

Royal Heights Care Limited - Royal Heights 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 The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

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

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

The specifics of this audit included:

Legal entity: Royal Heights Care Limited

Premises audited: Royal Heights Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 16 June 2016 End date: 17 June 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: 39

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
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

A re-certification audit of Royal Heights Rest Home was conducted against the Health and Disability Services Standards and the provider's contract with Waitemata District Health Board (WDHB). The audit process included the review of policies and procedures, the review of residents' and staff files, observations, and interviews with residents, family, management and staff and telephone interview with the general practitioner. All feedback from interviewees was positive.

Apart from service improvements and the addition of more staff, there had been no changes to the scope or size of services provided. The home has a long history of providing high quality aged care (rest home level care) with no complaints or serious events. The nurse manager has been in the role for 20 years and the majority of care staff are long term employed.

This audit did not identify any areas requiring improvement and the service meets or exceeds the requirements of the Aged Residential Care Contract and Standards. Six areas were rated as continuous improvement in recognition of work that has resulted in safer and improved services for residents and staff. These were acknowledged in quality and risk management systems, management of adverse events, entry and exit to services, activities, medicines management, and the environment.

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.

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

There were no residents whom identify as Maori residing at the service at the time of audit. There are no known barriers to residents accessing the service. Services are planned to respect the care required, culture, values and beliefs of all the residents as individuals and as a collective.

Written consents are obtained from the residents' families/whanau, enduring power of attorney (EPOA) or appointed guardians, when necessary.

Residents are encouraged and supported to maintain strong community and family links.

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

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.

All standards applicable to this service fully attained with some standards exceeded.

The quality and risk management systems meet the standard and continue to be improved upon. The organisation clearly demonstrated an ethos and commitment to continual quality improvement. Information which monitors the quality and extent of the services being provided was being consistently reviewed and evaluated.

All adverse events reviewed were reliably reported and investigated. There had been no events requiring external notification.

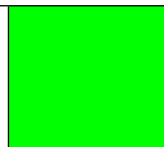
Staff were being well managed according to policy and good employer practices. New staff are recruited in ways that ensured their suitability for the position. Orientation to the service and its policies and procedures, including emergency systems, is provided to all new staff. Ongoing staff education is planned and coordinated to ensure that staff receive relevant and timely training on subjects related to older people. Training is occurring regularly through in-service education sessions, via self-directed learning and presentations by external experts. Staff competency assessments and performance appraisals are occurring regularly.

There were sufficient numbers of clinical and auxiliary staff allocated on all shifts, seven days a week to meet the needs of residents who were assessed as requiring rest home level care. Registered nurses (RNs) are on site seven days a week and on call 24 hours a day.

Consumer information management systems meet the required standards. Archived records are stored securely and all resident information is integrated and readily identifiable using relevant and up to date information.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.



Standards applicable to this service fully attained.

Pre-admission information clearly and accurately identifies the services offered. The service has policies and processes related to entry into the service.

Residents are admitted by a qualified and trained registered nurse who completes an initial assessment and then develops, with the resident, family and existing community supports and health care professionals, a care plan specific to the resident. When there are changes to the resident's needs a short term plan is developed and integrated into a long term plan, as needed. The service meets the contractual time frames for all short and long term care plans. All care plans are evaluated at least six monthly. All residents have 'interRAI' assessments completed and individualised care plans related to this programme.

Residents are reviewed by their GP on admission and assessed thereafter either monthly or three monthly by their GP depending on their needs. Referrals to the DHB and community health providers are requested in a timely manner and a team approach supports positive links with all involved.

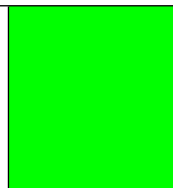
Activity coordinators provide planned activities meeting the needs of the residents as individuals and in group settings. Families reported that they are encouraged to participate in the activities of the facility and those of their relatives.

The onsite kitchen provides and caters for residents with food available 24 hours of the day and specific dietary, likes and dislikes accommodated. The service has a four week rotating menu which is approved by a registered dietitian. Resident's nutritional requirements are met.

A safe medicine administration system was observed at the time of audit.

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.

Areas of the purpose built facility were continuing to be upgraded to meet and exceed current building regulations and standards. The owners ensure that current and future requirements for electronic systems that support care delivery are able to be met quickly and without interruption in the event of power failure. The service demonstrates that it is well prepared for any disaster or civil defence emergency.

Resident areas are spacious, safe and appropriate for the people using them. Cleaning and laundry services are being delivered to a high standard. Temperatures in the home were comfortable on the days of audit. There are plenty of opening doors and windows in the home providing natural light and maximum ventilation.

Restraint minimisation and safe practice

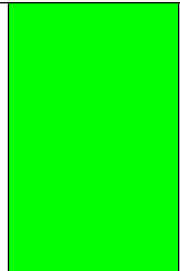
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.



Standards applicable to this service fully attained.

The service is maintaining its philosophy and practice of no restraint. There were no enablers in use on the days of audit. Regular staff training on prevention of restraint, de-escalation and managing challenging behaviours is occurring.

