

# Ellora Enterprises Limited - Sheaffs Rest Home

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## Introduction

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

The audit has been conducted by 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:** Ellora Enterprises Limited

**Premises audited:** Sheaffs Rest Home

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

**Dates of audit:** Start date: 18 May 2016 End date: 19 May 2016

**Proposed changes to current services (if any):**

**Total beds occupied across all premises included in the audit on the first day of the audit: 27**

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

Indicator	Description	Definition
Yellow	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
Red	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

Ellora Enterprises operates Sheaffs Rest Home and provides rest home level care for up to 29 residents. There were 27 residents on the day of audit. The owner/manager has aged care experience and has owned the service for 25 years. An assistant manager, who is an experienced enrolled nurse and a registered nurse who is employed for ten hours a week and as needed, supports her.

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 procedures; the review of residents and staff files, observations and interviews with residents, relatives, staff and management.

Residents and family interviewed praised the service for the support provided.

Improvements are required around incident reporting, staff training, medication documentation, laundry personal protective equipment and training for the infection control coordinator.

## Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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The staff at Sheaffs rest home ensure that care is provided 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). Information about the Code and services is easily accessible to residents and families. Information on informed consent is provided and discussed with residents and relatives. Staff interviewed are familiar with processes to ensure informed consent. Complaints policies and procedures meet requirements and residents and families are aware of the complaints process.

## 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 medium or high risk and/or unattained and of low risk.
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An assistant manager and a registered nurse support the owner/manager. Organisational performance is monitored through a number of processes to ensure it aligns with the identified values, scope and strategic direction. The business plan has documented goals. Policies and procedures are appropriate to provide support and care to residents with rest home level needs.

A documented quality and risk management programme is being implemented. Staff receive ongoing training. Rosters and interviews indicate sufficient staff that are appropriately skilled with flexibility of staffing around client's needs.

## 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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Prior to entry to the service, residents are screened and approved. There is an admission package available on entry to the service that includes information on the services provided at Sheaffs rest home. The registered nurse is responsible for each stage of service provision. The registered nurse assesses and reviews residents' needs, outcomes and goals with the resident and/or family. Resident files included medical notes and notes of other visiting allied health professionals.

The diversional therapist provides an interesting and varied activities programme for the residents that include outings and community involvement.

Medication policies reflect legislative requirements and guidelines. Staff responsible for the administration of medicines complete annual education and medication competencies. Medication charts have photo identification and allergy status noted.

All meals are prepared on site. Individual and special dietary needs are catered for and alternative options are available for residents with dislikes. A dietitian has reviewed the menu.

## 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.		Some standards applicable to this service partially attained and of low risk.
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The service has implemented policies and procedures for fire, civil defence and other emergencies. The building holds a current warrant of fitness. Rooms were individualised. External areas were safe and well maintained. The facility has a van available for transportation of residents. There was a large main lounge and dining room allowing for smaller seating areas if desired. There were adequate communal toilets and showers. Fixtures, fittings and flooring are appropriate for rest home level care. Cleaning and laundry services were well monitored through the internal auditing system. Chemicals were stored securely. The temperature of the facility was comfortable and constant, and able to be adjusted to suit resident preference.

## Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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The organisation actively minimises the use of restraint. All staff receive training on restraint minimisation. There are no residents using enablers and one resident with restraint.

## 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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Infections are reported by staff and residents, and monitored through the infection control surveillance programme by the infection control coordinator (a registered nurse). There are infection prevention and control policies, procedures and a monitoring system in place. Infections are monitored and evaluated for trends and discussed at staff meetings.

