

# Golden Age Health Care Limited - Abbey Heights Rest Home

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## Introduction

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

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

**Legal entity:** Golden Age Health Care Limited

**Premises audited:** Abbey Heights Rest Home

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

**Dates of audit:** Start date: 23 February 2016      End date: 24 February 2016

**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:** 21

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

Indicator	Description	Definition
	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

Abbey Heights Rest Home is one of three aged care facilities owned and operated privately by a husband and wife team. It is able to cater for up to 24 rest home care residents. On the day of audit there are 21 residents.

This certification audit was conducted against the Health and Disability Services Standards and the provider's contract with the district health board. The general practitioner was not available on the days of audit.

All residents have English as a second language. Staff employed match the ethnicity and language variance of the residents. Interviews with staff, residents and family/whānau members were undertaken with the assistance of an independent approved interpreter.

There are no areas identified for improvement.

## 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 demonstrated good knowledge and practice of respecting residents' rights in their day to day interactions. Staff receive ongoing education on the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Families interviewed reported that staff work in a caring manner and respect each resident.

A copy of the Code brochure is available in Chinese and other languages as required. There were no residents who identified as Maori residing at the service at the time of audit.

Written consents are obtained from the resident, residents' family/whanau, enduring power of attorney (EPOA) or appointed guardians, as required. Signed consent forms were sighted in all residents' files reviewed.

The organisation provides services that reflect current accepted good practice and this was evident in the progress notes.

The organisation respects and supports the right of the resident to make a complaint. The service has a complaints register and the information is recorded to meet all the requirements of the standard. There were no outstanding complaints at the time of audit.

## Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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The organisation's philosophy, mission and vision statements are identified in the business plan. Planning covers business strategies for all aspects of service delivery to ensure services are delivered in a manner to meet residents' needs.

The quality and risk system and processes support effective, timely service delivery. Corrective action planning is implemented to manage any areas of concern or deficits. The quality management systems include an internal audit process, complaints management, incident/accident reporting, annual resident surveys, restraint and infection control data collection. Quality and risk management activities and results are shared among management, staff, residents and family/whānau, as appropriate.

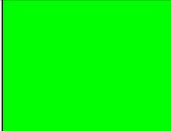
The day to day operation of the facility is undertaken by staff that are appropriately experienced, educated and qualified. Residents and family/whānau confirmed during interview that all their needs and wants are met.

The service implements the documented staffing levels and skill mix to ensure contractual requirements are met. Human resources management processes implemented identify good practice and meet legislative requirements.

Resident information is accurately recorded and kept confidentially.

All residents have English as a second language. All but one resident is Asian. The service employs staff to match the ethnicity and language variance of the residents. Interviews with staff, residents and family/whānau members were undertaken with the assistance of an independent approved interpreter.

## Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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Pre-admission information clearly and accurately identifies the services offered. The service has policies and processes related to entry into the service.

Residents have an initial nursing assessment and care plan developed by the registered nurse (RN) on admission to the service. The service meets the contractual time frames for the development of the long term care plan. When there are changes in the resident's needs, a short term care plan is implemented to reflect these changes. The care plan evaluations are conducted at least six monthly on all aspects of the care plan.

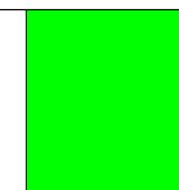
All residents have the required interRAI assessments completed. Residents are reviewed by a GP on admission to the service and at least three monthly, or more frequently to respond to any changing needs. The provision of services is provided to meet the individual needs of the residents. The families interviewed reported that care plans are implemented and that the service manages the residents in a manner that is professional and caring.

The service has a planned activities programme to meet the recreational needs of the residents. Residents are encouraged to maintain links with family and the community.

A safe medicine administration system was observed at the time of audit. Staff responsible for medicine management have been assessed as competent to do so.

Residents' nutritional requirements are met by the service with likes, dislikes and special diets catered for and food available 24 hours a day. The service has a four week summer/winter rotating menu which has been approved by a dietitian.

## Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The service has processes in place to protect residents, visitors and staff from harm as a result of exposure to waste or infectious substance. There are documented emergency management response processes which were understood and implemented by staff. Residents understand emergency evacuation processes.

The building has a current building warrant of fitness and the service has an approved fire evacuation plan. There have been no changes to the facility footprint since the previous audit.