Infection prevention and control

<p>Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.</p>		<p>Standards applicable to this service fully attained.</p>
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The service has an appropriate infection prevention and control management system. The infection control programme is implemented and provides a reduced risk of infections to staff, residents and visitors. Relevant education is provided for staff, and when appropriate, the residents and their families. There is a monthly surveillance programme, where infections information is collated, analysed and trended with previous data. Where trends are identified actions are implemented to reduce infections. The infection surveillance results are reported and discussed at staff and resident 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)
Standards	1	44	0	0	0	0	0
Criteria	7	86	0	0	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The consumer rights policy contains a list of consumer rights that are congruent with the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). New residents and families are provided with a copy of the Code on admission and a copy is displayed on the main corridor wall in full view for residents, caregivers and visitors and also presented on the inside of residents' bedroom doors.</p> <p>On commencement of employment all staff receive induction orientation training regarding residents' rights and their implementation. The clinical staff interviewed demonstrated knowledge on the Code and its implementation in their day to day practice. Staff were observed to be respecting the residents' rights in a manner that was individual to the resident's needs.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information</p>	FA	<p>An informed consent policy is in place. Every resident has the choice to receive, refuse and withdraw consent for services. A resident, dependent on their level of cognitive ability, will decide on their own care and treatment unless they indicate that they want representation.</p> <p>The residents' files reviewed had consent forms signed by the residents, and/or family and enduring power of attorney (EPOA). Advance directives are signed by the resident if competent. Family/whanau interviewed stated that their relatives were able to make informed choices around the care they received and families/whanau were actively encouraged to be involved in their relative's care and decision making.</p>

they need to make informed choices and give informed consent.		
<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>All residents receiving care within the facility have appropriate access to independent advice and support, including access to a cultural and spiritual advocate whenever required.</p> <p>Family/whanau interviewed reported that they were provided with information regarding access to advocacy services at the time of enquiry and at admission and were aware of the location of pamphlets and information situated around the facility. Family/whanau stated that they were always encouraged to become actively involved as an advocate for their relative and felt comfortable when speaking with staff. The facility has access to an advocate through the district health board.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>There are no set visiting hours and family/whanau are encouraged to visit. Residents are supported and encouraged to access community services with visitors/family or as part of the planned activities programme. This was evidenced in family/whanau/resident interviews and documented in daily and planned activities in resident's progress notes and care planning, such as visiting the local shopping centre or community and school groups regularly visiting 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>Royal Heights has policies and procedures which adhere to the Code and the requirements of the Aged Residential Care Contract. Information received from the DHB, staff interviews and review of documents, revealed there have been no formal complaints since 2014.</p> <p>Staff and resident education about complaints management occurs annually with the local representative from the Office of the Health and Disability Commissioner. Staff reliably record any concerns raised by residents or relatives in a minor complaints log. For example, missing items, dissatisfaction with a meal or other resident's behaviour.</p> <p>The complaint process is audited annually by the quality assurance person and reviews the quality and reliability of staff reporting, staff and resident education, new staff orientation, and actions taken from concerns raised at residents' meetings. The audit results show full compliance with requirements.</p> <p>All residents and relatives interviewed said they were aware of how to raise a complaint and that they would not hesitate to approach any staff member with their concern.</p>

<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>FA</p>	<p>The policy identifies that a copy of the Code and information about the Nationwide Health and Disability Advocacy Service is provided to the resident and family on admission and is evidenced in the admissions agreement.</p> <p>The family/whanau and residents that were interviewed reported that the Code was explained to them on admission. The Code of Rights and process was also regularly discussed at family/resident meetings. Family/whanau and residents expressed that they were happy with the care at the facility and provided by the staff.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	<p>FA</p>	<p>The residents' files reviewed reflected that residents received services that were specific and individual to their needs, values and beliefs of culture, religion and ethnicity. The families/whanau interviewed reported that the staff are meeting the needs of their relatives.</p> <p>The families/whanau members interviewed reported that their relative was treated in a manner that showed regard for the resident's dignity, privacy and independence. At the time of the audit staff were seen to knock on residents' doors and await a response before entering. The use of occupied signs on the communal bathroom/toilet doors when in use were noted.</p> <p>No concerns in relation to residents' abuse or neglect were mentioned. The family members reported that staff know their relatives well. This was also evidenced at the time of audit with observed interactions.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	<p>FA</p>	<p>The registered nurse and nurse manager reported that there are no barriers to Maori accessing the service. At the time of the audit there were no Maori residents. The caregivers interviewed demonstrated good understanding of practices that identified the needs of the Maori resident and importance of whanau and their Maori culture.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture,</p>	<p>FA</p>	<p>The spiritual, religious and cultural standard operating procedure documents that the admission process includes assessing specific cultural, religious and spiritual beliefs, which includes any cultural nutritional requirements. Staff liaise with family/whanau to ensure cultural or religious visits continue as appropriate.</p>

<p>Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>		<p>Education on cultural sensitivity and spirituality has been completed and a refresher course is booked. Families and relatives interviewed were happy with the care provided by those staff who also identify with a different culture.</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>Family/whanau and residents reported that they are very happy with the care provided. The families/whanau expressed that staff know their relatives well, that relationships are built and professional boundaries are maintained. No concerns were reported. Staff interviewed stated that they are aware of the importance of maintaining professional boundaries.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>Evidence-based practice was observed and evidenced in interviews with the clinical services manager, registered nurses, caregivers and care planning. Policies and procedures are linked to evidence-based practice. There are regular visits by residents' GPs, links with the mental health services, hospice, the geriatrician and different DHB nurse specialists and consultants. Care guidelines are utilised as appropriate.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>The open disclosure policy is based on the principle that residents and their families have a right to know what has happened to them and to be fully informed. All residents and relatives who do not speak English are advised of the availability of an interpreter at the first point of contact with staff. At the time of audit one resident did not speak English and as a preference had family interpret when required with staff managing well with hand gestures and body language.</p> <p>The family/whanau interviewed confirmed that they are kept informed of their relative's wellbeing including any incidence adversely affecting their relative and were happy with the timeframes that this occurred. Evidence of timely open disclosure was seen in the residents' progress notes, accident/incident forms and at handover.</p>
<p>Standard 1.2.1: Governance</p>	FA	<p>The reviewed Business Management Plan 2016/17 is aligned to the quality system and risk management policy. The plan contains the service scope, values, philosophy, annual goals and objectives and descriptions of the</p>