## 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	40	0	3	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>	FA	<p>There are policies and procedures in place to guide staff. Discussions with staff (two caregivers, an enrolled nurse, a registered nurse and the diversional therapist) confirmed their familiarity with the Code. Eight residents and three family members interviewed confirmed the services provided are in line with the Code. The service actively encourages residents to have choices and this includes voluntary participation in daily activities as confirmed on interview with residents.</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>An informed consent policy directs staff in relation to the gathering of informed consent. Staff ensure that all residents are aware of treatment and interventions planned for them, and the resident and/or significant others are included in the planning of care.</p> <p>All resident files sampled identified that informed consent has been collected. Interviews with staff confirmed their understanding of informed consent processes.</p> <p>The registered nurse or enrolled nurse discusses informed consent processes with residents and their families/whānau during the admission process.</p> <p>The policy and procedure includes guidelines for consent for resuscitation/advanced directives. A review of files noted that all had appropriately signed advanced directives if</p>

		the resident was deemed competent to make that decision.
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>Advocacy information is available to residents in the service entrance. Interviews with residents and family confirmed they were aware of their right to access advocacy.</p> <p>Residents confirm that the service provides opportunities for the family/EPOA to be involved in decisions. The resident files sampled included information on the resident's family and chosen social networks. Staff training in Code of Rights and advocacy has been provided.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Residents and relatives confirmed that visiting could occur at any time. Residents are encouraged wherever possible to maintain former activities and interests in the community. They are supported to attend events, clubs and interest groups in the community. Key people involved in the resident's life have been documented in the resident files. Entertainers are regularly invited to perform at the facility.</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>Complaints policy and procedures have been implemented and residents and their family are provided with information on admission. Complaint forms are available in the front entrance. Resident meetings document that residents are encouraged to provide feedback, and this feedback is documented and followed up.</p> <p>The residents and families interviewed were aware of the complaints process and to whom they should direct complaints. Complaints reviewed (which were of a low level) demonstrated comprehensive investigation and responses to the complainant and are recorded on a complaints log.</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. This is also available in the front entrance. Residents and relatives interviewed identified they are well informed about the Code. Monthly resident meetings document that the service is proactive with encouraging residents to raise concerns and give feedback.</p>

<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>Staff interviewed were able to describe the procedures for maintaining resident's privacy and dignity. Residents are supported to attend church services if they wish. Residents and relatives interviewed confirmed that a priest and a vicar also visit and provides services. There is an abuse and neglect policy and staff education around this has occurred.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>The service has a Māori health plan and an individual's values and beliefs policy which includes cultural safety and awareness. Residents who identify as Māori have their cultural needs addressed in care plans. Six staff members identify as Māori, with one staff member providing cultural advice and support as needed.</p> <p>Discussions with staff confirmed their understanding of the different cultural needs of residents and their whānau. Staff have not had recent training around cultural safety (link 1.2.7.5).</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>Care planning and activities goal setting includes consideration of spiritual, psychological and social needs. Residents and family members interviewed indicated that they are asked to identify any spiritual, religious and/or cultural beliefs. Relatives reported that they feel they are consulted and kept informed and family involvement is encouraged.</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>Job descriptions include responsibilities of the position and ethics, advocacy and legal issues. The orientation programme provided to staff on induction includes an emphasis on dignity and privacy, and boundaries. The registered nurse has completed training around professional boundaries. Caregivers interviewed confirmed training in code of rights and advocacy.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>The service meets the individualised needs of residents relating to aged care and special needs such as diabetes. The local medical centre employs a diabetic nurse specialist who follow ups all residents in the service with a diagnosis of diabetes (seen in resident files).</p> <p>Caregiver best practice guides are available to staff in flip chart form in the nurses' station.</p> <p>The quality programme is implemented and monitors compliance and the quality of service</p>