The facilities meet residents' needs and provide furnishings and equipment that is regularly maintained. There is adequate toilet, bathing and hand washing facilities. Lounge and dining areas meet residents' relaxation, activity and dining needs.

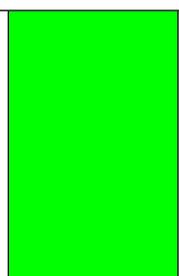
The facility heating is electric with central heating in the main lounge area. Opening doors and windows creates an air flow to keep the facility cool when required. The outdoor areas provide furnishings and shade for residents' use. Residents and family/whānau were happy with the environment provided.

## Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Policy states that enablers shall be voluntary and the least restrictive option to meet the needs of the resident to promote independence and safety. Abbey Heights Rest Home has an electronic gate to enter and exit the grounds. The service acknowledges this is environmental restraint for which assessment and monitoring is not required. There are appropriate systems in place to manage this so that resident movements are not restricted in any manner.

## Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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The infection prevention and control programme aims to prevent the spread of infection and reduce the risks to residents, staff and visitors. The surveillance programme is appropriate for the size and nature of the services provided. Monthly surveillance data and audits are recorded, collated and reported to management, and quarterly to an external agency. The Infection Control Coordinator (ICC) is suitably qualified for the role and implements and reviews the infection control programme annually.

## Summary of attainment

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

<b>Attainment Rating</b>	<b>Continuous Improvement (CI)</b>	<b>Fully Attained (FA)</b>	<b>Partially Attained Negligible Risk (PA Negligible)</b>	<b>Partially Attained Low Risk (PA Low)</b>	<b>Partially Attained Moderate Risk (PA Moderate)</b>	<b>Partially Attained High Risk (PA High)</b>	<b>Partially Attained Critical Risk (PA Critical)</b>
<b>Standards</b>	0	46	0	0	0	0	0
<b>Criteria</b>	0	94	0	0	0	0	0

<b>Attainment Rating</b>	<b>Unattained Negligible Risk (UA Negligible)</b>	<b>Unattained Low Risk (UA Low)</b>	<b>Unattained Moderate Risk (UA Moderate)</b>	<b>Unattained High Risk (UA High)</b>	<b>Unattained Critical Risk (UA Critical)</b>
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Staff interviewed demonstrated their knowledge of the Code of Health and Disability Services Consumers' Rights (the Code). Residents' rights are upheld by staff (eg, staff knocking on residents' doors prior to entering their rooms, staff speaking to residents with respect and dignity, staff calling residents by their preferred names). Staff observed on the days of the audit demonstrated knowledge of the Code when interacting with residents.</p> <p>The residents and relatives interviewed using an interpreter reported that they are treated with respect and dignity.</p> <p>Residents are addressed in a respectful manner as was confirmed in interview with residents and families.</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>Evidence was seen of the consent process for the collection and storage of health information, outings and indemnity, use of photographs for identification, sharing of information with an identified next of kin, and for general care and treatment. The resident's right to withdraw consent and change their mind is noted on the form. Information is provided on enduring power of attorney (EPOA) and ensuring where applicable this is activated.</p> <p>There are guidelines in the policy for advance directives which meet legislative requirements.</p>

		<p>The consent can be reviewed and altered as the resident wishes. The RN discusses information on informed consent with the resident and family on admission. The files reviewed had signed advance directive forms which meet legislative requirements.</p> <p>Family members and residents are actively involved and included in care decisions as evidenced in residents' files reviewed.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>Advocacy information is available in brochure format at the entrance to the facility. Residents and their families are aware of their right to have support persons. This was confirmed in interview with residents and family. The advocacy brochure is available in Chinese and other languages.</p> <p>Education from the Nationwide Health and Disability Advocacy Service is undertaken annually as part of the in-service education programme. The staff interviewed report knowledge of residents' rights and advocacy service.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Residents reported on interview that they are supported to be able to remain in contact with the community by outings and the walks to local shops and parks. Policy includes procedures to be undertaken to assist residents to access community services and a van is available.</p> <p>There is a portable phone which is taken to the residents as required.</p> <p>Evidence in files reviewed showed attendance at DHB for appointments as required.</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>Abbey Heights Rest Home implements organisational policies and procedures to ensure complaints processes which reflect a fair complaints system. Residents, family/whānau and staff reported during interview that they understand the complaints processes in place and are aware of where to find written complaints forms.</p> <p>The service has a complaints register in place which identifies the nature of the complaint, the dates received and the actions taken to address the complaints. Documented complaints information is used to improve services as appropriate. Complaints information is shared at staff meetings and with the owner/director. This is confirmed in meeting minutes sighted and during staff and management interviews.</p>

