

Inglewood Welfare Society Incorporated - Marinoto Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Inglewood Welfare Society Incorporated

Premises audited: Marinoto Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 26 April 2016 End date: 26 April 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: 24

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Marinoto Rest Home provides cares for up to 25 residents requiring rest home level care. On the day of the audit, there were 24 residents. The service is overseen by an experienced aged care manager, who is supported by a registered nurse/clinical leader who has been in the role since September 2015. Residents and the GP interviewed spoke positively about the service provided.

This certification audit was conducted against the relevant Health and Disability standards and the contract with the district health board. The audit process included a review of policies and procedure, the review of residents and staff files, observations and interviews with residents, staff and management.

This audit has identified areas for improvement around open disclosure, admission agreements, signing of care plans, assessments, care plan documentation, service integration, care plan interventions, care plan evaluations, GP reviews, review of infection control programmes and infection control surveillance. A high risk finding has been identified around medication documentation and management.

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.		Some standards applicable to this service partially attained and of low risk.
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Marinoto Rest Home provides care in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. The service functions in a way that complies with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Cultural and spiritual assessment is undertaken on admission and during the review processes. Information about the Code and services is easily accessible to residents and families. Family/friends are able to visit at any time. Residents and family interviewed praised the support and care provided. Complaints and concerns have been managed and a complaints register is maintained.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some standards applicable to this service partially attained and of low risk.
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Marinoto Rest Home has an implemented quality and risk management system in place. Key components of the quality management system link to staff meetings. Corrective actions are identified and implemented. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and appropriately managed. There is an orientation programme that includes organisational structure, policies and general information for staff. There is a documented in-

service programme for education that covers compulsory training requirements. The staffing levels provide sufficient and appropriate coverage for the effective delivery of care and support. Staffing is based on the occupancy and acuity of the residents.

Continuum of service delivery

<p>Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The manager takes primary responsibility for managing entry to the service with assistance from the registered nurse/clinical leader. Comprehensive service information is available. Initial assessments and care plans are completed by the registered nurse, including interRAI assessments. Care plans are based on the interRAI outcomes and other assessments. They are clearly written and healthcare assistants report they are easy to follow. Residents interviewed confirmed they were involved in the care planning and review process. Each resident has access to an individual and group activities programme. The group programme is varied and interesting. Medicines are stored appropriately in line with legislation and guidelines. Meals are prepared and cooked on-site and the menu has been reviewed by a dietitian. The menu is varied and appropriate. Individual and special dietary needs are catered for. Residents interviewed were complimentary about the food service.

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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Marinoto has a current building warrant of fitness. Reactive and preventative maintenance is carried out. Chemicals are stored securely and staff are provided with personal protective equipment. Hot water temperatures are monitored and recorded. Medical equipment and electrical appliances have been calibrated by an authorised technician. Residents' rooms are of sufficient space to allow services to be provided and for the safe use and manoeuvring of mobility aids. There are sufficient communal areas within the facility including lounge and dining areas and small seating areas. There is a designated laundry. The service has implemented policies and procedures for civil defence and other emergencies and six monthly fire drills are conducted. External garden areas are available with suitable pathways, seating and shade provided

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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There is a restraint policy that included comprehensive restraint procedures and aligns with the standards. A register is maintained with all residents with restraint or enablers. There were no residents requiring restraints and no residents using enablers. Staff are trained in restraint minimisation and challenging behaviours.

Infection prevention and control

<p>Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.</p>		<p>Some standards applicable to this service partially attained and of low risk.</p>
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Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidences that relevant infection control education is provided to all service providers as part of their orientation and as part of the ongoing in-service education programme. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	35	0	8	1	1	0
Criteria	0	79	0	10	3	1	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Discussions with ten staff (one manager, one board member, one registered nurse (RN), three health care assistants (HCA), one cook, one kitchen hand, one cleaner and one activities coordinator) confirmed their familiarity with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Five residents and four relatives were interviewed and confirmed the services being provided are in line with the Code. Observation during the audit confirmed this in practise.</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>Informed consent processes are discussed with residents and families on admission. The resident or their EPOA signs written consents. Five resident files sampled demonstrated that advanced directives are signed for separately. There is evidence of discussion with family when the GP has completed a clinically indicated 'not for resuscitation' order. Healthcare assistants and registered nurses interviewed confirmed verbal consent is obtained when delivering care. Family members are involved in decisions that affect their relative's lives. All files sampled had an admission agreement that had been signed on or before the</p>