<p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>		<p>systems used for monitoring and review of services. The plan contains a narrative summary about goal achievements for the preceding year.</p> <p>There have been no changes in the management team for 20 years. The team comprise two owners, a chief executive officer (CEO) and the nurse manager (NM). A full time employed quality assurance person reports to the management team. Interviews with the management team and review of their meeting minutes revealed that organisational performance is regularly monitored for progress toward the annual goals. Management also review all aspects of service delivery, consider the analysis of quality data and review feedback from residents, families and staff. The full time employed registered nurse manager has been in the role for twenty years. The job description accurately describes authority, accountability and responsibility for this role. Review of the NM's personnel file revealed that this person is maintaining a nursing portfolio with suitable ongoing training and education.</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>Royal Heights Rest Home has well established systems and procedures which are known by staff and the management team. This ensures that the day-to-day operations of the service would continue in the absence of the nurse manager. There are sound financial management systems and procedures in place and the service maintains suitable insurance liability. The Ministry of Health Audit and Compliance team conducted an onsite audit in May 2014. This audit revealed no incorrect claims or payments and demonstrated robust and appropriate management of resident's funds.</p> <p>On the days of audit there were 39 residents in the facility. One was in hospital and four beds were unoccupied. This audit revealed that all services were delivered efficiently, and effectively met the specific needs of the residents. There was evidence of health improvements and independence gains with a number of residents after admission. There have been two people discharged out to living back with their families in the past four years.</p> <p>The owners and a part time RN are designated as temporary managers with input from the CEO, other RNs and the quality person. Interviews confirmed that the manager's role is well understood and has been successfully and safely shared during planned absences.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and</p>	CI	<p>The reviewed quality documents, annual quality and risk management plan and risk policy describes the organisation's approach to continuous quality improvement. Review of quality reports and interview with staff demonstrate that Royal Heights is continuing to achieve its annual quality goals. Quality and risk management systems are well managed by a dedicated quality assurance person and the management team. All of the staff interviewed described the ways they are involved with quality and risk monitoring. The service uses an industry designed quality and risk system which they continue to amend and improve to ensure they get the best possible data which results in better targeting of outcomes.</p>

<p>risk management system that reflects continuous quality improvement principles.</p>		<p>Policies are reviewed against current standards, legislation and known best practice annually, or earlier when required. The policies include reference to the requirements for interRAI assessments and care planning.</p> <p>There are excellent trending analysis processes in place. Quality improvement data, such as, incident/accidents, medicine errors, infection rates and results of internal audits are collated and summarised by the quality assurance person and sent to the CEO who completes further analysis and various trending reports. Interview with the CEO revealed the service is ready to engage in using the interRAI data warehouse for comparison and analysis of their data with similar age care services nationwide. The service demonstrates that it continues to review and evaluate its quality and risk management systems and take actions which improve and strengthen its methods for performance monitoring.</p> <p>The service continues to monitor all aspects of service delivery via scheduled internal audits and resident and relative satisfaction surveys. Results of internal audits show improved outcomes in all areas of service delivery. Interviews with the quality manager, CEO and caregivers and review of meeting minutes demonstrate that results of quality monitoring is discussed at weekly staff meetings and outcomes are presented at management meetings. The service involves residents in all decisions about service delivery which impacts them individually and collectively. See example below.</p> <p>Review of the minutes of the health and safety meetings and interview with the committee members showed that all health and safety matters, including any actual and potential risks to staff and residents are managed to prevent occurrence. Committee members hold stage one and stage three qualifications in health and safety and have attended the recommended transition training to understand the new legislation and its implications.</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>Policies and procedures for managing adverse, unplanned or untoward events are clearly described and meet best practice guidelines. The system for documenting, analysing, tracking and trending incidents/accidents and adverse events is well established and effective. All incidents are grouped for analysing by type, time, location and resident involved. Each falls incident documents the resident's current Coombes falls assessment level and the approach to their care is reviewed, falls risks are reassessed and documented in their individual service delivery plan. The service clearly demonstrates a review and analysis process of incidents and accidents which leads to corrective action planning and actions that improve the safety and wellbeing of residents. This has resulted in a continuous improvement rating for criterion 1.2.4.3 specifically for the success in reducing the number of resident falls.</p> <p>Medicine errors are reported to and analysed by, the nurse manager. There is evidence in the records that appropriate and immediate corrective actions are implemented regarding medicine errors for example, staff re-training, new systems and processes for administering. There have been no errors or omissions in the medicines records since the implementation of the new electronic medicines system.</p>