		There were no outstanding complaints at the time of audit.
Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.	FA	Opportunities for discussion and clarification relating to the Code are provided to residents and their families, as confirmed by interview with the RN. Discussions relating to residents' rights and responsibilities take place formally (in staff meetings and training forums) and informally (eg, with the resident in their room). Education is held by the Nationwide Health and Disability Advocacy Service annually.
Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.	FA	Staff ensure privacy by knocking on doors before entering and closing on exit if requested. The process for accessing personal health information is detailed in the policy.  Evidence is seen in files reviewed of the residents' goals which are personalised and reviewed every six months.  Staff interviewed report knowledge of residents' rights and understand the principles of dignity and respect.  Residents reported on interview using an interpreter that they are treated with patience and encouraged to be as independent as possible.
Standard 1.1.4: Recognition Of Māori Values And Beliefs 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.	FA	The relevant policy reviewed included a range of cultural issues/considerations for staff to be aware and a commitment to the Treaty of Waitangi. Family/next of kin input and involvement in service delivery/decision making is sought if applicable.  There were no Maori residents in the service at the time of audit. Education was given to staff on the Treaty of Waitangi in 2015 and staff interviewed reported that they understand the principles of the Treaty of Waitangi and attend the education annually. Staff verbalised on interview their knowledge of the Treaty of Waitangi and respect for different cultures.
Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs Consumers receive culturally safe services which recognise and respect their ethnic,	FA	The RN assesses the cultural and/or spiritual needs of the resident in consultation with the resident and family as part of the admission process. Specific health needs and food preferences are identified on admission. The care plan is developed to ensure that care and services are delivered in a culturally and/or spiritually sensitive manner in accordance with protocols/guidelines as requested by the resident.

<p>cultural, spiritual values, and beliefs.</p>		<p>If required, a person acceptable to the resident is sought from the community to provide advice, training and support for the staff to enable the facility to meet the cultural/spiritual needs of the resident.</p> <p>Annual resident satisfaction surveys monitor satisfaction. Residents and their families are satisfied with the services provided as confirmed in interviews with residents using an interpreter.</p> <p>Staff interviewed reported on the need to respect the individual's culture and values. All residents except one are of Chinese descent and their specific needs are identified in the residents' files.</p>
<p>Standard 1.1.7: Discrimination Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>The employment position descriptions and the Code of Rights define residents' rights relating to discrimination. There was no evidence of any behaviour that requires reporting and interviews with residents indicated no concerns.</p>
<p>Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>Evidence was seen of care staff undertaking or completed the National Certificate in the Care of the Elderly Education programme. All staff have an up to date first aid certificates and all staff who administer medication have yearly assessments to determine competency.</p> <p>The RN attends education sessions run by the DHB and other local organisations. The planned yearly education programme reviewed included sessions that ensures an environment of good practice. The food service cooks have fulfilled the requirements of safe food handling. Residents' reported on interview satisfaction with the meals and food and that any concerns are listened to at monthly meetings.</p>
<p>Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>The open disclosure policy is based on the principle that residents and their families have a right to know what has happened to them and to be fully informed. The cultural appropriateness procedure documents that residents and families who do not speak English shall be advised of the availability of an interpreter at the first point of contact with the service.</p> <p>The service promotes an environment that optimises communication and staff education related to appropriate communication methods.</p> <p>Family interviewed confirmed they are kept informed of the resident's status, including any</p>