		day of admission and consents.
<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>Residents and families are provided with a copy of the Code of Health and Disability Services Consumer Rights and advocacy pamphlets on entry. Resident advocates are identified on admission. Pamphlets on advocacy services are available at the entrance to the facility. Interviews with the residents and relatives confirmed their understanding of the availability of advocacy services. HCAs interviewed are aware of the resident's right to advocacy services and how to access the information.</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>The service has an open visiting policy and family and friends are encouraged to visit the home and are not restricted to visiting times. All residents interviewed confirmed that relatives and friends are able to visit at any time. Visitors were observed attending the home. Residents and relatives verified that they have been supported and encouraged to remain involved in the community. The service has a van and group outings are provided. Community groups visit the home as part of the activities programme.</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>The complaints procedure is provided to residents and relatives at entry to the service. A record of all complaints, both verbal and written is maintained by the manager using a complaints' book (register). Two complaints were made in 2015. Resolution and sign off of the complaints were completed within the required timeframes. Residents and family members interviewed advised that they are aware of the complaints procedure.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>The service provides information to residents that include the Code, complaints and advocacy. Information is given to the family or the enduring power of attorney (EPOA) to read to and/or discuss with the resident. Residents and relatives interviewed identified they are well informed about the Code of Rights. Monthly resident meetings provide the opportunity to raise concerns. An annual residents/relatives survey is completed. Advocacy and Code of Rights information is included in the information pack and are available at reception.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And</p>	FA	<p>Staff interviewed were able to describe the procedures for maintaining</p>

<p>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>confidentiality of resident records, resident's privacy and dignity. Resident files include cultural and spiritual values. Residents and relatives interviewed reported that residents are able to choose to engage in activities and access community resources. The manager is the privacy officer and has an open door policy.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>There is a Māori health plan and ethnicity awareness policy and procedure. The policy includes references to other Māori providers available and interpreter services. The Māori health plan identifies the importance of whānau. The service has established links with local Māori. Staff interviewed confirmed they are aware of the need to respond appropriately to maintain cultural safety. Staff training around cultural safety last occurred in November 2015.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>The service provides a culturally appropriate service by identifying any cultural needs as part of the assessment and planning process. Staff recognises and responds to values, beliefs and cultural differences. Residents and family interviewed indicated that they are asked to identify any spiritual, religious and/or cultural beliefs. Residents interviewed confirm that staff take into account their culture and values.</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>Professional boundaries are defined in job descriptions. Staff are observed to be professional within the culture of a family environment. Staff are trained to provide a supportive relationship based on sense of trust, security and self-esteem. Interviews with care staff could describe how they build a supportive relationship with each resident. Residents interviewed stated they are treated fairly and with respect.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>The manager is committed to providing services of a high standard, based on the service philosophy of care. All residents and families interviewed spoke positively about the care and support provided. Staff meetings and resident's meetings are conducted. Staff has a sound understanding of principles of aged care and state that they feel supported by management. Care staff complete competencies relevant to their practice. The quality programme has been designed to monitor contractual and standards compliance and the quality of service delivery in the facility. Staffing policies include pre-employment and the requirement to attend orientation and ongoing in-service training. The</p>

