

# Tranquillity Bay Care Limited - Tranquillity Bay care

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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 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:** Tranquillity Bay Care Limited

**Premises audited:** Tranquillity Bay Care

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

**Dates of audit:** Start date: 14 March 2016 End date: 15 March 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:** 23

# 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.

## General overview of the audit

Tranquillity Bay Care can provide care for up to 34 residents. This certification audit was conducted against the Health and Disability Service Standards and the service contract with the District Health Board. The service also has residents requiring care under short-term contracts (respite care).

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 manager is responsible for the overall management of the facility and is supported by the operations manager and a senior registered nurse who provides clinical oversight of the service. Service delivery is monitored.

Improvements are required to the quality programme, performance appraisals, wound management and assessments of care.

## **Consumer rights**

Information regarding the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code), the complaints process and the Nationwide Health and Disability Advocacy Service, is accessible. This information is brought to the attention of residents' and their families on entry to the service and when requested. Residents and family members confirm their rights are met, staff are respectful of their needs and communication is appropriate.

Consent forms are provided and residents and family are given relevant information.

The manager is responsible for management of complaints and a complaints register is maintained. The complaints recorded on the register are managed according to the specified timeframes.

## **Organisational management**

There is a documented quality and risk management system that supports the provision of clinical care and support at the service. Policies are reviewed by the management team and quality and risk performance is reported through meetings at the service. There is a management system to manage resident's records with a document control process in place.

There are human resource policies implemented around recruitment, selection, orientation and staff training and development. Staff, residents and family confirm that staffing levels are adequate and residents and relatives have access to staff when needed. Staff are allocated to support residents as per their individual needs.

An improvement is required to regularity of meetings, review of policies and performance appraisals.

## **Continuum of service delivery**

Service provision is coordinated to promote continuity of service delivery. The residents and family interviewed confirm their input into care planning and access to a range of life experiences and choices. Sampling of residents' clinical files validated service delivery to the residents. Resident's care planning is changed according to the needs of the resident when progress is different from expected. The service uses short-term care plans for acute problems.

The residents and family interviewed confirm satisfaction with the activities programme. Individual activities are provided either within group settings or on a one-on-one basis.

Medication areas, including controlled drug storage, evidence a secure medicine dispensing system. Review of staff competencies confirmed all staff have current medication management competencies.

Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs are being met. The kitchen staff have completed food safety training.

Improvements are required to ensuring that assessments are completed in a timely manner and held in resident records and that wound management is documented.

## **Safe and appropriate environment**

A current building warrant of fitness is in place and New Zealand Fire Service evacuation scheme is approved. 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 in a timely manner.

## **Restraint minimisation and safe practice**

Restraint minimisation policy and procedures including definitions of restraint and enablers are congruent with the restraint minimisation and safe practice standard. There is a job description for the restraint coordinator. There were no residents using restraints or enablers on the day of audit.

## **Infection prevention and control**

The infection prevention and control policies include guidelines on prevention and minimisation of infection and cross infection. The infection control policy has been reviewed by an external consultant. Staff are familiar with infection control measures and the use of personal protective equipment. Surveillance is completed at monthly intervals and contributes to the quality improvement within the facility.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
<b>Standards</b>	0	41	0	2	2	0	0
<b>Criteria</b>	0	88	0	3	2	0	0

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

# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	<p>FA</p>	<p>Residents state that they receive services that meet their cultural needs, receive information relative to their needs and that staff respect their wishes. Staff are able to explain rights for residents in a way that promotes choice. The posters identifying residents' rights are displayed in the facility.</p> <p>Staff receive education on the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) during their induction to the service and through the annual mandatory education programme. All staff have had training in 2015. Interviews with staff confirm their understanding of the Code. Examples were provided on ways the Code is implemented in their everyday practice, including: maintaining residents' privacy; encouraging independence and ensuring residents could continue to practice their own personal values and beliefs.</p> <p>The auditors noted respectful attitudes towards residents on the days of the audit.</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>	<p>FA</p>	<p>There is an informed consent policy and procedure that directs staff in relation to 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 and recorded. Interviews with staff confirmed their understanding of informed consent processes.</p> <p>The service information pack includes information regarding informed consent. The registered nurse or the clinical manager discusses informed consent processes with residents and their families during the admission process.</p> <p>The policy and procedure includes guidelines for consent for resuscitation/advance directives. Advanced directives in files reviewed are signed by residents deemed competent to complete these.</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>	<p>FA</p>	<p>Written information on the role of advocacy services is 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 and in information packs provided to residents and family on admission to the service.</p> <p>Staff training on the role of advocacy services is included in training on the Code and this was last provided for staff in 2015.</p> <p>The Health and Disability advocate visits the service during the year as required as confirmed by the management team.</p> <p>Discussions with family and residents identified that the service provides opportunities for the family/EPOA to be involved in decisions and they state that they have been informed about advocacy services.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p>	<p>FA</p>	<p>The service has an open visiting policy. Residents may have visitors of their choice at any time. The facility is secured in the evenings and visitors can arrange to visit after doors are locked. Families interviewed</p>

