents' entry into the service are facilitated in a competent, equitable, timely, and respectful manner. Admission packs are provided for families and residents prior to admission. Admission agreements were signed for all residents files reviewed, and kept securely in the manager's office. The facility requires all residents to have Needs Assessment Service Coordinators (NASC) assessments prior to admission, to ensure they are able to meet the</p>

<p>services has been identified.</p>		<p>resident's needs.</p> <p>The registered nurse/clinical team leader (RN) admits new residents into the facility, confirmed during interview. Evidence of the completed admission records was sighted. The RN receives hand-over from the transferring agency, for example the hospital and utilises this information in creating the appropriate long term care plan for the resident.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>Staff identified, documented and minimised risks associated with each resident's transition, exit, discharge and or transfer. This included expressed concerns of the resident and the family as confirmed during the on-site audit. The service uses a specific transfer form to document areas of potential risk which includes personal details of the resident, the person centred care plans and administration record. There are documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The service includes copies of the resident's records; GP visits; medication charts; the long term care plan; upcoming hospital appointments and other medical alerts when a resident is transferred to another health provider.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>Medicine management policies and procedures were in place, included processes for safe and appropriate prescribing, dispensing and administration of medicines. The medicines room was free from heat, moisture and light, with medicines stored in original dispensed packs, in a locked medicines trolley. Medicine charts were reviewed. Medicine charts listed all medications the resident was taking, including name, dose, frequency and route to be given. Charts were signed by the GP. Some of the entries were block-dated (refer to 1.3.12.6) and allergies recorded. All charts had photo identification. Discontinued medicines were signed however three monthly GP reviews were not consistently evident in the medicines administration charts (refer to 1.3.12.6).</p> <p>All medicines were prescribed by the GPs. Medication fridges were monitored daily at regular intervals. Controlled drugs were kept inside a locked cupboard and the controlled drugs register was current and correct and reviewed. Sharps bins were sighted. Unwanted or expired medications were collected by the pharmacy.</p> <p>Medication administration was observed. Education in medicine management was conducted. Staff were authorised to administer medications. This required completion of medication competency testing, in theory and practice. All staff members responsible for medicines management completed annual competencies.</p>

		Self-administration of medicine policies and procedures were in place and sighted. There were two residents who self-administered their own medication. The resident had a competency assessment completed and signed off by the GP, staff were monitoring that the residents take the medicines however the residents did not have secure/lockable storage for their medicines (refer to 1.3.12.5).
<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>	FA	<p>The residents' individual food, fluids and nutritional needs were met. Residents were provided with a well-balanced diet which met their cultural and nutritional requirements. The meals were prepared and cooked on-site. The menu was reviewed by the dietitian. The menu review was based on nutritional guidelines for the older people in long-term residential care. A dietary assessment was completed by the RN on admission. This information was shared with kitchen staff to ensure all needs, food allergies, likes, dislikes and special diets were catered for. The facility provided modified diets for example puree diets to meet the dietary needs of the residents. A white board in the kitchen also contained important reminders about modified diets as well as preferences of residents.</p> <p>Interview with the cook confirmed documentation of kitchen routines. Nutrition and safe food management policies defined the requirements for all aspects of food safety. A kitchen cleaning schedule was in place and implemented. Labels and dates on all containers and records of food temperature monitoring were maintained. The chiller, fridge and freezer temperatures were monitored. The cook and the kitchen assistant had current food handling certificates. All aspects of food procurement, production, preparation, storage, delivery and disposal complied with current legislation and guidelines.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>The service has a documented process for the management of declines to entry into the facility, however the service have not had to decline any potential residents recently. The manager confirmed that they keep records of enquiry in the event of decline. When declining services, information is given regarding alternative services and the reason for declining services. Declined residents are referred on to needs assessment service coordinators (NASC).</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and</p>	FA	<p>The resident's needs, support requirements, and preferences were collected and recorded within required timeframes. The RN completed a variety of risk assessment tools on admission. Additional assessments were sighted in the resident's file including the medical</p>