		manager is responsible for coordinating the internal audit programme.
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	PA Low	Residents and family members stated they were welcomed on entry and were given time and explanation about services and procedures. Management promote an open door policy. Relatives are aware of the open door policy and confirm on interview that the staff and management are approachable and available. Resident/relative meetings are held monthly. Residents and family are informed prior to entry of the scope of services and any items they have to pay that is not covered by the agreement. Seven of fifteen accident/incident forms reviewed did not evidence notification to next of kin following an accident/incident. Information is provided in formats suitable for the resident and their family. Interpreter services are available as required.
<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>Marinoto Rest Home provides rest home level care for up to 25 residents. On the day of the audit there were 24 residents, including one resident on respite care. All residents were under the ARC contract. Marinoto Rest Home is owned by the Inglewood Welfare Society. The manager provides a monthly report to keep the society up to date with progress (confirmed by the board member interviewed). Marinoto has an experienced manager who is non-clinical. She has been the manager at the facility for approximately 10 months with 13 years' experience in managing aged care facilities. She is supported by an experienced office manager who has worked in aged care for 25 years and a registered nurse (RN) who has been in the role for seven months.</p> <p>The current quality improvement and risk management plans have been implemented with progress toward goals and achievement of these documented. There is a business plan (April 2016 to March 2018) with long term strategies and short term goals. The goals for 2016 and direction of the service are well documented. Progress toward goals is documented in an ongoing manner.</p> <p>The manager has maintained at least eight hours annually of professional development activities related to managing a rest home.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service</p>	FA	The registered nurse and senior caregivers provide cover during a temporary absence of the manager. The two members of the

<p>is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>		<p>committee will also oversee the facility.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>The quality and risk management plan and quality and risk policies describe Marinoto Rest Home's quality improvement processes. Progress with the quality and risk management programme has been monitored through the monthly staff meetings. Meeting minutes have been maintained and staff are expected to read the minutes and sign off when read. Minutes sighted evidence there is discussion around complaints, compliments, health and safety, infection control (Link 3.5.7), quality initiatives and improvements. Staff interviewed state they are well informed and receive quality and risk management information such as accident/incident graphs and infection control stats.</p> <p>The service has implemented a health and safety management system. There are implemented risk management, health and safety policies and procedures in place including accident and hazard management. The service has policies/ procedures to support service delivery. A document control policy outlines the system implemented whereby all policies and procedures are reviewed regularly. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and appropriately managed. Falls prevention strategies are implemented for individual residents.</p> <p>There is an implemented internal audit schedule that is completed in a timely manner. Corrective action plans are routinely raised with evidence of resolution of issues. Residents/family are surveyed annually to gather feedback on the service provided. There was a resident/family satisfaction survey completed in April 2016.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>As part of risk management and health and safety framework, there is an accident/incident policy. The service collects incident and accident data and reports monthly to the staff, health and safety and infection control meeting. Accident/incident data, trends (Link 3.5.7) and corrective actions are a set agenda item at the monthly staff meeting. All incident forms are signed off by the RN or manager.</p> <p>Fifteen incidents forms were reviewed for March 2016 (seven falls, two skin tears, five bruising and one of other category). The HCAs</p>