<p>Consumers are able to maintain links with their family/whānau and their community.</p>		<p>confirm they could visit at any time and are always made to feel welcome.</p> <p>Residents are encouraged to be involved in community activities and to maintain family and friends networks. Residents' files reviewed demonstrate that progress notes and the content of care plans include regular outings and appointments with a van able to take residents into the community.</p> <p>Residents are supported and encouraged to continue with social engagements in the community. Younger residents have specific plans to enhance their engagement in the community. Residents entering the service under short term contracts are encouraged to regain independence and are supported using a recovery model of care.</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>	<p>FA</p>	<p>The organisation's complaints policy and procedures are in line with the Code and include periods for responding to a complaint. Complaint forms are available at the entrance. A complaints register is in place and the register includes the date the complaint is received; the source of the complaint; a description of the complaint; and the date the complaint is resolved.</p> <p>Evidence relating to each lodged complaint is held in the complaint's folder. A complaint in 2015 reviewed, indicates that the complaints are investigated promptly with the issues resolved in a timely manner.</p> <p>The manager is responsible for managing complaints and residents and family state that these are dealt with as soon as they are identified. Residents and family members state that they have laid complaints in the past with the management team and they feel that they are listened to with issues resolved. All residents and family interviewed confirm that the manager has actively encouraged them to express any concerns with an open door to the office.</p> <p>There have been no complaints with external authorities since the previous audit.</p>

<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>FA</p>	<p>The manager or a registered nurse discusses the Code, including the complaints process with residents and their family on admission.</p> <p>The information pack includes information around rights and this can be produced in a bigger font, if required. Information is given to next of kin or enduring power of attorney (EPOA) to read to and discuss with the resident in private. Residents and family members are able to describe their rights and advocacy services particularly in relation to the complaints process.</p> <p>Residents on short-term contracts or those under a mental health contract are also informed of their rights and the ability to complain along with pamphlets given to them on entry to the service.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	<p>FA</p>	<p>The service has a philosophy that promotes dignity, respect and quality of life. The service has policies and procedures that are aligned with the requirements of the Privacy Act and Health Information Privacy Code.</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 if there are any issues for a resident (refer 1.2.3).</p> <p>The service ensures that each resident has the right to privacy and dignity. 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 that can be used for private meetings.</p> <p>Health care assistants report that they knock on bedroom doors prior to entering rooms, ensure doors are shut when cares are being given and do not hold personal discussions in public areas – observed on the days of the audit. Residents and families confirm that residents' privacy is respected.</p> <p>The service is committed to the prevention and detection of abuse and neglect by ensuring provision of quality care. Staff receive training on abuse and neglect and can describe signs. There are no documented</p>

		<p>incidents of abuse or neglect for 2015 or on the incidents reviewed in residents' files. Residents, staff, family and the general practitioner interviewed confirm that there is no evidence of abuse or neglect. The general practitioner confirmed satisfaction with the standard of care provided.</p> <p>Staff interviewed were aware of the need for them to ensure residents are not exploited, neglected or abused and staff can describe the process for escalating any issues.</p> <p>Resident files reviewed identified that cultural and /or spiritual values and individual preferences are identified.</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>	<p>FA</p>	<p>The organisation has a cultural responsiveness policy that outlines the processes for working with people from other cultures. Specifically a Maori health policy outlines how to work with Maori and the relevance of the Treaty of Waitangi.</p> <p>Staff report that specific cultural needs are identified in the residents' care plans. The manager states that the service can access a kaumatua for the service if required. This may be to support the service around tikanga protocols or general advice. The rights of the residents/family to practise their own beliefs are acknowledged in the policy.</p> <p>Staff who identify as Maori are able to provide support the Maori resident in the service.</p> <p>Staff are aware of the importance of whanau in the delivery of care for the Maori residents.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	<p>FA</p>	<p>The service identifies each resident's personal needs from the time of admission (refer 1.3.4). This is achieved with the resident, family and/or their representative. There is a culture of choice with the resident determining when cares occur, times for meals and choices in meals and activities. Staff work to balance service delivery, duty of care and resident choice.</p> <p>Residents and family are involved in the assessment and the care</p>