		events adversely affecting the resident. Evidence of open disclosure was documented in the residents' files reviewed, on the accident/incident form and in the residents' progress notes.
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Abbey Heights has a business plan in place which is fully reviewed annually and monitored quarterly to measure progress towards meeting set goals. The plan identifies both strategic and workplace goals which show how services are planned, coordinated and delivered to meet residents' needs. The organisation's philosophy, mission statement and values are clearly documented and the owner/director confirms they underpin all planning processes.</p> <p>The current owner/managers have operated the facility for nine years. One owner/manager works at the facility two days a week and he has a close working relationship with the facility manager who has been in the role for over seven years. Both managers maintain their knowledge by attendance at conferences, in-service education which covers management and clinical issues. All clinical services are overseen by a registered nurse.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>The organisation has a process in place which allows the day to day operation of services to be managed in an effective manner when a member of management is on holiday. For example, registered nurse cover is obtained from one of the other sister facilities owned by the same owner/directors and therefore all staff are aware of policies, procedures and processes to ensure there is no disruption to services. The managers relieve each other to ensure the role is fully covered at all times.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>Abbey Heights Rest Home has a quality and risk management system which is understood and implemented by service providers. This includes the update of policies and procedures which are managed by an off-site organisation, regular internal audits, incident and accident reporting, health and safety reporting, infection control data collection, restraint and complaints management. If an issue or deficit is found a recommendation is written and corrective actions are put in place to address the situation. Information is shared with all staff as confirmed in meeting minutes sighted and verified by staff interviewed. Strategic and workplace goal achievements are measured by the use of key performance indicators at quarterly quality meetings.</p> <p>Staff, resident and family/whānau interviews confirmed any concerns they have were addressed by management. Staff verbalised examples of quality improvements made, such</p>

		<p>as the replacement of the washing machine and the increase in staffing clinical hours.</p> <p>The facility manager is the health and safety representative and has completed appropriate training for this role. Actual and potential risks are identified using the quality and risk planning processes. Newly found hazards are discussed at staff meetings and residents are informed as appropriate. Staff confirmed that they understood and implemented documented hazard identification processes. The hazard register sighted covers all aspects of service delivery.</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>Adverse event reporting as identified in policy is implemented by the service. The facility manager confirmed his awareness of the organisation's requirement related to statutory and or/regulatory reporting obligations. This is confirmed in the reporting data sighted related to an outbreak of diarrhoea in December 2015. The RN confirms here knowledge and understanding of the need to record and report pressure injuries and what level needs to be reported to the DHB.</p> <p>Staff interviewed stated they report and record all incidents and accidents and that this information was shared at all levels of the organisation, including any follow up actions required.</p> <p>Documentation in six residents' files and the 2016 incident and accident forms sighted identify that accident and incident forms are used to report all issues. The incident and accident forms identify any corrective actions put in place.</p> <p>Family/whānau notification is clearly shown and confirmed during family/whānau interviews. Family/whānau are notified of any adverse events or concerns they have about residents.</p> <p>Management confirmed during interview that information gathered from incident and accidents is used as an opportunity to improve services where indicated. One example relates to the purchase and use of sensor mats for residents who will not use their call bells when getting out of bed which can result in frequent 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</p>	FA	<p>Policies and procedures identify human resources management that reflects good employment practice and meet the requirements of legislation. This is reflected in the five staff files reviewed. All roles have job descriptions that describe staff responsibilities. Staff complete an orientation programme with specific competencies for their roles.</p> <p>Documentation in the staff files reviewed confirmed some competencies, such as medication management are repeated annually. Staff that require professional qualifications have them</p>

<p>requirements of legislation.</p>		<p>validated as part of the employment process and on an ongoing annual basis.</p> <p>The education calendar sighted identifies that staff undertake training and education related to the roles they undertake. Topics covered in annual training and education relates to age care and health care services. Members of the management team also attend workshops and seminars specific to management related topics. Education occurs both on and off site and include guest speakers, such as the gerontology specialist nurse from Waitemata District Health Board.</p> <p>The ethnicity and language skills of staff match those of the residents at the facility. Resident and family/whānau members interviewed, identified that residents' needs are met by the service. No negative comments were voiced during interviews on the days of audit. This is also supported in the resident satisfaction survey results sighted.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>Policy identifies staffing levels and skill mix are maintained via the use of a 'staffing level planning tool' to meet residents' needs and to comply with contractual requirements. Documentation identifies that at all times adequate numbers of suitably qualified and experienced staff are on duty to provide safe and quality care.</p> <p>The service operates on a 'master roster' where each staff member is allocated set shifts. Interviews with staff and the nurse manager confirmed that staff are replaced when sick or on leave. Staff reported they have adequate time to complete all required tasks to meet residents' needs. A quality improvement has been made since the previous audit with an increase in clinical staff hours for both morning and afternoon shift. This process is clearly documented.</p> <p>Resident and family/whānau members interviewed stated all their needs have been met in a timely manner. There is a registered nurse on duty Monday to Friday and on call at all times. Caregivers confirmed they can contact the on-call RN at any time.</p> <p>The service has dedicated cleaning staff seven days a week. Laundry is undertaken by caregiving staff. The roster shows that the activities (which are planned and overseen by a diversional therapist from a sister facility) are performed by the facility manager and caregivers.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p>	<p>FA</p>	<p>The service retains relevant and appropriate information to identify residents and to track records. This includes information gathered at the time of admission to the service, with the involvement of family. There is sufficient detail in residents' files to identify residents' ongoing</p>

