

MorningView Health Care Limited - Rose Garden Rest Home

Introduction

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

The audit has been conducted by Health Audit (NZ) 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: MorningView Health Care Limited

Premises audited: Rose Garden Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 13 July 2016 End date: 14 July 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: 14

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Rose Gardens Rest Home is owned and operated by a husband and wife team. It provides rest home level care for up to 40 residents. The current owner's commenced management of this service ten months ago. The residents and family/whānau reported a high level of satisfaction with the services and care provided.

This certification audit was conducted against the Health and Disability Services Standards and the provider's contract with the district health board. The audit process included the review of policies, procedures, residents and staff files, observations and interviews with residents, family/whānau, one general practitioner, management and staff.

Owing to the findings in the previous certification and surveillance audits the portfolio manager from the Northland District Health Board (NDHB) attended the closing meeting. All previous findings have been closed off.

There is one area identified for improvement regarding the need to undertake minor maintenance in one bathroom area and one toilet area in the separate residence known as the 'House' which is currently unoccupied.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Staff demonstrate good understanding of the resident's rights and obligations which is incorporated in their daily work duties. Residents are treated with respect and receive services in a manner that promotes privacy, dignity and independence. The resident's cultural, spiritual and individual values and beliefs are assessed on admission. Residents are provided with adequate information and choices in relation to the care they receive. The organisation reports and responds to all complaints. At the time of audit there are no outstanding complaints.

Organisational management

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

The quality and risk system and processes support effective, timely service delivery. The quality management systems include an internal audit process, complaints management, incident/accident reporting, annual resident surveys, restraint and infection control data collection. Quality and risk management activities and results are shared among management, staff, residents and family/whānau, as appropriate. Corrective action planning was sighted for any deficits identified as appropriate. Quality improvement projects are clearly documented.

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

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

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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Residents receive appropriate services that meet their desired goals/outcomes. Residents are admitted with the use of standardised risk assessment tools. Care plans are consistently developed, sufficiently detailed and evaluated for all residents. Short term care plans are in place when acute conditions arise.

Planned activities are appropriate to the needs, age and culture of the residents. Residents reported that activities are enjoyable and meaningful to them.

The medicine management system meets the required regulations and guidelines.

Food services meet the individual food, fluids and nutritional needs of the residents.

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 had processes in place to protect residents, visitors and staff from harm as a result of exposure to waste or infectious substance.

There were documented emergency management response processes which are understood and implemented by staff.

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

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

The facility was warm on the days of audit. Opening doors and windows creates an air floor to keep the facility cool when required. The outdoor areas provide furnishings and shade for residents' use. Residents and family/whānau were happy with the environment provided.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Policy identifies that enablers are voluntary and the least restrictive option to keep residents safe and to promote independence. The facility has four bedside half loops with are fully documented as enablers and no restraint in use. All processes are undertaken to meet standard requirements.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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Infection prevention and control policies and procedures are clearly documented and implemented to minimise risk of infection to residents, staff and visitors. The type of surveillance is appropriate to the size and complexity of the service. Infection rate data is collected, recorded, analysed and reported. Recommendations to reduce infection rates are discussed. The infection control coordinator is responsible for implementing and evaluating the infection prevention and control programme.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	44	1	0	0	0	0
Criteria	0	91	1	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>Staff receive education on the Code of Health and Disability Services Consumer's Rights (the Code) during their induction programme. Interview with the clinical manager, the nurse and staff confirmed their understanding of the Code. All staff receive training on the Code of Right and complaint management processes. In interviewed staff were able to provide examples on ways they implemented the Code in their everyday practice.</p> <p>The information pack provided on admission includes how to make a complaint, The Code of Rights and advocacy services.</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</p>	FA	<p>Residents and their families are provided with all relevant information on admission. The clinical manager reported that informed consent is discussed with the resident and their families prior to signing any consent documents. Options are provided to residents and their families in relation to clinical and non-clinical services. Advance directives are signed by the residents themselves and these are kept in the resident's records.</p>