		delivery in the facility. Quality and staff meetings and residents' meetings are conducted. Residents and relatives interviewed spoke very positively about the care and support provided. Caregivers complete competencies relevant to their practice.
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Incident and accident forms, progress notes and emails confirm that the service informs relatives regarding change of condition, ongoing care and incidents that occur. Relatives interviewed stated they are informed of changes in health status and incidents/accidents.</p> <p>Resident meetings occur and the owner/manager has an open-door policy.</p> <p>Aged care residents and family are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The service has policies and procedures available for access to interpreter services for residents (and their family). Residents or family/whānau who have difficulty with written or spoken English are provided with interpreter services through the DHB.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Sheaffs rest home provides rest home level care for up to 29 residents. On the day of the audit, there were 27 residents, all under the aged residential care contract. The owner manages the service. She is supported by a full time assistant manager, and a registered nurse who works three days a week and as needed.</p> <p>The goals and direction of the service are well documented in the business plan and quality plan. The progress toward previous goals has been documented through ongoing updates to the plans and annual reviews.</p> <p>The owner/manager has maintained eight hours' 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 is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>The owner/manager reported that in the event of her temporary absence, the assistant manager and registered nurse act in the role.</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 manager, enrolled nurse (assistant manager) and registered nurse facilitate the quality programme and ensure the internal audit schedules are implemented. The internal audit schedule is implemented. Corrective action plans are developed, implemented and signed off when service shortfalls are identified.</p> <p>Quality improvement processes are in place to capture and manage non-compliances. They include internal audits, hazard management, risk management, incident and accident, and infection-control data collection and complaints management. All quality improvement data is discussed at monthly staff/quality meetings. There are documented annual reviews of a wide range of quality data. These have been used to develop ongoing quality and business plans.</p> <p>There are policies and procedures that are relevant to the various service types offered and are reviewed two yearly. These have been updated to include InterRAI requirements.</p> <p>There is a current risk management plan. Hazards are identified and managed and documented on the hazard register. New hazards are identified and discussed at quality/staff meetings. There is a documented annual review of new hazards and the ongoing hazard register. Health and safety issues are discussed at every monthly staff meeting with action plans documented to address issues raised.</p> <p>There are resident surveys conducted and analysed with corrective action plans developed when required. Falls prevention strategies are in place for individual residents.</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>PA Moderate</p>	<p>The accident/incident process includes documentation of the incident and analysis and separation of resident and staff incidents and accidents. Fifteen resident related incidents were reviewed for April and May and all have been signed and reviewed by the registered nurse, however, clinical follow-up following an incident or accident is not fully documented in the associated resident files. An episode of challenging behaviour did not have an incident form completed. Accidents and incidents are analysed monthly with results discussed at staff meetings and there was an annual review of all incidents. The manager is aware of situations that require statutory reporting.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are</p>	<p>PA Low</p>	<p>Five staff files sampled show appropriate employment practices and documentation. Current annual practicing certificates are kept on file for the enrolled nurse and the registered nurse.</p>

<p>conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>The orientation package provides information and skills around working with residents with aged care, intellectual and physical disability related needs and was completed in all staff files sampled.</p> <p>An annual training plan in place is being implemented. However not all required training has been provided. Staff files sampled contained a current annual performance appraisal. Residents and families state that staff are knowledgeable and skilled.</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>There is a documented rationale for staffing the service. Staffing rosters were sighted and staff on duty matched needs of different shifts and needs of different individual residents. There is an on call system with the registered nurse and/or the manager available at all times. Staff interviewed stated that the manager and RN are readily available when needed. Residents and family interviewed confirmed that staffing levels are adequate.</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 the records. Files and relevant resident care, and support information can be accessed in a timely manner.</p> <p>All resident files are in hard copy and stored where people authorised to do so can only access them.</p> <p>Individual resident files demonstrate service integration. Medication charts are in a separate folder with medication and this is appropriate to the service.</p> <p>Entries are legible, dated and signed by the relevant staff member including designation.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	<p>FA</p>	<p>Prior to entry, potential residents have an assessment completed. The service has an admission policy, admission agreement and a resident information pack available for residents/families at entry. The information pack includes all relevant aspects of the service. The admission agreement reviewed aligns with a) - k) of the ARC contract.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and</p>	<p>FA</p>	<p>There are policies to describe guidelines for death, discharge, transfer, documentation and follow up. A record is kept and a copy of details is kept on the resident's file. All relevant information is documented and communicated to the receiving health provider or service.</p>