<p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>		<p>care history and activities.</p> <p>There are policies and procedures in place for privacy and confidentiality. Staff could describe the procedures for maintaining confidentiality of residents' records. Residents' files are protected from unauthorised access by being locked in a filing cabinet in a locked room. Staff files are secured in a key access filing cabinet and the manager's office is locked when not in use.</p> <p>Entries are legible, dated and signed by the relevant staff member or allied health professional, including designation.</p> <p>Individual resident's files demonstrated service integration, including medical care interventions. Medication records are in a separate folder with the medication.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	<p>FA</p>	<p>Entry into service is managed by the RN who undertakes a tour of the facility and ensures the prospective resident is suitable for the services supplied at this facility.</p> <p>Suitable information brochures are available in Chinese languages as requested.</p> <p>Referrals are usually through the Needs Assessment and Service Coordination (NASC) assessment team and also advertising in the Chinese newspaper. The NASC are aware of the level of care available at this facility.</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>There is a specific transfer form to document information involving the resident being transferred to the DHB. The form highlights any known risks, such as falls, includes current medications, current information related to the national health index number (NHI), date of birth (DOB), next of kin, instruction regarding specific treatments and may include a medical referral as appropriate.</p> <p>When the resident is transferring to another facility another form is used outlining activities of daily living, reason for transfer, current medical problems, past history, medications, current treatments and observations. A verbal handover is given by the RN on duty. Communication is maintained with the family as confirmed on interview.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and</p>	<p>FA</p>	<p>The medication records reviewed were dated, signed off and signatures can be verified with the specimen signature list. Photo-identification was seen on each record sighted. Allergies and sensitivity are documented on signing sheets. There is evidence that signing sheets are</p>

<p>timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>recorded appropriately and alert stickers are available. Signature specimen lists are in the front of each medication folder for the medical and nursing staff for verification if required.</p> <p>There were no residents self-medicating at the time of the audit and there are no standing orders at this facility. The staff responsible for medication management have all completed medication competencies and on-going education relating to medication management as verified on the education record spreadsheet reviewed.</p> <p>The service implements reconciliation processes which include the checking of all blister packs for accuracy by the RN when delivered to the facility and all medication charts are faxed to the pharmacy and checked against the medical review updates every three months.</p> <p>The GP conducts medicine reconciliation when residents are admitted to the service and at least three monthly thereafter. Medicine file reviews showed that each medication is individually signed.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>Food monitoring of all the fridges and freezers occurs on a daily basis and the records reviewed showed that temperatures are within the required range. All equipment and resources are readily available, inclusive of personal protective items, such as gloves, hats and aprons. The kitchen is suitable for designated areas for food preparation, plating/tray system serving areas, clean and dirty areas as required. The kitchen was very clean on the days of audit. Daily cleaning schedules are met by the staff in all areas of the food service, as was observed. Rubbish was stored appropriately and disposal processes are in place. A waste management protocol is followed.</p> <p>On admission a nutritional assessment is performed by the RN and the information is given to the cook. Any special dietary requirements or special diets are recorded and acknowledged by the kitchen staff when preparing the individual meals. Birthday cakes are made when residents celebrate this occasion.</p> <p>Evidence of menu reviews being undertaken by a registered dietary service contracted to provide advice and support is completed. Changes suggested by the dietitian are implemented as part of the quality programme. Staffing is consistent over seven days and evidence was seen of safe food handling certificates.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p>	<p>FA</p>	<p>The RN reported that the needs assessment team at the DHB usually ring and a telephone discussion verifies the suitability for admission before the family visits, if the resident is in hospital. There is documentation of all enquiries and the action taken if the admission is</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.		declined.
Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	The initial nursing assessment includes good use of clinical tools, including falls risk, pressure injury risk and pain assessment. Referral letters are sighted from external agencies, including DHB clinics, and there is evidence of family involvement in the assessment process. Evidence was sighted in files reviewed that assessments are conducted within the specified timeframes. The assessment information is used as part of care plan development.  The RN reported that she oversees all care plans and residents and family are included. Residents reported on interview they were involved in the assessment process on admission.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	In files reviewed evidence was sighted of interventions related to the desired outcomes of each resident. Risks identified on admission were included in the care plan and these included falls risk, pressure injury risk and pain management.  All health professionals document in the resident's individual clinical file and have access to care plans and progress notes as part of the integrated file system. Documentation in files reviewed included nursing notes, medical reviews and hospital correspondence. The residents reported that they are included in the care planning and are aware of any changes and these are discussed with them. Care staff reported they are informed of any changes to care plans at shift changeover. The care plan is written in a language that is user friendly and able to be understood by all staff.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	There is documented evidence that the interventions relating to the residents' assessed needs and desired outcomes are evaluated as required and within timeframes to ensure residents' planned outcomes are being met. There is evidence in documentation reviewed of a resident whose falls risk assessment had changed from a low to medium risk. Changes to the care plans included regular checking of the resident and leaving the call bell accessible.  The care staff interviewed reported they were informed of any care plan changes at hand over and have relevant in-service education as required specific to any new interventions.