<p>recorded in a timely manner.</p>		<p>assessment completed by the GP and recreational assessment completed by the activities coordinator. InteRAI assessments are completed for residents.</p> <p>Baseline recordings were recorded for weight management and vital signs with monthly monitoring. Staff interviews confirmed that the families were involved in the assessment and review processes. The outcomes of the assessments were used in creating an initial care plan, the long term care plan and a recreational plan for each resident.</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 long term care plans reviewed were resident focused, integrated, and promoted continuity of service delivery. An initial plan of care was developed on admission while the long term care plans were developed within three weeks of admission. The facility used an integrated document system where the GP, allied services, the RN, activities coordinator and visiting health providers wrote their care notes.</p> <p>The resident files had sections for the resident's profile, details, observations, the long term care plan, monitoring and risk assessments. Interventions sighted were consistent with the assessed needs and best practice. Goals were realistic, achievable and clearly documented. The service recorded intervention for the achievement of the goals.</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>FA</p>	<p>Residents received adequate and appropriate services meeting their assessed needs and desired outcomes. Interventions were documented for each goal in the long term care plans. Other considerations like pain management, dietary likes and dislikes, appropriate footwear and walking and hearing aids were included in the long term care plans. Interview with the GP confirmed clinical interventions were effective and appropriate. Interventions from allied health providers were included in the long term care plan, this included; the dietitian; needs assessment service coordinators (NASC) and the physiotherapist.</p> <p>Residents and family involvement in the development of goals and review of care plans were encouraged. Multidisciplinary meetings were conducted by the RN to discuss and review long term care plan. All resident files reviewed during the on-site audit were signed by either the resident or by their families.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity</p>	<p>FA</p>	<p>The activities programmes confirmed that independence was encouraged and choices were offered to residents. The activities coordinator (AC) prepared the activity programmes. The AC provided different activities addressing the abilities and needs of residents in the rest home.</p>

<p>requirements are appropriate to their needs, age, culture, and the setting of the service.</p>		<p>Activities resource materials were accessible for the staff to utilise. Activities included physical, mental, spiritual and social aspects of life to improve and maintain residents' wellbeing. During the onsite visit, activities included residents doing crafts and one-on-one activities.</p> <p>On admission the AC complete a recreation profile and assessment for each resident with the input of the resident and or their family. The recreation assessments included personal interests, family history, work history and hobbies to ensure resident's participation in the activities. The AC provided the RN with the recorded assessments to ensure it was included in the long term care plan. Review of activity plans was completed every six months, as part of the multi-disciplinary review, or when the condition of the resident changed. Residents and family interviews confirmed they enjoyed the variety of activities and were satisfied with the activities programme. Activities included outings as well as community involvement.</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>The resident files reviewed showed long term care plans had six monthly reviews completed. Clinical reviews were documented in the multi-disciplinary review (MDR) records, which included input from the GP, RN, caregivers, the AC and other members of the allied health team. Daily progress notes were completed by the caregivers and the RN. Progress notes reflected daily response to interventions and treatments.</p> <p>Changes to care were documented and reflected the degree of response to the care. Residents were assisted in working towards goals. Short term care plans were developed for acute problems for example: infections; wounds; falls and other short term conditions. Additional reviews included the three monthly medication reviews by the GP's (refer to 1.3.12.6).</p>
<p>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.</p>	<p>FA</p>	<p>The RN stated that residents were supported in access or referral to other health and disability providers. The RN referred residents for further management to the GP; dietician; physiotherapist; speech language therapist and mental health services. The GP confirmed involvement in the referral processes. The service followed a formal referral process to ensure continuity of service delivery. The review of resident folders included evidence of recent external referrals to the physiotherapist and specialists.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p>	<p>FA</p>	<p>Documented processes for the management of waste and hazardous substances are in place and incidents are reported on in a timely manner. Policies and procedures specify labelling requirements in line with legislation including the requirement for labels to be clear, accessible</p>