<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>Human resources policy and practices demonstrate good employment practices for staff recruitment, selection and ongoing management. Police vetting occurs.</p> <p>Assessment of the documented recruitment process for the most recently employed caregiver and interview with that person revealed a formal interview by panel and reference checking occurred, police vetting and evidence of education qualifications was checked before permanently employing.</p> <p>The organisation validates professional qualifications and holds copies of current practising certificates for the three RNs. Copies of these were seen on personnel records. The nurse manager also ensures the service GP has current registration with the NZ Medical Council and that allied health staff, for example the podiatrist, physiotherapist and pharmacist are registered with their relevant professional bodies.</p> <p>Review of six staff files and interviews confirmed that the new staff complete an orientation programme specific to the role they are employed for, are overseen by experienced staff and competency tested by the RN manager before assuming duties and undertaking tasks by themselves.</p> <p>Ongoing staff training/education is planned a year in advance and follows a bi-annual programme. Staff training records and interviews confirmed that all staff engage in self-directed age care education and attend three monthly ongoing training sessions by external presenters. In addition to this education updates are provided by the RNs at monthly staff meetings.</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>Review of the staff rosters and interview with the CEO and nurse manager demonstrated that a safe number of suitably skilled and experienced staff are on site 24 hours a day, seven days a week. A formula for staffing levels is documented in policy. Royal Heights makes use of the best practise guidelines in the Indicators for Safe Aged Care SNZ HB 8163:2005 to ensure staffing levels are adequate. Under work load level A this suggests 45 hours of RN staffing. Royal Heights has increased the number of RNs it employs to three and there is now a RN on shift every day of the week. The service has at least 88 standard rostered hours per week of RN coverage and a RN is always on call 24 hours a day seven days a week. There are now enough RNs employed who are trained in the use of interRAI to be able to conduct assessments, care planning and reviews of care using the interRAI tool.</p> <p>Sufficient number of care givers are rostered on at different times of the day to take into account work demands. The nurse manager is authorised to roster extra coverage as required to maintain safe staffing levels should resident need changes require this. Royal Heights provides a popular day stay programme to on average five people each day during the week. Staff are rostered to assist specifically for day stay residents so as not to impact on long stay residents or service delivery. This is described in the day stay policy.</p> <p>Activities staff are employed to be on site six hours per day. There are at least two cleaning/laundry and two kitchen staff rostered to work each day. The CEO and two owners are on site for at least a day each week. A part time administrator/receptionist is also employed.</p>

		From time to time Royal Heights provides work experience for trainee health care assistants in agreement with their training establishment. These trainees carry out work duties in addition to the staff who are rostered on each duty.
Standard 1.2.9: Consumer Information Management Systems Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.	FA	The resident's name and date of birth and national health index (NHI) are used as the unique identifier on all residents' information sighted. Clinical notes were current and integrated with GP and auxiliary staff notes. The files were being kept secure and only accessible to authorised people. On the day of admission all relevant information is entered into the resident's file by the RN following an initial assessment and medical examination by the GP. The date of admission, full and preferred name, next of kin, date of birth, gender, ethnicity/religion, NHI, the name of the GP, authorised power of attorney, allergies, next of kin and phone numbers were all completed in each resident's record reviewed. No personal or private resident information was observed to be on public display during the days of audit. Archived records were being safely held on site for seven years.
Standard 1.3.1: Entry To Services Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.	FA	The resident admission agreement is based on the Aged Care Association agreement. The residents' records reviewed have signed admission agreements by the resident/family or EPOA. Vacancies are updated daily through Eldernet. Staff contact the nurse manager if enquiries are made by potential perspective residents and/or their family members and if outside working hours an appointment is made.
Standard 1.3.10: Transition, Exit, Discharge, Or Transfer Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.	FA	The service uses the DHB's processes and forms for admission and discharge to and from the acute care hospital which includes a transfer template, envelope and check list requiring specific information to accompany the resident. This form requests information on all aspects of care provision, known risks and intervention requirements. A copy of the resident's individual risk profile, individual file front page, medication profile form and allergies records, a summary of medical notes and a copy of any advance directives are also included. Communication between the two services and with the family occurs prior to transfer and any concerns are documented and included in the transfer information.
Standard 1.3.12:	FA	The medication management policy and procedure clearly describes the processes to ensure safe administration

<p>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>of all medications. This includes competency requirements, prescribing, recording, the process when an error occurs, as well as definitions for 'over the counter' medications that may be required by residents. At the time of audit no residents were self-administering medications.</p> <p>Medications for residents are received and delivered by the pharmacy in a pre-packed delivery system. A safe system for medicine management was observed on the day of audit. Medicines are stored in a medicine trolley individually in the treatment rooms which is locked when not occupied. A locked safe is used for controlled medications and the medicine register was sighted. Medications that require refrigeration are stored in a separate fridge with recorded temperatures documented.</p> <p>The facility has implemented an electronic medication charting and management system. The 10 medicine charts sighted have been reviewed by the GP every three months and are recorded on the medicine chart. All prescriptions sighted contained the date, medicine name, dose and time of administration. All medicine charts have each medicine individually prescribed and 'as required' (PRN) medications identified had the reason stated for the use of that medication. All the medicine files reviewed have a photo of the resident to assist with the identification of the resident.</p> <p>There are documented competencies sighted for designated care staff responsible for medicine management. The registered nurse administering medicines at the time of audit demonstrated competency related to medicine management.</p> <p>The facility has a generator and a separate back-up system in the event of a power outage to support the medication electronic management system and a paper based/hard copy medication system is kept at the pharmacy.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>Regular monitoring and surveillance of the food preparation and hygiene is carried out. Food procurement, production, preparation, storage, delivery and disposal was sighted at the time of audit. Fridge and freezer recordings are observed daily and recorded and meet the food safe requirements. Kitchen staff interviewed had a very good understanding of food safety management and have completed ongoing updated food safety training.</p> <p>There is a four week rotating menu that has been reviewed by a dietitian. Where unintentional weight loss is recorded, the resident is discussed with the GP and referred for a dietitian review.</p> <p>A nutritional profile is completed for each resident by the RN upon entry and this information is shared with the kitchen staff with a copy remaining in the kitchen to ensure all needs, wants, dislikes and special diets of the resident are catered for. The kitchen is available for staff to provide residents with food and nutritional snacks 24 hours a day.</p> <p>The kitchen also offers residents a variety of cereals for breakfast, a main option for lunch including a desert and a lighter menu option for dinner. All main meals are supported by morning and afternoon tea which includes home</p>