<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>There are two care staff who are responsible for implementing the activity programme which is overseen by a qualified diversional therapist (DT) who is contracted to the facility. The DT oversees all aspects of the programme and visits monthly to meet with staff and review paperwork. She was not available for interview during the time of the audit.</p> <p>Evidence was seen of monthly resident meetings, resident satisfaction surveys and follow up on all concerns and suggestions.</p> <p>Evidence was seen on the programme of music, tai chi and other exercise groups, majong and outings to China town.</p> <p>Staff interviewed ensure that an activity is available when regular staff are not available. Ongoing education is undertaken by the DT and a network meeting is held with the activity coordinators at the other facilities informally.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Reviews and ongoing assessments of residents are clearly documented in the residents' files reviewed. The medical consultations are clearly documented on the medical clinical records sighted. Documentation demonstrated that the care and support plans are evaluated at least six monthly or more often if required. If a resident is not responding appropriately to the interventions being delivered, or their health status changes, this is discussed with the GP.</p> <p>The multidisciplinary (MDT) reviews are organised by the RN and families are invited to attend or contribute to the review process. Family and residents confirmed their input into the MDT meeting.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	<p>FA</p>	<p>The policy related to exit, transfer or transition states that residents have access to appropriate external treatment and support services. All referrals are clearly documented in the progress notes and in the diary. The family are notified of the upcoming appointment and are invited to attend and assist.</p> <p>In residents' files reviewed information relating to the referral process was sighted. Residents are given a choice of GP when they are admitted. If the need for other services are indicated or requested, the GP or RN sends a referral to seek specialist assistance from the DHB.</p>
<p>Standard 1.4.1: Management Of Waste And</p>	<p>FA</p>	<p>Policy describes safe and appropriate storage and disposal of waste substances. In order to protect staff, residents and visitors from harm as a result of exposure to waste products the</p>