		<p>planning processes as confirmed by residents and family interviewed. Information gathered during assessment includes the resident's cultural values and beliefs (refer 1.3.4).</p> <p>Staff are familiar with how translating and interpreting services can be accessed. There are no residents who require interpreting services on the day of audit.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>Staff describe implementation of policies and processes around boundaries relating to discrimination, abuse and neglect, harassment and exploitation. Training includes discussion of the staff code of conduct and prevention of inappropriate care. Staff interviewed state that they are aware of the policies and are active in identifying any issues that relate to the policy.</p> <p>Residents and family state that they would formally complain to management if they felt that they were discriminated against. There were no complaints recorded in complaints register for the previous 12 months relating to any form of discrimination or exploitation.</p> <p>Job descriptions include responsibilities of the position with a job description sighted in staff files reviewed relevant to the role held by the staff member. The orientation and employee agreement provided to staff on induction include standards of conduct. Interviews with staff confirm their understanding of professional boundaries, including the boundaries of the health care assistants' role and responsibilities.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>Tranquillity Bay Care implements policies to guide practice (refer 1.2.3). These policies align with the health and disability services standards and are expected to be reviewed bi-annually and as legislation and evidence changes.</p> <p>There is a training programme for all staff.</p> <p>Residents and families expressed a high level of satisfaction with the care delivered.</p> <p>Consultation is available through the service management team that</p>

		<p>includes the directors (manager and operational manager) and registered nurses.</p> <p>A resident entering the service under a mental health contract is visited by the community mental health team and/or older persons mental health team at regular intervals. The community mental health staff interviewed on the day of the audit confirmed that staff are knowledgeable around caring for residents with a mental health diagnosis and confirms that residents are older people who are placed appropriately for respite or permanent support and care.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>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 guide staff on the process to ensure full and frank open disclosure is available. Family are informed if the resident has an incident, accident, has a change in health or a change in needs, as evidenced in completed accident/incident forms.</p> <p>Family contact is recorded in residents' files. 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. Family members and residents who attend the resident meetings confirm that they are useful forums to raise issues.</p> <p>Residents sign an admission agreement on entry to the service. Those reviewed are signed on the day of admission. The admission agreement provides clear information around what is paid for by the service and by the resident. The managers</p> <p>Residents under short-term contracts sign an agreement and this identifies funding source; charges; and services to be provided. Residents under short-term contracts are verbally informed of services provided and expectations. A resident interviewed under a short-term contract confirmed knowledge of the service.</p> <p>Residents admitted under the age care contract are given an information pack with staff also confirming that they verbally inform the resident of</p>

		<p>services available and rights.</p> <p>The registered nurse or manager documents in the care plan that the resident is included in the care planning process.</p>
<p><b>Standard 1.2.1: Governance</b></p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>The organisation is owned and operated by Tranquillity Bay Care Limited. The strategic direction for the organisation is documented. The purpose, values, scope, direction, and goals of the organisation are clearly identified and reviewed by the manager and operations manager.</p> <p>There is an established organisational structure, with the sole director (manager) being supported by an operations manager.</p> <p>The director known as the manager has a background in administration and accounting and has been working in the aged care industry for five years. The manager is supported by a senior registered nurse who has extensive experience in aged care. The senior registered nurse provides clinical oversight of the service. The operations manager provides support for property development and refurbishment of the site.</p> <p>On the day of audit, there were 23 residents in the facility including two who were under 65 years of age. Three residents were under a mental health contract including two requiring respite level of care.</p>
<p><b>Standard 1.2.2: Service Management</b></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>In the absence of manager, the senior registered nurse is delegated as second in charge with support from the administrator.</p> <p>The senior registered nurse has been in the role for over two years with four years previous experience in aged care. The senior registered nurse also has experience in tutoring in nursing studies. The manager, administrator and registered nurse confirm that the manager and operations manager would be on call even if off on leave.</p>
<p><b>Standard 1.2.3: Quality And Risk Management Systems</b></p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous</p>	PA Low	<p>There is a quality and risk management framework that is documented to guide practice.</p> <p>The service implements organisational policies and procedures to</p>