		<p>baking. There is a small kitchenette situated in the rest home facility where residents/family can make their own hot and cold beverages.</p> <p>All meals are cooked and served directly from the kitchen and served in the adjacent dining room. Residents have the option of trays in their rooms, however all residents are encouraged to have their meals in the dining rooms to encourage appetites and socialisation.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>The nurse manager and registered nurse interviewed reported that the service does not refuse a resident if they have a suitable Needs Assessment and Service Coordination (NASC) assessment for the level of care and there is a bed available. In the event that the service cannot meet the needs of the resident, the resident, family and NASC service will be contacted so that alternative residential accommodation can be found.</p> <p>If the resident's needs exceed the level of care provided, they are reassessed and an appropriate service is found for the resident. The resident agreement has a statement that indicates when a resident is required to leave the service. The admission agreement has a clause on when the agreement can be terminated and the need for reassessment if the service can no longer meet the needs of the resident.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>The service has implemented the electronic interRAI assessment and specific assessment tools for all residents remain paper based. Assessments are carried out by a registered nurse appropriate to the level of care of the resident and includes falls, skin integrity, and challenging behaviour, nutritional needs, continence, and communication, end of life, self-medication and pain assessments. The interRAI assessment is also utilised when a change of level in care is required.</p> <p>The residents' files reviewed have assessment information obtained from any prior place of living, services involved, the resident, and where applicable the resident's family and/or nominated representative. Where a need is identified, interventions for this are recorded on the care plan and external services are requested as required. All of the files reviewed have falls risk and pressure ulcer risk assessments.</p> <p>The family/whānau interviewed reported their relative receives 'above and beyond the care required' to meet their relative's needs.</p>
<p>Standard 1.3.5: Planning</p>	FA	<p>The six residents' files reviewed have electronic care plans that address the resident's current abilities, concerns, routines, habits and level of independence. Strategies for reducing and minimising risk while promoting quality of</p>

<p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>		<p>life and independence are sighted in the residents' files. Also evidenced is the assessment of techniques used that is individual and specific to the resident with interventions and evaluations sighted. The caregivers interviewed demonstrated knowledge about the individual resident's they care for.</p> <p>The residents' files reviewed included diversional therapy care plans identifying the resident's individual diversional, motivational and recreational requirements showing documented evidence of how these are managed. The files showed input from the nurse manager, registered nurse, care and activity staff and medical and allied health services. The registered nurse and caregivers interviewed reported they receive adequate information to assist with the resident's continuity of care. This was also evidenced in the shift handover (verbal and paper) and staff communication book.</p> <p>The family/whanau interviewed reported they were very happy with the quality of care provided at the service.</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>Clinical management policies and procedures include assessment on admission, weight and bowel management, clinical notes and referral information.</p> <p>As observed on the days of the audit, the registered nurse and caregivers demonstrated good knowledge of individual residents, providing individual and specific care that was reflected in the resident's care plan. The residents' files showed evidence of discussions and involvement of family. The residents interviewed reported that the staff knew them all very well and had no concerns with the care they received.</p> <p>The service has adequate dressing and continence supplies to meet the needs of the residents. The care plans reviewed recorded interventions that are consistent with the resident's assessed needs and desired goals. The registered nurse and caregivers interviewed reported they have input into residents' care plans on a regular basis and state that the care plans are accurate and kept up to date to reflect the resident's needs.</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</p>	<p>FA</p>	<p>The activities programme uses a framework to empower the residents both young and older to have the opportunity to be valued and respected. The residents are provided with opportunities that are of interest to them from the past and present and are encouraged and supported to maintain their community networking and friendships allowing for ongoing socialisation and developing new interests. The activities coordinator adapts activities to meet the needs and preference of choices of the aged care residents.</p> <p>The facility has one activity co-ordinator who works Monday – Friday, a total of 35 hours per week and attends regular education sessions related to his role. The weekly activities plan/calendar sighted is developed based on the resident's individual needs and interests and can be easily adapted and changed depending on the resident's physical ability, interest and reaction at the time. The activities staff advertises the upcoming activities on the calendar by providing this to residents on the notice boards through the facility. Regular activities include daily newspaper reading and exercises, church services, happy hour, regular visiting entertainment and includes weekly</p>

<p>service.</p>		<p>bus trips. All public holidays and special events are celebrated. For residents who wish to remain in their rooms, activities and one to one interaction is offered and supported by staff. The care staff interviewed stated that they have access to activities to support residents after hours and on the weekends. Staff promote social interaction by inviting and encouraging all residents to join in activities together in the main lounge.</p> <p>The residents' files reviewed have activities and social assessments that identify the resident's individual diversional, motivational and recreational requirements. Daily activities attendance sheet records are maintained for each resident and is assessed and reviewed based on the enjoyment and interest of the resident. The goals are updated and evaluated in each resident's file three monthly.</p> <p>The outside environment provides easy access to outside garden areas that enable residents to come and go safely. There are seating arrangements and different areas of focus.</p> <p>All residents and families interviewed stated that they were happy with the activities on offer and families and visitors felt included when they visited.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>The residents' files reviewed had a documented evaluation that was conducted within the last six months. Evaluations are resident focused and document achievements or response to supports/interventions and progress towards meeting the desired outcome/goal.</p> <p>Residents' changing needs are clearly documented in the care plans reviewed. Residents whose health status changes, and/or is not responding to the services/interventions being delivered, are discussed with their GP and family/whanau. Short term care plans are sighted for wound care, infections, and changes in mobility, changes in food and fluid intake and skin care. The medical and nursing assessments of these short term care plans are documented in the residents' progress notes. The caregivers interviewed demonstrated good knowledge of short term care plans and reported that they are reported and discussed at handover.</p> <p>Family/whanau interviewed stated that they can consult with staff at any time if they have concerns or there are changes in the resident's condition.</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</p>	<p>FA</p>	<p>There is one GP who visits the residents at the facility which also includes an on call component. The RN in discussion with the GP will arrange for any referrals required to specialist medical services when necessary. Records of progress are recorded in the resident's file and were observed. These referrals and consultations included mental health services, general medicine services, psychiatrist, radiology, geriatrician, podiatry and dietitian. The GP interviewed reported that appropriate referrals to other health and disability services are well managed from the facility.</p>