coordinated transition, exit, discharge, or transfer from services.		A form is used as a checklist and for reconciliation at time of transfer.
<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>	PA Moderate	<p>Medication policies align with accepted guidelines. The RN, EN and caregivers responsible for the administration of medications have completed annual competencies and medication education. All medications are checked on arrival by the registered nurse. Any pharmacy errors are recorded and fed back to the supplying pharmacy. At audit, one resident self-medicated an inhaler. The GP reviews the resident's competency at each medication review. Medications requiring refrigeration are stored in a sealed container in the kitchen fridge. The fridge temperature is monitored daily and is maintained between 2-8 degrees Celsius.</p> <p>Ten medication charts were reviewed. All medication charts had photo identification and allergy status. Prescribing of medications met legislative requirements. All medication charts had been reviewed three-monthly by the GP. The staff are transcribing instructions for the administration of warfarin.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>All food is prepared and cooked on-site at Sheaffs rest home. Three cooks cover the seven-day week. They have completed food safety education. There is a summer/winter, four weekly rotating menu that has been reviewed by a dietitian. Evidence of changes to the menu following recommendations by the dietitian was present. The meals are served from the kitchen directly to residents in the dining room. The cook receives notification of any resident dietary changes and requirements. Dislikes and food allergies are known and accommodated.</p> <p>Fridge and freezer temperatures are recorded daily. All foods were date labelled and stored correctly. A cleaning schedule is maintained.</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>Sheaffs rest home records the reason for declining entry to residents should this occur and communicates this to residents/family/whānau. The service refers the resident/family/whānau back to the referral agency. The reason for declining entry would be if there were no beds available or the service could not meet the assessed level of care.</p>

<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>Nursing and risk assessments were completed in a timely manner using appropriate tools to meet the residents' needs. InterRAI assessments, assessment notes and summary were in place for all resident files reviewed. The long-term care plans in place reflected the outcome of the assessments.</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 care plans describe the resident goals, supports and interventions required to meet desired goals as identified during the ongoing assessment process with exception (link 1.2.4.3). There is documented evidence of resident and/or family input ensuring a resident focused approach to care. Residents/relatives confirmed on interview that they are involved in the care planning and review process. There was evidence of allied healthcare professionals involved in the care of the residents. Short-term care plans are used for changes in health status and were evidenced to be in use.</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 initiates a review and if required, arranges a GP visit. There is evidence of three-monthly medical reviews or earlier for health status changes. Residents and relatives interviewed confirm care delivery and support by staff is consistent with their expectations. Families confirmed they were kept informed of any changes to resident's health status. Resident files reviewed included communication with family.</p> <p>Staff report there are adequate continence supplies and dressing supplies. On the day of the audit, supplies of these products were sighted. There was one wound being treated at the time of audit. Wound assessments had been completed with ongoing evaluations documented. The RN interviewed could describe the referral process to a wound specialist or continence nurse. A diabetic nurse specialist, based at the GPs practice, was readily available for advice and undertook regular reviews of diabetic residents. There is evidence of GP and surgical clinic involvement in the management of the wound.</p> <p>Resident care plans (short-term and long-term) document appropriate interventions to manage clinical risk such as poor mobility, pressure injury, falls, skin integrity and weight loss. Caregivers interviewed confirmed they are updated of any changes in resident's care or treatment during handover sessions (including written handover sheet) at the beginning of each shift and current short-term care plans are drawn to their attention.</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 service employs a diversional therapist for 40 hours per week. She is a qualified diversional therapist (DT) registered with the NZ Society of DTs and has a current first aid certificate. The diversional therapist attends diversional therapy meetings in the wider area and on-site education. The activity programme is daily with the DT leaving activities for the caregivers to undertake on weekends.</p> <p>The programme is flexible and provides a variety of activities that are meaningful to the residents. Residents have the opportunity to provide suggestions for activities and outings. Community members are involved in numerous ways (eg, provide speakers on a wide range of topics for the residents and floral art). There are regular entertainers (monthly) and van outings to community events such as concerts, clubs and the marae. Residents are encouraged to maintain links with community groups such as clubs, and attend concerts and inter-home visits (23 inter home visits were planned for 2016).</p> <p>Residents attend church services as desired on site and are supported to attend their own church in the community.</p> <p>Residents have an activity assessment completed on admission and a plan written. Activity plans had been reviewed at the same time as care plans.</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 RN has evaluated the initial nursing assessment/care plans (sighted) within three weeks of admission. InterRAI assessments are completed six monthly or earlier due to changes in health status. InterRAI assessments have been reviewed six monthly and the outcomes have been reflected in the long-term care plans (evidenced in all files reviewed). The GP completes a three monthly resident review. Families are invited to attend the care plan review meeting. Care plan evaluations indicate if resident goals have been met or unmet and the care plans have been updated to reflect the resident's current health status.</p> <p>Short-term care plans have been reviewed regularly by the RN and either resolved or added to the long-term care plan if the problem is ongoing.</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</p>	<p>FA</p>	<p>The RN could describe the referral process to other medical and non-medical services. Referral documentation was maintained on resident files.</p>