		interviewed could discuss the incident reporting process. The manager collects incident, investigates and reviews and implements corrective actions as required. Monthly data is taken to the monthly staff meetings. Family were not always notified of incidents (link 1.1.9.1).
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>There are human resources policies including recruitment, selection, orientation and staff training and development. Five staff files were reviewed (one RN, one cook, one activities coordinator and two healthcare assistants). The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and suitability for the role. Annual appraisals are conducted for all staff. A current copy of the RN's practising certificates was sighted.</p> <p>There is an orientation programme that includes organisational structure and policies and general information for staff. Staff are orientated to their area of work and complete competencies relevant to their role. Staff interviewed stated that new staff are adequately orientated to the service. There is a documented in-service programme for education that covers compulsory training requirements. An education schedule for 2016 was in place.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>Staffing rosters were sighted and there are an adequate number of staff on duty to meet the resident's needs. There are three HCAs on the morning and two on the afternoon shifts. There is one caregiver on the nightshift. There is one full-time RN. Residents interviewed confirm that there are sufficient staff on-site at all times and staff are approachable and in their opinion, competent, professional, respectful and friendly.</p> <p>There is a policy around staffing levels and skills mix which is the documented rationale for determining staffing levels and skill mixes for safe service delivery. Rosters implement the staffing rationale. There is a total of 18 staff employed including the manager, one office manager, one RN, one activities coordinator, two cooks, one cleaner and eleven healthcare assistants. The maintenance and work externally is completed by the Inglewood Welfare Society. The manager is on call 24 hours a day/7 days a week and lives down the road. The RN provides clinical back up when required.</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>PA Low</p>	<p>The resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Policies outline security of records. Files are kept in a locked cupboard in the nurse's station. Not all clinical records were signed and dated.</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>PA Low</p>	<p>There are policies and procedures to guide service provision and entry to services, including a comprehensive admission policy. Information gathered on admission is retained in residents' records. Relatives interviewed stated they were well informed upon admission. The service has an information pack available for residents/families/EPOA at entry. The admission agreement reviewed does not align with the Aged Related Residential Care agreement. Signed admission agreements were sighted in five of five resident files reviewed. Exclusions from the service are included in the admission agreement.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>There are policies in place to ensure the discharge of residents occurs correctly. Residents who require emergency admissions to hospital are managed appropriately and relevant information is communicated to the DHB. The service ensures appropriate transfer of information occurs. The facility uses the transfer from hospital to residential aged care (yellow) envelope that works in reverse when residents are transferred to a DHB acute hospital. Relatives are notified if transfers occur.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA High</p>	<p>Ten medication charts were reviewed. The medication management policies comply with medication legislation and guidelines. Medicines are appropriately stored in accordance with relevant guidelines and legislation. Resident's medicines are stored securely in the medication room.</p> <p>The registered nurse/clinical leader and senior healthcare assistants administer medication. A medication competent healthcare assistant was observed administering the lunchtime medications correctly. Not all staff that administers medication have completed the required medication competencies. Not all medication administration practices or medication checks complied with the organisational policy or Medicines Care Guides for Residential Aged Care.</p>

		The facility uses a robotically packed medication management system for the packaging of all tablets. The registered nurse/clinical leader reconcile the medication deliveries and document this. Medical practitioners write medication charts correctly, however not all medications being administered were charted. Not all three monthly medication reviews by the GP's had been documented. One resident self-administering their own medicines had not completed the required medication competency assessments.
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.	FA	All meals at Marinoto are prepared and cooked on-site. There is a four weekly winter and summer menu which has been reviewed by a dietitian. Kitchen staff are trained in safe food handling and food safety procedures are adhered to. Staff were observed assisting residents with their lunchtime meals and drinks. Diets are modified as required. Resident dietary profiles and likes and dislikes are known to kitchen staff and any changes are communicated to the kitchen via the registered nurse. Supplements are provided to residents with identified weight loss issues. Resident meetings and surveys allow for the opportunity for resident feedback on the meals and food services generally. Residents and family members interviewed indicated satisfaction with the food service.
Standard 1.3.2: Declining Referral/Entry To Services Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.	FA	The service records the reasons for declining service entry to residents should this occur and communicates this decision to residents/family/whānau and the referring agency. Anyone declined entry is referred back to the referring agency for appropriate placement and advice. Information on alternate placement options is given out.
Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	PA Low	Files sampled indicated that appropriate personal needs information is gathered during admission in consultation with the resident and their relative where appropriate for residents admitted for long-term care (Link 1.3.5.2). Resident files sampled included appropriate assessment tools, however not all residents with pain documented in the progress notes had pain assessments completed. The interRAI assessment tool is implemented. InterRAI assessments have been completed for all long-term care residents. Care plans sampled were developed on the basis of the majority of assessments but did not cover all identified risks (link 1.3.5.2).