<p><b>Hazardous Substances</b></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>service implements policy. Yellow sharps bins are used for the safe disposal of medical waste, such as needles. Staff report their understanding of safe disposal processes.</p> <p>Chemicals are stored securely and clearly labelled. Safety data sheets were sighted for the chemicals in use. Personal protective equipment/clothing (PPE) sighted included disposable gloves, aprons and goggles. Staff interviewed confirmed they can access PPE at any time and were observed wearing disposal gloves as required.</p>
<p><b>Standard 1.4.2: Facility Specifications</b></p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>Documentation sighted identified that all processes were undertaken as required to maintain the building warrant of fitness. The facility has a current building warrant of fitness which expires 8 November 2016.</p> <p>There is a process in place to identify and manage maintenance. This involves the use of external contractors as required. Electrical safety testing occurs annually and was completed in January 2016 by a registered electrician. Clinical equipment is tested and calibrated by an approved provider at least annually and was last undertaken in January 2016.</p> <p>The physical environment minimises the risk of harm and safe mobility by ensuring bathroom floors are non-slip, the correct use of mobility aids, and walking areas are not cluttered. Regular environmental audits sighted identify that the service actively work to maintain a safe environment for staff and residents. Day to day maintenance is undertaken as required.</p> <p>The service identifies planned annual maintenance in their business plan and are undertaking a systematic upgrade of the bathroom areas. Outdoor decks and handrails have all been upgraded in 2015 and there are easily accessed shaded outdoor areas for residents. Wheelchair access is available if required.</p> <p>Interviews with residents and family/whānau members confirmed the environment is suitable to meet their needs.</p>
<p><b>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</b></p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving</p>	FA	<p>There are adequate centrally located toilet/shower facilities for residents with separate staff and visitor facilities. There are three bedrooms with full ensuite facilities and seven with toilets. All bedrooms have hand washing facilities. It was noted on the day of audit that one shared toilet area (toilet 8) had paint beginning to peel in one corner. This was already identified by the facility and had been placed on the maintenance list. The facility manager and the owner/director stated this toilet was the next toilet area to undergo an upgrade.</p>

assistance with personal hygiene requirements.		
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>All bedrooms are of a size which allows enough space for residents to mobilise with or without assistance in a safe manner. They are personalised to meet resident's wants and needs and have appropriate areas for residents to place personal belongings. There are 20 bedrooms, four of which are double rooms. The only time the rooms are shared is for a couple. Two of the double rooms had couples in them at the time of audit and the other two double rooms were single occupancy.</p> <p>Resident and family/whānau members interviewed confirmed they were happy with their bedrooms and stated that privacy is never an issue.</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>	FA	<p>Residents are provided with safe, adequate areas to meet their relaxation, activity and dining needs. There is one dining area upstairs and one down stairs. There are two separate lounge areas both located downstairs; one with a television and one quiet lounge. Both lounges are used for activities as was observed on the days of audit.</p> <p>Residents and family/whānau voiced their satisfaction with the environment.</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>	FA	<p>The service has documented procedures in place for cleaning and laundry tasks. Chemicals are securely stored and appropriately labelled. There is one washing machine and dryer upstairs for resident clothing and a commercial washing machine and dryer downstairs. All residents are issued with their own bed linen and towels when they enter the facility and each resident keeps the linen in their bedroom. Staff wash the items and return them to each resident. There is no shared bed linen. The recently purchased washing machine and dryer have commercial settings and staff interviewed stated they understood what each wash cycle was for.</p> <p>During interview, residents and family/whānau confirmed they are very happy with the laundry services provided.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and</p>	FA	<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</p>

<p>timely response during emergency and security situations.</p>		<p>checked annually by an approved provider. (Last undertaken in July 2015).</p> <p>Emergency supplies and equipment include food and water. The service has an approved fire evacuation plan. There have been no changes to the facility footprint. Six monthly trial evacuation drills occur and are well documented. (Last undertaken 27 November 2015).</p> <p>Alternative energy and utility sources are available in the event of the main supplies failing and include emergency lighting and a gas BBQ and cooking. There is a civil defence and disaster kit available and staff training occurred on the 16 January 2016 and 12 staff plus management attended this days training.</p> <p>The security arrangements include staff ensuring the doors and windows are locked upon dusk. There are security cameras at the entrance and in the shared living areas which are monitored from the manager's office. The gates onto the facility are electronic. (Refer comments in 2.2.1). Staff and residents interviewed confirmed they feel safe at all times.</p> <p>Call bells are located in all resident areas. Resident and family/whānau interviews confirmed call bells were answered in an acceptable timeframe.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>The areas used by residents have at least one opening window which allows ventilation and natural light. All residents' bedrooms have full sized ranch sliders which opens out onto a decked area. The facility is ventilated by opening doors and windows. The heating is electric with central heating in the main lounge area. Residents confirmed during interview that the facility remains at a suitable temperature throughout the year.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>FA</p>	<p>The service has a documented infection control programme which is reviewed as part of the annual quality review programme. The infection control programme minimises the risk of infections to residents, staff and anyone else visiting the facility.</p> <p>The infection control coordinator (IPCC) is the RN. The infection control coordinator monitors for infections, uses standardised definitions to identify infections, surveillance, changes in behaviours, monitoring of organisms related to antibiotic use and the monthly surveillance record. Infection control is a standing agenda item in the staff meetings. If there is an infectious outbreak this is reported immediately to staff, management, and where required, to the DHB and public health department.</p> <p>The infection control coordinator interviewed reported that the staff have good assessment skills in the early identification of suspected infections. Residents with infections are reported</p>