consumer choice/needs.		
<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>	PA Low	<p>There are policies in place for waste management, waste disposal for general waste and medical waste management. All chemicals are labelled with manufacturer labels. Chemical product use and safety data sheets are available. Chemicals are stored safely. Gloves were available; but not all personal protective equipment was available in the laundry.</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 service displays a current building warrant of fitness that expires on 7 June 2016. A reactive and planned maintenance programme is in place. Hot water temperature checks are monitored and recorded monthly and are between 44 and 45 degrees Celsius. An external contractor has calibrated medical equipment and annual testing and tagging of electrical equipment conducted.</p> <p>Residents were observed to safely mobilise throughout the facility with easy access to communal areas. The external area is well maintained with safe paving, outdoor shaded seating and gardens. Interviews with staff confirmed there was adequate equipment to provide safe and timely care.</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 were no bedrooms being shared. All bedrooms have a hand basin or ensuite. There were sufficient communal toilets and showers. The toilets and showers are identifiable. Fixtures, fittings and floor and wall surfaces are made of accepted materials to support good hygiene and infection control practices. Residents interviewed state their privacy and dignity is maintained while attending to their personal cares and hygiene.</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>Bedrooms are spacious enough to meet the assessed resident needs. Residents are able to manoeuvre mobility aids within their room. Caregivers interviewed report that rooms have sufficient space to allow cares to take place. The bedrooms are personalised. The bedroom furnishings and seating were appropriate for the resident group.</p>
<p>Standard 1.4.5: Communal Areas For</p>	FA	<p>There was one main lounge and a dining room located close to the kitchen. All areas are easily accessible for the residents. The furnishings and seating are appropriate for the</p>

<p>Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>		<p>resident group. Residents were seen to be moving freely within the communal areas throughout the audit. Residents interviewed report they can move freely around the facility and staff assist them if required.</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>All laundry is undertaken on site by the care staff. The laundry had defined clean/dirty areas and an entry and exit door. The chemical provider monitors the effectiveness of laundry processes. Residents and relatives expressed satisfaction with cleaning and laundry services. Schedules are available to guide staff with cleaning and all chemicals were labelled and stored correctly (link 1.4.1.6).</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>There are policies and procedures on emergency and security situations including how services will be provided in health, civil defence or other emergencies. Civil defence supplies include stored water and food for three days. There is a barbeque and spare gas bottles. Interviews with caregivers confirm staff are aware of emergency and security procedures. There is an approved fire evacuation plan. Fire drills have been conducted six monthly.</p> <p>Resident's rooms, communal bathrooms and living areas all have call bells. Residents are orientated to the call bell system on admission to the facility. Security policies and procedures are documented and implemented 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>The residents and family interviewed confirmed the internal temperatures and ventilation are comfortable during the summer and winter months.</p> <p>All communal areas and resident bedrooms have external windows with plenty of natural sunlight. General living areas and resident rooms are appropriately heated and ventilated. Residents and family interviewed state the environment is comfortable.</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</p>	FA	<p>The infection control programme is appropriate for the size, complexity and degree of risk associated with the service. The registered nurse is the designated infection control person with support from the assistant manager. Infection control matters are discussed at all staff/quality meeting and this forms the IC committee. The infection control programme has been reviewed annually.</p>