<p>other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</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>	<p>FA</p>	<p>There are clearly described policies and procedures for the safe and appropriate disposal of waste, infectious or hazardous substances which comply with local government and legislative requirements, the requirements of this standard and the ARC contract.</p> <p>Visual inspection and interviews with care and cleaning staff on the days of audit revealed that chemicals were stored securely and that there is safe disposal of body waste and contaminated or potentially infectious products. Incontinence products are doubled bagged and bins are emptied to outside containers regularly. The sluice rooms in each of four wings were exceptionally clean and well equipped. Personal protective equipment is available and seen to be used on the days of audit.</p> <p>Staff interviewed demonstrate knowledge and understanding of safety issues around managing waste and hazardous substances. Staff are provided with ongoing information, education and support by the organisation and external chemical suppliers.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>Visual inspection of all internal and external areas revealed that the facility is faultless. The owners and management of Royal Heights Rest Home continue to upgrade and improve the designed for purpose building, its operating systems/plant and chattels/equipment where opportunities to upgrade or make better become evident. The current building warrant of fitness (BWOFF) expires in October 2016. The local authority who issue the BWOFF requires that independent qualified people (IQP) check the inspection and maintenance work of contracted technicians (for example the testers of the kitchen flu and filters). Staff interviews, visual inspection of equipment and documentation in maintenance logs, revealed that electrical testing and tagging continues to be conducted by a certified electrician annually. The records of this log every piece of equipment on site including resident's electrical devices. Fire safety equipment and the suppression system is inspected monthly by an external fire service company as is the cleaning and laundry equipment. Calibrations of scales and medical equipment continues to occur at least annually. The single hoist on site is inspected annually although it has never been used. Reactive maintenance issues are attended to immediately or where possible are fixed permanently to prevent recurrence. The planned maintenance records shows a LED lightbulb replacement programme is on track to be completed in 2018 and there are plans to replace and upgrade the overall fire suppression system (for example sprinklers and smoke detectors which are being progressively replaced as they reach the end of their life) to avoid</p>

		<p>false alarms.</p> <p>The external areas are safe and immediately accessible for resident use and are a source of pride to residents. On the days of audit residents were observed taking themselves for group walks around the perimeter for exercise. Outside areas are being consistently improved. A vegetable garden has been developed and is maintained by residents and day programme attendees.</p> <p>A rating of continuous improvement is made for the plant improvements which have occurred since the previous surveillance audit.</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>Visual inspection revealed that each bedroom has an ensuite toilet and hand basin with flowing soap and paper towels. Residents are assured of visual privacy through the use of locks on toilet doors and there have been no reported breeches of privacy. The hot water system is delivered by a cylinder with tempering valves set at 45 degrees. Review of the records for temperature tests of showers and hand basins reveal no temperatures over 45 degrees. The chemical supplier tests the hot water in the kitchen and laundry each month and documents this as being higher 60 degrees. Each wing has a sufficient number of showers for the number of residents in that wing and toilets are conveniently located throughout the building. There are separate staff ablutions. Hand washing facilities and gel sterilizer units are strategically placed throughout the facility for staff and visitor use.</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 rooms have a single occupant in them. The rooms are spacious and easily accommodate a bed, occasional furniture, chair and personal effects. There is enough room for residents to move around safely with or without a mobility aid. The service meets the requirement of the ARC contract and this standard.</p>

<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	<p>FA</p>	<p>A large dining room and communal lounges are centrally located and within easy walking distance from residents bedrooms. The seating in the open space lounge area is arranged to create separate areas for activities or visiting. These areas are frequently re-decorated according to different themes to provide stimulation and change for residents. Each wing also has its own lounge. Adverse event documents and staff interviews reveal there have been no falls incidents related to clutter or placement of furniture. Staff report that all areas are inspected for hazards daily. Residents and family members interviewed expressed satisfaction with the layout of the facility and communal areas.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>Review of documents, interviews with residents and relatives, cleaning staff and visual inspection of all areas revealed that Royal Heights continues to provide a high standard of cleaning and laundry services. Chemicals and cleaning equipment was observed to be stored safely when not in use. At least two cleaning and laundry staff are on site seven days a week. The quality person and NM continue to conduct regular inspections and internal audits of cleaning and laundry services to ensure these are effective and the best they can be. The service has continued with providing additional cleaner hours for 'deep cleaning' to ensure all areas of the facility are spotless. There have been no reported issues or concerns about cleaning or laundry services.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>Royal heights is maintaining its practices and systems for emergency and/or civil defence situations. Visual inspection demonstrated that the facility has extensive resources and is fully equipped to be able to continue providing services to a maximum of 45 residents and staff for up to seven days in the event of any disaster. There are large supplies of non-perishable food stored on site, 45,000 litres of water available on gravity feed, a fuel operated generator and battery backup systems for power outages, plus gas supplied heating and cooking.</p> <p>Staff receive extensive information on emergency procedures at orientation and there is ongoing training about civil defence processes and keeping residents safe during emergencies. Three registered nurses are now employed which has increased the number of RN hours on site each week. A RN is also on call twenty-four hours a day, seven days a week. All care staff and the activities coordinator have current first aid certificates. Fire drills and fire training occur every six months. Records show the last trial evacuation occurred in March 2016.</p> <p>There is one main entry and exit to the home. Access to the home is secured by electronic doors operated by the</p>