<p>quality improvement principles.</p>		<p>support service delivery. All policies are subject to reviews as required with policies still in the process of being reviewed. The service has a schedule to confirm that all policies are reviewed with the next six months. Policies are linked to the Health and Disability Sector Standards, current and applicable legislation, and evidenced-based best practice guidelines. Policies are available to staff in hard copy. The policy around pressure injuries has been updated and the two registered nurses confirm that they have read and understood the policy. The service is required to also document policies around management and support for residents referred through the mental health service.</p> <p>Service delivery is monitored through complaints, review of incidents and accidents, surveillance of infections, pressure injuries, soft tissue/wounds, and implementation of an internal audit programme. The corrective action plans are documented and evidence resolution of issues documented. Internal audits around pressure injuries are audited internally as part of the wound care plan audit.</p> <p>The schedule of meetings is as follows: monthly quality; two monthly staff; three monthly resident/family; and other meetings as required for example maintenance and kitchen staff meetings. The manager has been implementing the schedule since the service was taken over with new directors in May 2015 and there is an opportunity to ensure that meetings are held regularly. Staff report that they are kept informed of quality improvements.</p> <p>The last satisfaction survey for family and residents shows that they are satisfied with services provided and this was confirmed by residents and family interviewed.</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. Any issues are identified, a corrective action plan put in place and evidence of resolution of issues.</p>
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<p><b>Standard 1.2.4: Adverse Event Reporting</b></p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>The manager is aware of situations in which the service would need to report and notify statutory authorities including: police attending the facility; unexpected deaths; sentinel events; notification of a pressure injury; infectious disease outbreaks and changes in key clinical managers.</p> <p>Staff receive education at orientation and as part of the ongoing training programme on the incident and accident reporting process. Staff understand elements of the adverse event reporting process and are able to describe the importance of recording near misses.</p> <p>Incident reports documented had a corresponding note in the progress notes to inform staff of the incident. Information gathered around incidents and accidents is analysed with evidence of improvements put in place.</p>
<p><b>Standard 1.2.7: Human Resource Management</b></p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>PA Low</p>	<p>The registered nurses hold current annual practising certificates along with other health practitioners involved with the service.</p> <p>Staff files include appointment documentation including signed contracts; job descriptions; reference checks and interviews. There is an appraisal process in place with staff files indicating that some have an annual appraisal. An improvement is required to ensure that all staff have an annual performance appraisal.</p> <p>All staff complete an orientation programme and health care assistants are paired with a senior health care assistant for shifts or until they demonstrate competency on a number of tasks including personal cares. Health care assistants confirm their role in supporting and buddying new staff. There is a low turnover of staff.</p> <p>Annual competencies are completed by clinical staff including medication management. Evidence of completion of competencies is kept on staff files.</p> <p>The organisation has an annual training schedule documented with some on line sessions available and completed by staff in a time that suits them. Staff attendances are documented for training provided. Education and training hours are at least eight hours a year for each</p>

		<p>staff member. Two registered nurses have completed interRAI training. Staff have completed training around pressure injuries in 2015.</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>The staffing policy is the foundation for work force planning. Staffing levels are reviewed for anticipated workloads, identified numbers and appropriate skill mix, or as required due to changes in the services provided and the number of residents. Rosters sighted reflected staffing levels meet resident acuity and bed occupancy.</p> <p>There are 22 staff including clinical staff, staff who facilitate the activities programme and household staff. There are two registered nurses employed who work a total of 48 hours with the more senior registered nurse taking an on call role. The manager is also on call.</p> <p>Residents and families interviewed confirm staffing is adequate to meet the residents' needs.</p> <p>One to one staffing is available if requested from the mental health team for residents admitted under a mental health contract. The registered nurses and manager also state that they would call the crisis team if they require any assistance.</p> <p>Staff state that they can negotiate with the manager for extra staff if the acuity or numbers of residents increases.</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>	<p>FA</p>	<p>The service retains relevant and appropriate information to identify residents and track records. This includes information gathered at admission, with the involvement of the family.</p> <p>There are policies and procedures in place for privacy and confidentiality. Staff could describe the procedures for maintaining confidentiality of resident records. Files, relevant resident care, and support information could be accessed in a timely manner.</p> <p>Entries are legible, dated and signed by the relevant healthcare assistant, registered nurse or other staff member including their designation.</p> <p>Resident files are protected from unauthorised access by being locked</p>