service.		
<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>	PA Low	<p>The infection control team is all staff through the quality meeting. External resources and support are available when required through the DHB. Staff report that there are adequate resources to manage infection control (link to 1.4.1.1 for personal protective equipment in the laundry). 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>	FA	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes roles, responsibilities, procedures, the infection control team and training and education of staff. Policies were obtained from an external contractor. Policies are reviewed and updated as required (at least two yearly).</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 staff orientation programme includes infection control education. Education is provided to residents in the course of daily support with all residents interviewed able to describe infection prevention practice that is safe and suitable for the setting. There is no documented infection control training to staff since 2014 (link to 1.2.7.5).</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>Infection surveillance and monitoring is an integral part of the infection control programme and is described in policy. Monthly infection data collected for all infections is based on signs and symptoms of infection. Surveillance of all infections is entered on to a monthly summary and analysed, and reported to staff meetings. An annual review of all infections is documented. 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</p>	FA	<p>The service philosophy includes that restraint is used only as a last resort. The restraint policy includes a definition of enablers as voluntarily using equipment to maintain independence such as a lap belt in a wheelchair. There were no residents using restraint</p>

<p>is actively minimised.</p>		<p>or enablers on the first day of audit. One resident commenced on emergency restraint in the form of bedrails, on the second day of audit. There was an assessment completed, the care plan was updated and monitoring commenced. A consent form had been partially completed and the family had been emailed with information regarding the bedrail and a request to approve. The emergency restraint was discontinued that same day.</p>
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## 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 1.2.4.3</p> <p>The service provider documents adverse, unplanned, or untoward events including service shortfalls in order to identify opportunities to improve service delivery, and to identify and manage risk.</p>	<p>PA Moderate</p>	<p>Incident forms are completed for any incident or near miss. One resident with a head injury had documented neurological observation and one resident who had multiple incidents around ‘wandering’ had care plan interventions documented. However, no incident form was completed for one episode of aggressive behaviour, and two residents with repeated episodes of aggressive behaviour did not have these behaviours addressed in the care plans.</p>	<p>i) An incident form was not completed for one episode of aggressive behaviour. ii) Two residents with recent incidents of aggressive behaviour involving other residents and staff, did not have clear interventions documented in the care plans.</p>	<p>i) Ensure that all incidents have an incident form documented. ii) Ensure that challenging behaviours are addressed in the care plan.</p> <p>60 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</p>	<p>PA Low</p>	<p>Education plans and staff records demonstrate that staff training occurs at least monthly. Not all required topics have been covered in the past two years.</p>	<p>Staff have not completed recent training around infection control, chemical safety, cultural care, skin care and behaviours that</p>	<p>Ensure that staff complete all required and relevant training.</p>

services to consumers.			challenge.	90 days
<p>Criterion 1.3.12.1</p> <p>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.</p>	PA Moderate	Medication charts reviewed document that staff are signing for regular packed medications appropriately on administration. For four residents with INR results charts the GP has recorded instructions for the dose of warfarin to be given. The instructions on two charts gave specific doses and two advised to continue as same. This information has then been transcribed on to the administration sheet for staff.	Instructions for the administration of variable doses of warfarin have been transcribed on to administration signing sheets.	<p>Cease the practice of transcribing medication orders.</p> <p>30 days</p>
<p>Criterion 1.4.1.6</p> <p>Protective equipment and clothing appropriate to the risks involved when handling waste or hazardous substances is provided and used by service providers.</p>	PA Low	There was evidence in the facility that there was personal protective equipment in use; but in the laundry there was no face protection available.	On audit of the laundry, there were no face protection readily available for staff to use.	<p>Ensure personal protective equipment and clothing appropriate to the risks involved when handling waste or hazardous substances is provided and used by service providers.</p> <p>60 days</p>
<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	Education for staff is provided during orientation to the service. The infection control coordinator has completed external education but has not completed infection prevention and control training in the past two years.	The infection control coordinator has not attended training around infection prevention and control in the past two years.	Ensure the infection control coordinator maintains a current knowledge of infection control best practice

				90 days
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.