<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>PA Moderate</p>	<p>The long-term care plans reviewed described the support required to meet the resident's ADLs, however not all interventions were documented to manage all risks. The interRAI assessment process informs the development of the resident's care plan. One resident admitted for respite care had no care plan documented. Residents and their family/whānau interviewed reported that they are involved in the care planning and review process. Short-term care plans were in use for changes in health status, however, a care plan was not documented for the respite resident who developed a change in health condition. Staff interviewed reported they found the plans easy to follow. Follow up identified on the discharge summary for a resident discharged from hospital was not actioned.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>When a resident's condition alters, the registered nurse/clinical leader initiates a review and if required, GP or nurse specialist consultation. The family members confirmed on interview they are notified of any changes to their relative's health including (but not limited to): accident/incidents, infections, health professional visits and changes in medications (Link 1.1.9.1).</p> <p>In the residents' files reviewed, short-term care plans were commenced with a change in health condition (Link 1.3.5.2). Short-term care plans sampled were linked to the long-term care plan.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management and continence products identified. The registered nurse/clinical leader was able to describe access for wound and continence specialist input as required.</p> <p>Wound management policies and procedures are in place. Adequate dressing supplies were sighted in the treatment room. There is evidence of GP and district nurse wound care specialist involvement in wounds/pressure areas. On the day of audit, there were two wounds (one skin tear, one chronic lesion) and one stage III (resolving to stage II) pressure injury. Not all wound care documentation was fully completed (link 1.3.4.2).</p> <p>Not all residents had interventions documented in their care plan to meet their assessed care needs (link 1.3.5.2).</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>An activities coordinator is employed to operate the activities programme for all residents. The activities coordinator has been in the role for two months and is being mentored by a registered diversional therapist. The programme operates five days a week. Each long-term resident has an individual activities assessment on admission, which is also incorporated into the interRAI assessment process. An individual activities plan is developed for each resident by the activities coordinator in consultation with the registered nurse/clinical leader. Each resident is free to choose whether they wish to participate in the group activities programme or their individual plan. Participation is monitored. Group activities reflect ordinary patterns of life and include planned visits to the community. All long-term resident files sampled have a recent activities plan within the care plan, however this was not always appraised at least six monthly when the care plan is evaluated (link 1.3.3.3). Residents interviewed commented positively on the activity programme.</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 registered nurse/clinical leader evaluates the initial care plans within three weeks of admission. Files sampled demonstrated that the long-term care plan was reviewed with a change in health status but was not always evaluated at least six monthly (link 1.3.3.3). Although there was evidence the residents had been seen by the GP for acute changes in health status not all residents had a documented three monthly review by the GP (link 1.3.3.3). Reassessments have been completed using interRAI LTCF for all residents who have had a significant change in health status since 1 July 2015. Short-term care plans sighted were evaluated and resolved or added to the long-term care plan if the problem is ongoing, as sighted in resident files sampled. Where progress is different from expected, the service responds by initiating changes to the care plan.</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 service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. The registered nurse/clinical leader initiates referrals to nurse specialists and allied health services. Other specialist referrals are made by the GPs. Referrals and options for care were discussed with the family, as evidenced in medical notes.</p>

<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>There are implemented policies in place to guide staff in waste management. Staff interviewed were aware of practices outlined in relevant policy. Gloves, aprons and goggles are available and staff were observed wearing personal protective clothing while carrying out their duties. Infection prevention and control policies state specific tasks and duties for which protective equipment is to be worn. Chemicals sighted were labelled correctly and stored safely throughout the facility. Safety data sheets are available.</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>The building has a current building warrant of fitness which expires in 8 April 2017. There is a maintenance person responsible for the reactive and planned maintenance programme. All medical and electrical equipment was recently serviced and/or calibrated. Hot water temperatures are monitored and managed within 43-45 degrees Celsius. The facility has sufficient space for residents to mobilise using mobility aids. External areas are well maintained. Residents have access to safely designed external areas that have shade. Staff stated they had sufficient equipment to safely deliver the cares as outlined in the resident care plans.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>There are 25 individual bedrooms of which 21 have a hand basin and four bedrooms have ensuites. There are adequate numbers of toilets and showers for each wing. There are vacant/engaged privacy locks and privacy curtains in the shower rooms. The flooring is non-slip, easy clean surface and there are handrails placed appropriately within the toilet and shower area. There is a call bell situated within reach for the residents. Residents interviewed stated the healthcare assistants respect their privacy and dignity when attending to their personal needs.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>All resident's rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids. Residents are encouraged to personalise their bedrooms.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate,</p>	FA	<p>There is a large communal dining area, main lounge, smaller lounge and seating alcoves available for individual activities and private visiting.</p>