<p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>		<p>to read and are free from damage. Material safety data sheets are available throughout the facility and accessible for staff.</p> <p>Chemicals are stored securely.</p> <p>Personal protective equipment/clothing (PPE) sighted includes disposable gloves, aprons and goggles. During a tour of the facility, protective clothing and equipment was observed in all high-risk areas.</p> <p>Staff interviewed confirm they can access PPE at any time and were observed wearing disposal gloves and aprons appropriately.</p> <p>The cleaner demonstrated knowledge of handling waste and chemicals. The cleaner knew that cleaning trolleys were required to remain in sight when in use.</p> <p>The hazard register is current with this displayed in the staff room. Staff record any new hazards on hazard forms and the register is updated as required. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>Documentation identifies that all processes are undertaken as required to maintain the building warrant of fitness. The current warrant of fitness expires in 2016.</p> <p>Maintenance is undertaken by maintenance staff as required. Electrical safety testing occurs annually and all electrical equipment sighted had an approved testing tag. Clinical equipment is tested and calibrated by an approved provider at least annually.</p> <p>A planned maintenance schedule is in place with the service addressing issues before they arise.</p> <p>The physical environment minimises the risk of harm and safe mobility by ensuring the flooring is in good condition, bathroom floors are non-slip, the correct use of mobility aids, and walking areas are not cluttered. Regular environmental audits identify any areas requiring improvement.</p> <p>There are external areas. Outdoor areas have shade and there is access to garden areas. Residents and family members confirm that the environment is suitable to meet their needs.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p>	<p>FA</p>	<p>There are adequate numbers of accessible toilets/bathing facilities located in each wing. There is a visitor's toilet and communal toilets are conveniently located close to communal</p>

<p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>		<p>areas. Communal toilet facilities have a system that indicates if it is engaged or vacant.</p> <p>Appropriately secured and approved handrails are provided in the toilet/shower/bathing areas, and other equipment/accessories are made available to promote resident independence.</p> <p>Residents and family members interviewed report that there are sufficient toilets and showers.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>All bedrooms are of a size which allows enough space for residents to mobilise with or without assistance in a safe manner.</p> <p>Residents spoke positively about their rooms. Equipment was sighted in rooms requiring this with sufficient space for both the equipment e.g. a hoist, and at least two staff and the resident.</p> <p>Rooms can be personalized with furnishings, photos and other personal adornments and the service encourages residents to make the room their own.</p> <p>There is room to store mobility aids such as walking frames in the bedroom safely during the day and night if required.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	<p>FA</p>	<p>The service has lounge/dining areas including areas that could be used for activities. All areas are easily accessed by residents and staff. Residents are able to access areas for privacy, if required. Furniture is appropriate to the setting and arranged in a manner which enables residents to mobilise freely.</p> <p>Residents could choose to have their meals in their room.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>The service has procedures in place for cleaning. There is a dedicated storage area for cleaning equipment and chemicals with a locked cupboard on each of the trolleys sighted. The cleaner states that there is training around the use of products and cleaners are reminded to keep the trolley with them at all times. Cleaning is monitored through the internal audit process with no issues identified in audits.</p> <p>All laundry, including residents' personal laundry, is completed on site with a separate clean and dirty area used in the laundry. Staff interviewed confirm they always have enough linen to meet day-to-day needs.</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>Emergency management policies and procedures implemented guide staff actions in the event of an emergency. The emergency plans take into account emergency systems such as fire protection equipment, emergency lighting, and communication. Fire equipment is checked monthly by an approved provider.</p> <p>Emergency supplies and equipment include food and water. Alternative energy and utility sources are available in the event of the main supplies failing and include emergency lighting and a gas BBQ and gas cooker that can be used for cooking.</p> <p>The emergency evacuation plan and general principles of evacuation are clearly documented in the fire service approved fire evacuation plan. A letter sighted from the New Zealand Fire Service confirms the approved evacuation scheme. All resident areas have smoke alarms and a sprinkler system which is connected to the fire service. Emergency education and training for staff includes six monthly trial evacuations.</p> <p>Appropriate security systems are in place with staff checking that the premises are secure at night. Staff and residents confirm they feel safe at all times.</p> <p>Call bells are located in all resident areas. Resident and family/whānau interviews confirm call bells are answered in an acceptable timeframe. Call bells randomly checked on the day of the audit were displayed and answered in a timely manner.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>There are procedures to ensure the service is responsive to resident feedback in relation to heating and ventilation, wherever practicable. Residents are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. There is a designated external smoking area.</p> <p>Family and residents state that the building is maintained at an appropriate temperature with heat pumps throughout.</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.</p>	<p>FA</p>	<p>The responsibility for infection control was clearly defined and there were clear lines of accountability for infection control matters in the facility. The infection control coordinator (IC) was also the RN. The infection control programme was last reviewed at the end of 2014. Infection control was part of the monthly staff meeting agenda as well as part of the monthly meetings.</p>