		<p>away in an office.</p> <p>Information containing sensitive resident information is not displayed in a way that could be viewed by other residents or members of the public. Individual residents' files demonstrate service integration. This included medical care interventions. Medication charts are in a separate folder in the medication room. Staff state that they read the care plans at the beginning of each shift and are informed of any changes through the handover process.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>Entry and assessment processes are recorded. Information is communicated to residents, family, relevant agencies and staff. The admission agreement defines the scope of the service and includes all contractual requirements.</p> <p>Residents and family confirmed the admission process is completed in timely manner with family engaged in the admission process when at all possible.</p> <p>Each resident has a needs assessment completed prior to admission to the facility and held in the resident file. Admission agreements are completed on admission.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>Planned exits, discharges or transfers are coordinated in collaboration with the resident and family. There are documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The registered nurses report that they include copies of the resident's records; including GP visits; medication charts; current long-term care plans; 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</p>	FA	<p>Medicine management policies and procedures are in place and implemented, include processes for safe and appropriate prescribing, dispensing and administration of medicines. The area is free from heat,</p>

<p>guidelines.</p>		<p>moisture and light, with medicines stored in original dispensed packs, in a secure manner.</p> <p>Medicine charts were reviewed. Medicine charts list all medications the resident is taking, including name, dose, frequency and route to be given. All entries are dated and allergies recorded. All charts have photograph entification with the date of the photograph recorded. Three monthly GP reviews are documented.</p> <p>Medication reconciliation policies and procedures are implemented. Medication fridges are monitored daily. Controlled drugs are kept inside a locked cupboard and the controlled drugs register is current and correct. Sharps bins are used. Unwanted or expired medications is taken to the pharmacy. Medication administration was observed at lunchtime. The staff member checked the identification of the residents, completed checks of the medicines, administered the medicines and then signed off after the resident took the medicines.</p> <p>Education in medicine management is conducted. Medicines management competency testing includes theory and practice. All staff members responsible for medicines management complete annual competencies. Self-administration of medicine policies and procedures are in place and sighted. There were no residents who self-administered their own medication.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management 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>Interview with the chef confirmed kitchen staff have completed food safety training, and this was verified by food safety certificates. The chef confirmed they were aware of the residents' individual dietary needs with these documented in the kitchen.</p> <p>The residents' files demonstrate monthly monitoring of individual resident's weight. Residents state they are satisfied with the food service and reported their individual preferences are met and adequate food and fluids are provided.</p> <p>The kitchen environment is clean, well-lit and uncluttered. There is evidence of kitchen cleaning schedules signed off as cleaning is completed. Fridge, chiller and freezer temperatures are monitored regularly and recorded, as are food temperatures. All food is kept off the</p>

		<p>pantry floor.</p> <p>There is a seasonal menu with a four-week rotation. Review of residents' files, dietary profiles and kitchen documentation showed evidence of residents being provided with nutritional meals and meals such as special diets, pureed meals along with alternative nutrition appropriate to the residents are available. A dietician has reviewed the menu.</p> <p>There was enough stock to last in an emergency situation, for three days, for all residents.</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>There is a process to inform residents and family, in an appropriate manner, of the reasons why the service has been declined. The residents would be declined entry if not within the scope of the service or if a bed was not available. The manager communicates with the needs assessment service when any issues arise.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	PA Moderate	<p>Nursing assessments were completed for all residents. The assessment is used as the basis of care planning. The resident records recorded evidence of resident and family involvement in the assessment process. The GPs had seen the residents within the required timeframes and documented a medical assessment on admission. The activities had past and current interests documented as part of the activities assessment.</p> <p>Baseline recordings are recorded for weight management and vital signs with monthly monitoring documented. Initial assessments of any wounds are documented with information including size, exudate, depth documented.</p> <p>The registered nurses have completed interRAI assessments for all residents however, an improvement is required.</p> <p>Some resident records reviewed did not have a needs assessment in the file and an improvement is required.</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 are resident focused and integrated. The resident files had sections for the resident's profile, details, observations, long-term care plans, 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>The care plans of all the reviewed residents' files included care required for additional issues as identified during the assessment process, for example pain management where residents receive controlled drugs. Short-term care plans are developed where residents are identified with infections and / or wounds.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>PA Moderate</p>	<p>Residents receive adequate and appropriate services meeting their assessed needs and desired outcomes. Interventions are documented for each goal in the long-term care plans. Other considerations such as pain management, dietary likes and dislikes, appropriate footwear and walking and hearing aids were included in the long-term care plans.</p> <p>An interview with the GP confirmed clinical interventions were effective and appropriate. Interventions from allied health providers and if required, mental health community staff were included in the long-term care plan. This included interventions documented by the podiatrist and the physiotherapist.</p> <p>Residents and family involvement in the development of goals and review of care plans are encouraged.</p> <p>An improvement is required to documentation of management of wounds.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The activities programme has been reviewed with a dedicated activities coordinator employed five days a week. The previous activities coordinator is continuing to provide support and orientation for the new activities coordinator who has had extensive experience as a health care assistant.</p>