<p>and accessible areas to meet their relaxation, activity, and dining needs.</p>		<p>There is sufficient space for recreational activities to take place. The areas are welcoming and the décor provides a homely atmosphere. Seating is appropriate and placement allows for group or individual activities to take place. There is sufficient space to allow the movement of residents around the facility using the mobility aids. Seating and space is arranged to allow both individual and group activities to occur.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>The facility laundry is locked when not attended. There are defined clean and soiled laundry areas. Healthcare assistants undertake laundry duties. A cleaning schedule including environmental cleaning is sighted. There are adequate linen supplies. Chemicals are stored in a locked cupboard. There is personal protective equipment available. All staff have attended chemical safety courses and use of laundry equipment. Feedback on the service is received verbally and through resident meetings.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Six monthly fire evacuation practice documentation was sighted. A contracted service provides checking of all facility equipment including fire equipment. Fire training and security situations are part of the orientation for new staff. Emergency equipment is available at the facility. There are adequate supplies in the event of a civil defence emergency including food, water, blankets and gas cooking. Short-term back up power for emergency lighting is in place. A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times. There are call bells in the residents' rooms and lounge/dining room areas. Residents were observed to have their call bells in close proximity.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>General living areas and all resident rooms are appropriately heated and ventilated. All rooms have external windows that open allowing plenty of natural sunlight.</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>PA Low</p>	<p>Marinoto has an established infection control programme. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. It is linked into the incident reporting system. The registered nurse/clinical leader is the designated infection control coordinator with support from all staff in the quality management committee (infection control team). Minutes are available for staff. Spot audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation. The infection control programme has not been reviewed.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	<p>FA</p>	<p>The registered nurse/clinical leader is the designated infection control (IC) coordinator. There are adequate resources to implement the infection control programme for the size and complexity of the organisation. The IC nurse and IC team (comprising all staff) has good external support from the GP and IC nurse specialist at the DHB. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	<p>FA</p>	<p>There are infection control policies and procedures appropriate for the size and complexity of the service. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. The policies have been reviewed and updated.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>PA Low</p>	<p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Formal infection control education for staff has occurred. The infection control coordinator has yet to complete any formal training in infection control. Visitors are advised of any outbreaks of infection and are advised not to attend until the outbreak has been resolved. Information is provided to residents and visitors that is appropriate to their needs and this is documented in medical records.</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>PA Low</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections but the data is not trended. Short-term care plans are used. Outcomes are discussed at quality meetings. If there is an emergent issue, it is acted upon in a timely manner. Reports are easily accessible to the facility manager. There have been no outbreaks since the previous audit</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 service is committed to restraint minimisation and safe practice was evidenced in the restraint policy and interviews with staff. There were no restraints or enablers in use at Marinoto Rest Home. Staff have received training on restraint minimisation and challenging behaviours.</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)
Criterion 1.1.9.1 Consumers have a right to full and frank information and open disclosure from service providers.	PA Low	Residents and family members stated they were welcomed on entry and were given time and explanation about services and procedures. Management promote an open door policy. Seven of fifteen accident/incident forms reviewed did not evidence notification to next of kin following an accident/incident.	Seven of fifteen accident/incident forms reviewed did not evidence notification to next of kin following an accident/incident	Ensure that next of kin are notified on any accidents/incidents 90 days
Criterion 1.2.9.9 All records are legible and the name and designation of the service provider is identifiable.	PA Low	Progress notes and signed and dated. Records overall within resident files were signed and dated, however updates to care plan interventions were not always signed and dated.	Two of five care plans reviewed included updates around interventions. These updates were not dated and signed by the writer.	Ensure all clinical records and amendments to care plans are signed and dated by the writer. 90 days
Criterion 1.3.1.4 Entry criteria, assessment, and	PA Low	Residents and family/whānau confirmed on interview they had	The amendments made in 2015 to clause D13.3 of the	Ensure that the current admission agreement aligns