<p>This shall be appropriate to the size and scope of the service.</p>		<p>When a resident presented with an infection, staff sent specimens to the laboratory for sensitivity testing. The GP prescribed antibiotic as per sensitivity, confirmed during interview. The RN created short term care plans and reviewed the effectiveness of the prescribed antibiotics when the treatment was completed. The RN collated all the surveillance data for benchmarking. Infections were discussed during staff meetings, sighted meeting minutes.</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>There were adequate human, physical, and information resources to implement infection control programme and meet the needs of the organisation. Hand washing signs were sighted around the facility to remind staff and residents of the importance of proper hand washing.</p> <p>The facility maintained regular in-service trainings for infection control including standard precautions, personal protective equipment, cleaning, infectious diseases and hand washing. Sighted training records that are aligned with the training planner.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	<p>FA</p>	<p>Documented policies and procedures for the prevention and control of infection reflected accepted good practice and relevant legislative requirements and were readily available and implemented at the facility. These policies and procedures were practical, safe, and appropriate/suitable for the type of service provided. The policies and procedures sighted complied with relevant legislation and current accepted good practice.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>The organisation provided relevant education on infection control to all service providers, support staff, and residents. The infection control education was provided by an external trainer. The RN reported that hand-washing and infection control training was completed during September 2014. The training programme included hand washing and standard precautions as additional infection control training. Residents interviewed were aware of the importance of hand washing.</p>
<p>Standard 3.5: Surveillance</p>	<p>FA</p>	<p>The RN was responsible for the surveillance programme for this service. Clear definitions of surveillance and types of infections, for example facility-acquired infections, were documented</p>

<p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>		<p>to guide staff. Information was collated on a monthly basis. Surveillance was appropriate for the size and nature of the services provided. Information gathered was clearly documented in the infection log maintained by the infection control coordinator, who was also the RN.</p> <p>Surveillance for infection was carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme. Infection control processes were in place and documented. The infection control surveillance register included monthly infection logs and antibiotics use. The organisation had an internal benchmarking system and identifying trends formed part of their quality processes. Infections were investigated and appropriate plans of action were sighted in meeting minutes. The surveillance results were discussed in the staff meeting.</p> <p>The infection control co-ordinator confirmed a surveillance programme was maintained. Surveillance data was sighted and included infection details related to files sampled. Monthly analysis was completed and reported at monthly general staff meetings.</p> <p>The infection control surveillance is appropriate to the size of the service.</p>
<p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>There were no residents using restraints and two using enablers. The files reviewed for restraint and enabler showed where enablers were used, enabler use was voluntary and the least restrictive option for the residents. The service had a documented system in place for restraint and enabler use, including a restraint register.</p>

Specific results for criterion where corrective actions are required

Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.3.1</p> <p>The organisation has a quality and risk management system which is understood and implemented by service providers.</p>	PA Low	There is a quality framework documented and a business plan completed by the owner.	A quality plan is not documented.	<p>Document, implement and review a quality plan.</p> <p>180 days</p>
<p>Criterion 1.3.12.5</p> <p>The facilitation of safe self-administration of medicines by consumers where appropriate.</p>	PA Low	Review of two resident files of residents who self-administrate medicines, confirmed that the residents have competencies completed by the general practitioner and the registered nurse, within the past six months confirming they are able to safely administer medication. Staff members check that medication is taken as prescribed. Residents have been keeping their medicines in their rooms in the top drawers of their chest of drawers, out of sight of other residents, however not locked away.	The residents stored medicines in the top drawer of their chest of drawers. Storage of the medicines is not currently considered safe or secure.	<p>Residents who self-administer medicines must have safe and secure storage facilities for keeping their medicines.</p> <p>30 days</p>

<p>Criterion 1.3.12.6</p> <p>Medicine management information is recorded to a level of detail, and communicated to consumers at a frequency and detail to comply with legislation and guidelines.</p>	PA Low	<p>Twelve medicines charts reviewed for legibility, three monthly reviews by the general practitioner, records of allergies and sensitivities, photo identification, entries and discontinued medicines being signed and dated by the doctor.</p>	<p>i) Four of the twelve medicines charts reviewed did not show evidence of the medicines having been reviewed within the previous three months.</p> <p>ii) The general practitioners block-date medicines.</p>	<p>i) General practitioners to sign medicines charts in evidence of three monthly reviews,</p> <p>ii) Entries to the medicines administration charts to be individually dated and signed by the general practitioners.</p> <p>30 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.