		<p>The programme is planned with the residents having input through the resident meetings and on a one to one basis. The activities programme is displayed on a weekly/monthly calendar with individual assessments and plans documented by the activities coordinator. The activities coordinator completes monthly documentation of participation and there is a daily attendance register kept for each resident. Health care assistants also support activities when the activities coordinator is not present. Assessments and plans with evidence of review were sighted in all resident files reviewed.</p> <p>Regular exercises are provided and the programme includes intellectual activities, spiritual activities, input from external agencies and supported ordinary unplanned/spontaneous activities including celebrations and celebrations. The programme reviewed is implemented ensuring the strengths, skills and interests of residents are maintained.</p> <p>Residents report they are happy with the activities provided.</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>The residents' files reviewed showed long-term care plans had six monthly reviews completed. Clinical reviews were documented in the resident records, which included input from the GP, registered nurses, health care assistant, the activities coordinator and other members of the allied health team.</p> <p>Daily progress notes are completed by the registered nurses and health care assistants. Progress notes reflect daily response to interventions and treatments. Residents are assisted in working towards goals. Short-term care plans are developed for acute problems for example: infections; wounds; falls and other short-term conditions. Additional reviews include the three monthly medication and clinical reviews by the GP.</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</p>	<p>FA</p>	<p>The registered nurses state that residents are supported in access or referral to other health and disability providers. The registered nurses manage referrals for residents to the GP; dietitian; physiotherapist; speech language therapist and mental health services. The GP confirmed involvement in the referral processes. The review of resident</p>

to meet consumer choice/needs.		folders included evidence of recent external referrals to the physiotherapist and specialists.
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>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 to read and are free from damage.</p> <p>Material safety data sheets are available throughout the facility and accessible for staff. The hazard register is current. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances.</p> <p>There is provision and availability of protective clothing and equipment that is appropriate to the recognized risks, for example: goggles/visors; gloves; aprons; footwear and masks. Clothing is provided and used by staff. During a tour of the facility, protective clothing and equipment was observed in all high-risk areas.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>A current building warrant of fitness is posted in a visible location at the entrance to the facility. There have been no building modifications since the last audit however there is continued refurbishment of the interior and of decks that has been completed.</p> <p>A planned maintenance schedule is implemented and the maintenance staff and documentation confirmed implementation of this.</p> <p>There is a lift between the ground and lower floors with a current certificate of compliance in place. Currently the lower floor with bedrooms, toilets, lounge areas and kitchenette is not in use as occupancy is not able to sustain this currently.</p> <p>Areas in use have lounge areas that are designed so that space and seating arrangements provide for individual and group activities and all areas are suitable for residents with mobility aids. There are quiet areas for residents to sit.</p>

		<p>Equipment relevant to care needs is available and staff confirm that there is always sufficient. A test and tag programme is in place. Equipment is calibrated.</p> <p>There are safe external areas for residents and family to meet/use and these include paths, seating and shade.</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 assistance with personal hygiene requirements.</p>	FA	<p>There are adequate numbers of accessible toilets/bathing facilities. Visitors, toilets and communal toilets are conveniently located close to communal areas. Communal toilet facilities have a system that indicates if it is engaged or vacant or a lock system.</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 report that there are sufficient toilets and showers with some rooms in the rest home having their own ensuite.</p> <p>Auditors observed residents being supported to access communal toilets and showers in ways that are respectful and dignified with the ability to have privacy.</p>
<p><b>Standard 1.4.4: Personal Space/Bed Areas</b></p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>There is adequate personal space provided in all bedrooms to allow residents and staff to move around within the room safely. Residents interviewed all spoke positively about their rooms. Equipment was sighted in rooms requiring this.</p> <p>Rooms are personalized with furnishings, photos and other personal adornments and the service encourages residents to make the suite 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><b>Standard 1.4.5: Communal Areas For Entertainment, Recreation,</b></p>	FA	<p>The service has lounge/dining areas including areas that can be used for activities. All areas are easily accessed by residents and staff.</p>