entry screening processes are documented and clearly communicated to consumers, their family/whānau of choice where appropriate, local communities, and referral agencies.		received all relevant information on admission. The information pack contains information on the service, resident's rights and advocacy brochure. Exclusions from the service are included in the admission agreement. The admission agreement in use does not comply with the requirements of the ARRC.	ARRC contract, regarding refund timeframes are not included in the admission agreement currently in use by the service.	fully to the ARRC contract. 90 days
Criterion 1.3.12.1 A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.	PA Moderate	The GP assesses the residents regularly with a change in health condition but not all files reviewed had evidence the resident's medication had been reviewed by the GP three monthly. Six monthly pharmacy and weekly site medication checks were completed but not documented correctly. Not all medication prescribed for diabetic emergency management was available on-site.	(i) Three of ten medication charts sampled had no documented evidence of a review of the medication by the GP. (ii) Six monthly pharmacy medication checks were completed but not signed by two people. (iii) Two of ten medication records reviewed did not have dates recorded for the weekly medication checks completed on-site. (iv) One Type II diabetic resident was charted glucagon for diabetic emergencies; however there was no glucagon on-site.	(i) Ensure that resident's medication is reviewed by the GP at least every three months. (ii) Ensure that pharmacy medication checks are completed and signed by two people. (iii) Ensure that weekly medication checks are dated. (iv) Ensure that residents have medication charted for diabetic emergencies available on-site. 30 days
Criterion 1.3.12.3 Service providers responsible for medicine management are competent to perform the function for each stage they manage.	PA Moderate	All staff administering medication are required to complete medication competencies, however healthcare assistants administering subcutaneous insulin had not completed insulin administration competencies.	Five of five healthcare assistants administering subcutaneous insulin have not completed the required insulin administration competency.	Ensure staff administering medication has completed the required medication competencies. 30 days

<p>Criterion 1.3.12.5</p> <p>The facilitation of safe self-administration of medicines by consumers where appropriate.</p>	<p>PA Low</p>	<p>Residents who are self-administering medication are required to complete a competency assessment every three months. However, the resident who was self-administering medication on the day of audit had not completed a medication competency for seven months.</p>	<p>One resident self-administering medication had not completed the required self-medication competency assessment since September 2015.</p>	<p>Ensure that residents who are self-administering medication have completed the required competencies.</p> <p>30 days</p>
<p>Criterion 1.3.12.6</p> <p>Medicine management information is recorded to a level of detail, and communicated to consumers at a frequency and detail to comply with legislation and guidelines.</p>	<p>PA High</p>	<p>The GP is responsible for the prescribing of all medication to be administered and the care staff cannot administer medication that has not been prescribed. Not all medication had been prescribed correctly and not all medication being administered had been prescribed.</p>	<p>(i) For one resident admitted for respite care, the staff were using prescriptions as the instruction to administer medication. The prescriptions did not have the route and/or dose times documented for nine of ten medications.</p> <p>(ii) The respite resident was admitted on an antibiotic that was not prescribed and there was no evidence that it was being administered and the resident was being administered lactulose and Hepa-merz sachets that were not prescribed.</p> <p>(iii) One resident was being administered homeopathic medication that had not been prescribed.</p>	<p>Ensure that all medication administered is prescribed according to the requirements of the Medicines Care Guides for Residential Aged Care and all contractual and legal requirements.</p> <p>1 days</p>
<p>Criterion 1.3.3.3</p> <p>Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time</p>	<p>PA Low</p>	<p>The registered nurse/clinical leader completes the initial assessments within 24 hours of admission and documents the initial care plan. InterRAI assessments reviewed were completed within 21 days of admission</p>	<p>(i) Two of five resident files reviewed did not evidence a review of the long-term care plan six monthly.</p> <p>(ii) Three of five files reviewed</p>	<p>i) Ensure that all long-term care plans are reviewed at least six monthly.</p> <p>ii) Ensure that the GP reviews the resident three</p>