		<p>receptionist or key pad entry and visitors and residents can exit freely by pushing the exit button. All windows have security stays. Closed circuit television monitors are installed in corridors, at the front door, in the medicine room and in the underground car park.</p> <p>The call bell system was tested and is functional. Residents seldom use the call bell as all of them are out of their rooms during the day and state that there are always staff within calling distance during the evening and night. There have been no complaints or dissatisfaction expressed by residents or their families about response times by staff. Response to call bells can be checked after the event and also tracked by the CCTV system if review is required.</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 home is heated by electricity and there is a gas fire in the lounge which residents enjoy. Each bedroom has an electric panel heater that can be individually controlled. On the days of audit the facility was warm and dry. Interview with residents and relatives confirmed that they experience the home as warm enough in the winter and cool enough during summer. There is plenty of natural light in all areas of the home. The most frequent request for maintenance is replacement of light bulbs. The service has fitted all high use areas with LED bulbs with an intention to have the entire facility fitted out with these bulbs in 18-24 months. These produce more light, last for an average of 10 years thereby reducing the risks associated with staff accessing high areas and resident's visibility being impeded by flickering lights or light failure.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The service has a documented infection control programme. The infection control programme minimises and reduces the risk of infections to residents, staff and visitors to the facility.</p> <p>The nurse manager is the infection control coordinator and is responsible for following the programme as defined in the infection control manual. Infections are monitored by using standardised definitions to identify infections, surveillance, changes in behaviours, monitoring of organisms related to antibiotic use and the monthly surveillance record. Infection control is discussed at each staff meetings. If there is an infectious outbreak this is reported to staff, management and where required to the DHB and public health departments.</p> <p>The infection control coordinator interviewed reported that staff have good assessment skills in the early identification of suspected infections. Residents with suspected and/or confirmed infections are reported to staff at handover and short term care plans implemented, and this is documented in the progress notes. Staff interviewed state that they are alerted to any concerns and are included in the management of reducing and minimising risk of infection through staff meetings, staff communication book, one to one, shift handover and in resident's</p>

		<p>documented progress notes.</p> <p>A process is identified in policy for the prevention of exposing providers, residents and visitors from infections. Staff and visitors suffering from infectious diseases are advised not to enter the facility. When outbreaks are identified in the community, specific notices are placed at the entrance saying not to visit the service if the visitor has come in contact with people or services that have outbreaks identified. Sanitising hand gel is available and there are adequate hand washing facilities for staff, visitors and residents with hand washing signs noted throughout the facility. Gloves and gowns are easily accessible to staff. Residents who have infections are encouraged to stay in their rooms if required.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The nurse manager/registered nurse has the role of infection prevention and control coordinator. Infection control issues are discussed at staff and resident meetings. The facility has the support of a clinical infection control specialist nurse who is available for advice on infection prevention. Advice can also be sought from different external sources including the laboratory diagnostic services and GP. The infection control coordinator regularly attends infection control educations. The registered nurse and caregivers interviewed demonstrated good knowledge of infection prevention and control. On several occasions throughout the audit good hand washing technique was observed.</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</p>	FA	<p>An infection control policy sets out the expectations the organisation uses to minimise infections. This is supported by an infection control manual and policies and procedures that support specific areas including managing sharps, managing multi-drug resistant organisms, exposure of blood and body fluids, personal protective equipment, single use items, outbreak management, cleaning disinfecting and sterilisation, waste management, construction and renovations). Staff were observed demonstrating safe and appropriate infection prevention and control practices.</p>

<p>policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>		
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>The registered nurse and caregivers interviewed were able to demonstrate good infection prevention and control techniques and awareness of standard precautions, such as hand washing. Hand washing of staff is reviewed regularly by the quality assurance manager. Infection control in-service education sessions are held and resident education is provided, as and when appropriate.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>All staff are required to take responsibility for surveillance activities as shown in policy. Monitoring is discussed in management meetings to reduce and minimise risk and ensure residents' safety. The infection coordinator completes a monthly surveillance report. The service monitors wounds, pressure injuries, urinary tract infections, upper and lower respiratory tract infections, skin and soft tissue, oral, eyes, gastroenteritis infections. Antibiotic use is also monitored and evidenced as discussed with the GP. The monthly analysis of the infections includes comparison with the previous month, reason for increase or decrease, trends and actions taken to reduce infections. This information is fed back and discussed in staff and where appropriate resident meetings.</p> <p>Infection rates for Extended Spectrum Beta-Lactamases (ESBL) have been elevated over the last four months, however this could be due to screening that is now undertaken for all residents that have been away from the facility. Care planning and intervention/evaluation was evidenced to show how staff were reducing and minimising risk, trends and actions to take to reduce the spread of this infection for individual residents and as a facility were observed.</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>Royal Heights is maintaining its philosophy and practice of no restraint. There have been no restraints used in the facility for 20 years and there were no enablers in use by residents on the days of audit. The documented systems and processes to be used if restraint or enablers are required meet these standards.</p> <p>The home provides services to a number of residents with ongoing mental health conditions, and management of their individual behaviour or mood changes is documented in detail in their files. Interviews with caregivers, management and the GP confirmed that if a resident's condition deteriorates and their safety is compromised, they</p>

		<p>are quickly reassessed and considered for transfer. This was further confirmed by review of incident accident reports and staff meeting minutes.</p> <p>Although the service has been restraint free for many years, there is an annual management review which includes considering the content of the restraint minimisation policy, staff education, knowledge and competence with regard to restraint and management of disturbing behaviour and review and evaluation of the environment. Review of personnel records and staff training plan show that education on restraint prevention and managing challenging behaviour is occurring every year. The nurse manager reviews each staff member's competence and knowledge of restraint policy and practice during annual performance appraisals.</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.