<p>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>Residents are able to access areas for privacy, if required. Furniture is appropriate to the setting and arranged in a manner which enabled residents to mobilise freely.</p> <p>The dining areas have ample space for residents. Residents can 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>	FA	<p>Laundry is completed on site with covered laundry trolleys and bags in use for transport. There are designated clean and dirty areas in the laundry and clean and dirty laundry was observed to be kept separate on the day of the audit. Residents and family members state that the laundry is well managed.</p> <p>There are cleaners on site during the day, five days a week. Health care assistants are allocated an extra half-hour to complete cleaning on the days when a cleaner is not allocated.</p> <p>The cleaners have a locked cupboard to put chemicals in and the cleaners are aware that the trolley must be with them at all times.</p> <p>Chemicals are in appropriately labelled containers. Products are used with training around use of products provided throughout the year. Cleaning and laundry processes are monitored through the internal audit process with no issues identified in audits.</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>	FA	<p>An evacuation plan is approved by the New Zealand Fire Service. There have been no building reconfigurations since this date. An evacuation policy on emergency and security situations is in place. A fire drill takes place at least six monthly with individual training for staff annually. The orientation programme includes emergency and security training. Staff confirm their awareness of emergency procedures.</p> <p>There is always one staff member at least with a first aid certificate on duty.</p> <p>All required fire equipment is checked within required timeframes by an external contractor. A civil defence plan is in place. There are adequate supplies in the event of a civil defence emergency including food, water,</p>

		<p>blankets and gas BBQ. Emergency lighting is in place.</p> <p>The doors are locked in the evenings. Systems are in place to ensure the facility is secure and safe for the residents and staff. External lighting is adequate for safety and security with sensor lights on the outside of the building.</p> <p>The call bell system has been replaced with an external company available on call to repair the system if needed. The manager monitors answering of call bells. The call bell system works wirelessly but can operate on battery or on mains. Calls are displayed on a pager held by staff</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>	FA	<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, heating and an environment that is maintained at a safe and comfortable temperature.</p> <p>The service is designated as a smokefree service however there is an area available for residents if they smoke.</p> <p>Family and residents confirm that rooms are maintained at an appropriate temperature.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The infection prevention and control policies include guidelines on prevention and minimisation of infection and cross infection. Staff are familiar with infection control measures and the use of personal protective equipment.</p> <p>The infection control surveillance programme is appropriate for the size and complexity of the services provided. Surveillance is completed at monthly intervals and contributes to the quality improvement within the facility.</p> <p>The infection control policy including the infection control programme has been extensively reviewed by an external consultant. The next annual review of the programme is required as per schedule annually</p>

		and the manager and registered nurses are aware of this.
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>There are adequate 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. The facility maintains 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>	FA	<p>Documented policies and procedures for the prevention and control of infection reflect accepted good practice and relevant legislative requirements and are readily available and implemented at the facility. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided. The policies and procedures sighted comply 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>	FA	<p>The organisation provides relevant education on infection control to all service providers, support staff, and residents. The infection control education is provided by either by the registered nurse or external resource speakers. Residents interviewed were aware of the importance of hand washing. Staff members confirmed receiving infection control training and could explain the importance of hand washing in the prevention and control of infection.</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>	FA	<p>The more senior registered nurse is responsible for the surveillance programme for this service. Clear definitions of surveillance and types of infections (e.g. facility-acquired infections) are documented to guide staff. Information is collated on a monthly basis. Surveillance is appropriate for the size and nature of the services provided.</p>