frames that safely meet the needs of the consumer.		and long-term care plans were completed within 3 weeks of admission by the registered nurse/clinical leader. Not all care plan reviews had been completed six monthly. A resident on respite did not have a care plan completed on admission.	did not evidence a three monthly review by the GP. (iii) One respite resident with multiple co-morbidities had no assessments or care plan completed on admission (there is no care plan in place 15 days post admission).	monthly. 90 days
<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>	PA Low	The registered nurse/clinical leader advised that they are responsible for the completion of all clinical assessments. In the files reviewed pain assessments were not always completed for residents reporting pain and not all wound care assessments were fully documented.	<p>(i) Two of two residents with regular reports of pain documented in the progress notes, had no evidence of pain assessments being completed.</p> <p>(ii) The wound assessments completed for the resident with a pressure injury (tracer) did not document the stage of the pressure injury.</p>	<p>(i) Ensure that pain assessments are completed for residents reporting pain.</p> <p>(ii) Ensure that all wound assessments are fully documented.</p> <p>(iii) Ensure all respite residents have a care plan for the time they are in care.</p> 60 days
<p>Criterion 1.3.5.2</p> <p>Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.</p>	PA Moderate	The long-term care plans reviewed described ADLs to meet the resident's goals and needs and identified allied health involvement. However care plans did not all identify interventions to manage current risks. The interRAI assessment process informs the development of the resident's care plan. One respite resident had no documented care plan 15 days after admission.	<p>(1) One respite resident with multiple co-morbidities had no assessments or care plan documented 15 days after admission and no care plan documented following a change in health condition.</p> <p>(2) The following shortfalls were identified in care plans reviewed;</p> <p>i) The management of hypo or hyperglycaemia for two residents with Type II diabetes</p>	<p>(1) Ensure that all residents have a documented care plan to cover their identified care needs. (2) Ensure that interventions are documented for all assessed care needs.</p> 30 days

			<p>was not documented.</p> <p>ii) The management and monitoring required for a resident with a gastric ulcer and a recent history of gastro intestinal bleeding and a resident identified as at risk of malnutrition.</p> <p>iii) The management and monitoring required for a resident on oxygen therapy.</p> <p>iv) The management of aggressive behaviour, hearing loss, cataracts, wandering and asthma.</p> <p>v) One resident (tracer) identified at a moderate risk of developing a PI did not have interventions documented to manage this risk.</p>	
<p>Criterion 1.3.5.3</p> <p>Service delivery plans demonstrate service integration.</p>	PA Low	<p>The discharge summary is kept on the resident file for all residents transferring back from hospital. Not all actions noted in hospital discharge summaries had been actioned or followed up.</p>	<p>The discharge summary for one resident discharged from hospital requested follow-up blood screening. No evidence could be found that this requirement had been reviewed or implemented.</p>	<p>Ensure that all interventions noted on hospital discharge summaries are reviewed and or actioned.</p> <p>90 days</p>
<p>Criterion 3.1.3</p> <p>The organisation has a clearly defined and documented infection control programme that is reviewed at least annually.</p>	PA Low	<p>Marinoto has a clearly defined infection control programme, however there was no evidence that the infection control programme has been reviewed.</p>	<p>The infection control programme has not been reviewed in the past 12 months.</p>	<p>Ensure that the infection control programme is reviewed at least annually.</p>

				180 days
<p>Criterion 3.4.1</p> <p>Infection control education is provided by a suitably qualified person who maintains their knowledge of current practice.</p>	PA Low	<p>Staff have been provided with education on hand washing and standard precautions. The infection control coordinator has been in the role since September and has not completed any formal education in infection prevention and control.</p>	<p>The infection control coordinator has not completed any specific training in infection prevention and control.</p>	<p>Ensure that the infection control coordinator has completed training to maintain their knowledge of current infection control practices.</p> <p>60 days</p>
<p>Criterion 3.5.7</p> <p>Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to relevant personnel and management in a timely manner.</p>	PA Low	<p>Information is collected and summarised on a monthly basis for residents with chest infections, UTI's and skin infections. This information is communicated to staff via staff /quality meetings but is not trended month on month.</p>	<p>Infection control data is collected but is not trended month on month.</p>	<p>Ensure that the infection control data is trended.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.