		<p>to staff at the shift handover, have short term care plans and documentation in the progress notes.</p> <p>A process is identified in policy for the prevention of exposing providers, residents and visitors from infections. Staff and visitors suffering from infectious diseases are advised not to enter the facility by notices at entrances. When outbreaks are identified in the community, notices are placed at the entrance not to visit the service if the visitor has come in contact with people or services that have outbreaks identified. Sanitising hand gel is available throughout the facility and there are adequate hand washing facilities for staff, visitors and residents. Residents suffering from infections are encouraged to stay in their rooms if required.</p> <p>The RN and caregivers interviewed demonstrated good infection prevention and control techniques and awareness of standard precautions, such as hand washing.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The IPCC confirmed being responsible for facilitating infection prevention and control activities. The IPCC has attended relevant education on infection prevention and control and advises she liaises with the GP if there are any concerns about a resident with a known or suspected infection.</p> <p>The IPCC is responsible for gaining infection control, infectious disease and microbiological advice and support, where this is not available within the organisation. In the event of an outbreak advice will be sought from the GP, DHB or laboratory services. The December 2015 outbreak was managed according to requirements.</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>	FA	<p>A copy of the infection prevention and control policies are available for staff to refer to as and when required. Staff interviewed confirmed access to policies on infection prevention and control. Staff reported if they had any concerns they would contact the RN who is on call when not on site.</p>
<p>Standard 3.4: Education</p>	FA	<p>Education is provided for staff on infection prevention and control as a component of the</p>

<p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>		<p>orientation and ongoing education programme. Education is provided by an external infection control consultant as part of the annual education programme. As an example a newsletter received was on urinary tract infections.</p> <p>Residents and family are provided with advice on infection prevention and control activities via residents' meetings. The residents' meeting minutes included discussion on the importance of hand hygiene.</p> <p>Staff reported on interview they regularly receive education on infection prevention as part of the annual programme and also at handover if a situation arises.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>Surveillance for infections is carried out in accordance with agreed objectives and priorities that is specified in the infection control programme. The surveillance programme reviewed is appropriate for the size and nature of the services provided.</p> <p>The IPCC is the RN with experience and knowledge in infection prevention and control. The IPCC explained the surveillance system, the role of IPCC, responsibilities and the reporting systems in place. Information gained is reported as part of the quality management system requirements and quality improvement objectives on a monthly basis.</p> <p>Relevant types of infections, such as urinary tract infections, lower respiratory infections, influenza, chest, skin, wound infections and other infections are part of the surveillance programme. Surveillance forms have been developed and implemented for this purpose. Infection reports are completed and reviewed individually by the IPCC. Any immediate trends, advice or information fact sheets are provided back to the service concerned. Additional advice and support on infection control matters can be sought from the DHB or a private infection control nurse consultant.</p> <p>There was an outbreak in December 2015 which was managed and reported to the DHB.</p> <p>Caregivers reported that they are kept well informed and understood their responsibilities for reporting any signs and symptoms of a resident having an infection to the RN.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>Policy identifies what an enabler is and that it will be voluntary and the least restrictive option to promote or maintain resident independence and safety.</p> <p>There were no enablers in use at the time of audit. Staff are aware of the difference between an enabler and a restraint. This is included in the restraint education undertaken by staff</p>

		which was last presented in November 2015.
<p>Standard 2.2.1: Restraint approval and processes</p> <p>Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.</p>	FA	<p>Policy identifies that Abbey Heights Rest Home has environmental restraint. This relates to the electronic gate at the end of the drive to deter the general public from using the off road parking and for security reasons. The code number for the gate is clearly on display so the gate can be opened at any time. Residents and family/whānau were seen to use the gate whenever they wished on the days on audit. The facility manager and the owner/director confirmed the use of the gate is included in admission discussions.</p> <p>As identified in policy no assessment or monitoring is required for the environmental restraint. The code for the gate and how to use it is part of the resident admission process and is shared with residents and family/whānau members. This was confirmed during interview.</p>

## Specific results for criterion where corrective actions are required

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

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

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

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.