		<p>Information gathered is clearly documented in the infection log maintained by the infection control coordinator. Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme. Infection control processes are in place and documented.</p> <p>The infection control surveillance register includes monthly infection logs and antibiotic use. Infections are investigated and appropriate plans of action are sighted in meeting minutes. The surveillance results are discussed in the quality meetings.</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>The definition of restraint and enabler is congruent with the definition in the standard. The process of assessment, care planning, monitoring and evaluation of restraint and enabler use is recorded. Restraint and enabler use are documented in residents' care plans. There is a job description for the position of the restraint coordinator. The service had no restraints and no enablers in use on audit day.</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 schedule of meetings. The manager has been arranging these since the purchase of the facility in May 2015. Meetings are beginning to be held as per schedule.	Not all meetings have been held in a regular manner as per schedule.	<p>Ensure that meetings are held regularly as per schedule.</p> <p>180 days</p>
<p>Criterion 1.2.3.3</p> <p>The service develops and implements policies and procedures that are aligned with current good practice and service delivery, meet the requirements of legislation, and are reviewed at regular intervals as defined by policy.</p>	PA Low	The manager and team has been working to update and review all policies and procedures. Over three quarters of the policies have been updated and there is a schedule to ensure that others are updated within a six-month period. Policies documented around care and support can also apply to residents referred to the service from the mental health team.	<p>Some policies have not been reviewed with the name of the new provider put on the policies.</p> <p>There is insufficient documentation of policies for residents referred under the mental health contract including model of service delivery.</p>	<p>Continue to review policies as per schedule.</p> <p>Review policies and update to reflect needs of residents referred to the service under the mental health contract.</p> <p>180 days</p>

<p>Criterion 1.2.7.5</p> <p>A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.</p>	<p>PA Low</p>	<p>There is a process documented around completion of performance appraisals. The manager is beginning to work towards completing all performance appraisals.</p>	<p>Not all staff have had an annual performance appraisal.</p>	<p>Ensure that all staff have an annual performance appraisal.</p> <p>180 days</p>
<p>Criterion 1.3.4.2</p> <p>The needs, outcomes, and/or goals of consumers are identified via the assessment process and are documented to serve as the basis for service delivery planning.</p>	<p>PA Moderate</p>	<p>All residents are required to be assessed by a needs assessor prior to entry to the service to confirm level of care required. Three of five resident records reviewed had a needs assessment completed prior to entry to the service.</p> <p>Any resident referred under a mental health contract is required to be referred by a relevant psychiatrist with this indicating care required. All residents requiring support for mental health issues had an assessment documented by qualified staff prior to coming into the service.</p> <p>Residents are expected to have an interRAI assessment completed within three weeks following entry to the service. Three of the five files reviewed had a relevant assessment on file.</p>	<p>Two of five resident records did not have a needs assessment included and these were not able to be located on the day of audit.</p> <p>Two newly admitted residents (one admitted in November 2015 and one in January 2016) did not have an interRAI assessment completed within three weeks following entry to the service.</p>	<p>Each resident's needs are assessed by the needs assessment team in a timely manner. Each resident's needs are documented within the required time.</p> <p>60 days</p>
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>	<p>PA Moderate</p>	<p>Two residents with a wound/s had records that were reviewed as part of the audit. One record was reviewed using tracer methodology. There are specific forms completed to document the assessment of the wound/s, a care plan documented and progress notes documented after each dressing change. Dressing changes are completed by either a registered nurse or a</p>	<p>Not all wound care plans had RN oversight at regular intervals.</p> <p>Not all wound care plans had full evaluation documented at regular intervals for example on a weekly basis.</p> <p>One skin tear showed no</p>	<p>i) Document that the registered nurse has provided oversight of the wound/s at regular intervals.</p> <p>ii) Document a full evaluation/review of wound care plans at regular intervals for example on a</p>

		<p>health care assistant with oversight from the registered nurse. If the registered nurse completes a dressing change, then progress is documented by the registered nurse. There is little documentation of oversight of the wound by a registered nurse if a health care assistant has changed the dressing. Wounds for one resident, for example, had no evidence of oversight by the registered nurse on the wound management form or in the progress notes.</p> <p>While the progress of the wound is documented after each dressing, there is no documentation of a full evaluation of progress at regular intervals.</p> <p>One resident had a skin tear however there was insufficient documentation of referral to other specialist staff.</p>	<p>improvement after three weeks however there was no evidence of a referral to the GP or other relevant professional in a timely fashion.</p>	<p>weekly basis.</p> <p>iii) Document evidence of a referral to a GP or other relevant professional in a timely fashion should a wound not improve over a period.</p> <p>60 days</p>
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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.

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End of the report.