No data to display

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.2.3.1</p> <p>The organisation has a quality and risk management system which is understood and implemented by service providers.</p>	CI	<p>Royal Heights is continuing to achieve the quality goals which are set annually. The service is ready to engage in using the interRAI data warehouse for comparison and analysis of their data. Although the service has not had residents with pressure injuries, a new audit tool for pressure injury prevention has been added to the schedule and incident and accident documents have been updated to include reporting on these. Where audits reveal areas that do not attain 100% of the outcomes, there was documented evidence of investigations and remedial actions being taken immediately. All corrective actions are documented on audit action sheets and signed off when tasks are completed. A medicines audit in 2015 revealed 18 omissions by the prescriber to sign off discontinued medicines. The service introduced an electronic prescribing and medicines management system in November 2015 and a re-audit two months later revealed no omissions or errors. Review of residents' meeting minutes and resident interviews reveal that the service involves residents in all decisions about service delivery which impacts them individually and collectively. An example of this is the updating and amendment of their health and safety policies and processes to reflect the requirements of the new Health and Safety at Work Act. After presenting this to residents, a resident</p>	<p>Having fully attained this criterion the service demonstrates that it continues to review and evaluate its quality and risk management systems and take actions which improve and strengthen its methods for performance monitoring. This has lead to safer systems, improved outcomes for residents and greater participation by consumers.</p>

		volunteered and has been accepted as a resident representative on the health and safety committee.	
<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>	CI	<p>Review of individual incident reports, monthly summary reports and data analysis reports and communications related to incidents for 2015-2016, provided evidence of investigation and remedial action to improve resident safety. The most commonly reported incident is residents' falls with no injury and minor skin tears or bruises. The monthly average of falls has decreased from 10 to eight since the previous audit. Evaluation of this trend is attributed to the success of the falls management programme increased use of sensor mats, facility improvements, daily exercises for residents and improved staff skills. There have been no fractures as a result of falls.</p>	<p>Having fully attained this criterion, the service can in addition clearly demonstrate a review and analysis process of incidents and accidents which leads to corrective action planning and actions that improve the safety and wellbeing of residents.</p>
<p>Criterion 1.3.10.2</p> <p>Service providers identify, document, and minimise risks associated with each consumer's transition, exit, discharge, or transfer, including expressed concerns of the consumer and, if appropriate, family/whānau of choice or other representatives.</p>	CI	<p>A resident was admitted four years ago with multiple medical, physical and social related issues that resulted in an admission to the facility. The staff initiated an exercise programme and encouraged and supported the resident to partake in daily activities of life. The resident in reaching a level of and maintaining self-independence was recently discharged back into the community with ongoing support and is reported to be doing well.</p>	<p>The service is rated continuous improvement for achieving goals around independence which facilitated a resident been discharged back into the community.</p>

<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>	<p>CI</p>	<p>Medication audit in 2015 revealed ongoing documentation errors. The implementation of the medication electronic management system was introduced in November 2015. Re audit of the medication system in 2016 revealed no documentation errors.</p>	<p>The service is rated continuous improvement for achieving the goal of eliminating medication document errors.</p>
<p>Criterion 1.3.4.2</p> <p>The needs, outcomes, and/or goals of consumers are identified via the assessment process and are documented to serve as the basis for service delivery planning.</p>	<p>CI</p>	<p>The interRAI in May 2016 identified nine residents with low BMI (not related to weight loss). All nine residents were seen and assessed by a dietician and individual care plans were developed with recommended interventions. This included creating individual food plans with kitchen staff. Interviews with residents is positive and weight gain is evident. The registered nurse and quality team are continuing to monitor this.</p>	<p>The service is rated continuous improvement for the identification of each resident listed with low BMI's and interventions implemented with the support of a community health professional.</p>
<p>Criterion 1.3.7.1</p> <p>Activities are planned and provided/facilitated</p>	<p>CI</p>	<p>The activity programme continues to be reviewed and improved upon with input from weekly resident meetings. As a result new initiatives and activities are introduced regularly. Examples of this is the facility supporting a resident to raise funds for a local trust. The development of a vegetable garden that the facility supports the residents to develop and maintain. Evaluations of resident</p>	<p>The service is rated continuous improvement by demonstrating increased satisfaction with the way activities are initiated and developed in response to residents</p>

to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.		and family surveys of the activities program show increased satisfaction since the previous audit.	and family feedback
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	CI	<p>Interviews, observations and documents reveal that the organisation has installed fibre optic cabling throughout the building to enable WIFI access for residents and facilitate reliable speed of access for interRAI and electronic medicines technology. There are back up systems in place to protect electronic data in the event of power outage (refer to medicines 1.3.12 for backup of the electronic medicine systems). A walk in freezer has been installed in the bulk food storage room to eliminate the problem of heat generated by the stand alone freezers which were previously in there and the cost of running a cooling system. A 'hood' was installed over the kitchen dishwasher to divert the steam produced from it which was adding moisture and heat to the kitchen.</p>	<p>The building, its plant and equipment are faultless due to ongoing maintenance and replacement. A rating of continuous improvement is rated for the plant improvements which have occurred since the previous surveillance audit. This includes technology upgrades to facilitate access to electronic records and backup systems, the installation of a walk in freezer in the bulk food storage area downstairs, lighting upgrades and improvements in the kitchen. These upgrades have resulted in a safer environment for consumers and staff, supporting consumers to stay connected with family and friends via the internet and ensuring continuous access to essential consumer information.</p>

End of the report.