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	Information on advocacy services is provided to residents and their families on admission. Interviewed staff and residents are aware on the role of an advocate in the complaints resolution process and how to access advocacy services through the health and disability commission. Staff training on the 'Code' also includes advocacy services.
<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	Residents may have visitors of their choice at any time. The facility is secured in the evenings but visitors can arrange to visit after doors are locked. Family members interviewed reported that staff always made them feel welcome and requests are acted promptly by the clinical manager or directors. Residents are encouraged to be involved in community activities including religious practices and continue having family and friends networks. Outings for residents are conducted regularly to the local shops.
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints policy complies with Right 10 of the 'Code'. The service has an up-to-date complaints register which identifies the date the complaint was received, who is responsible, the date actioned and the date closed. Follow up actions are clearly documented. At the time of audit there are no outstanding complaints.</p> <p>Complaints forms are clearly displayed and are available to residents and family/whānau as confirmed during interviews and as observed on the days of audit. Management and staff verbalised their understanding of the complaints procedure to meet policy requirements.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	The clinical manager reported that the Code was discussed with residents and their families on admission. Interviewed residents and families confirmed their rights are being upheld by the service. The Code is clearly displayed in multiple locations within the facility. The Code of Rights and advocacy service leaflets are available in the main entrance.
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And</p>	FA	The service has a philosophy that promotes dignity and respect for the elderly. Policies and procedures aligned with the requirements of the Privacy Act. Residents are assessed using holistic approach. Cultural assessment is included in the domains completed on admission. Care plans are developed and evaluated

<p>Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>		<p>with the resident and their families when available.</p> <p>Residents are addressed by their preferred names and this is documented in all sampled resident's records. The service ensures that each resident's right to privacy and dignity are recognised and respected. Resident's rooms reflect their personality and preferences. Staff are noted knocking prior entering resident's rooms.</p> <p>In interviewed, the GP reported that residents are treated well by staff and there are no signs of elder abuse or neglect.</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 implements a Maori Health Plan and cultural safety policies and procedures to eliminate cultural barriers and prejudice. Links with the local Maori services are documented in the Maori Health Plan. Cultural assessment was completed for all reviewed residents including a Maori resident. Staff are knowledgeable about the importance of the Maori Health Plan as well as being culturally safe in dealing with all residents. Annual staff training on cultural safety is provided.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>The resident's personal needs and desires are identified on admission. A cultural assessment is completed on admission and was evident in all resident's records sampled. Able residents and their families are involved in care planning and evaluation of the resident's goals/desired outcomes. Preferred meals are documented in the dietary requirement form completed on admission.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other</p>	FA	<p>Policies and procedures to ensure staff are aware of good practice and boundaries relating to discrimination, abuse, neglect, harassment and exploitation are implemented in practice. Staff training regarding staff code of conduct and prevention of inappropriate care are included in the orientation programme and employment agreement. Interviewed staff are aware of professional boundaries as well their respective duties and responsibilities.</p>

exploitation.		
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>Policies and procedures in order to promote good practice are implemented by the service. These policies aligned with the required standards and are reviewed annually. An internal audit programme is in place. The in- service training programme is implemented and staff confirmed these trainings are provided by the clinical manager or by resource speakers from the district health board. All staff have the current and required competencies.</p> <p>The general practitioner reported a high standard of care is provided by the service and the registered nurses demonstrate good clinical assessment skills.</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>Incidents/accidents, the complaints procedure and the open disclosure procedure alert the staff to their responsibility to notify the resident's families or next of kin in a timely manner. There are evidence that families are contacted by the clinical manager or registered nurse when accidents' incidents occurred. Interviewed families confirmed that they are kept informed. Staff are aware that they can contact the interpreter services when required.</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>Rose Garden Rest Home has a business plan which was developed in 2016. It identifies the mission statement and philosophy. The business direction and objectives are identified for the 2016 - 2017 timeframe. For example, the business plan clearly shows manageable timelines for occupancy recovery. The organisational chart identifies the flow of information across all sectors of the service.</p> <p>The facility has three wings called 'Lodges' and one stand-alone building referred to as the 'House'. At the time of audit only two wings are occupied by 14 residents. One resident has been assessed as hospital level care for which the Northland District Health Board (NDHB) and the Ministry of Health have agreed too under certain documented conditions which the facility adhere too. The other 13 residents are rest home level care.</p> <p>The current owners purchased the business in September 2015. They both work full time in the business. One is the facility manager and the other one is the owner/director who assists where required. They are responsible for overall service delivery. The facility manager has a past history of international project management and the owner/director has a National Diploma in both Hospitality and Business Management and a certificate in Adult Teaching. This is their first venture into the health care industry and they are aware of the need to undertake at least eight hours of education related to health management each year. To date the education attended includes DHB contractual requirements, interRAI management training, enduring power of attorney education and a one-day aged care workshop for managers. They are supported by a clinical manager who is a registered nurse and has been in the role less than two years. The clinical</p>

		<p>manager has responsibility for the oversight of all clinical services. This the first management role for the RN who has an up to date professional development portfolio which identifies ongoing education related to both clinical and management roles are maintained. Accountability and responsibilities are described in the role description sighted.</p> <p>Residents and family/whanau are satisfied with the care and services at Rose Gardens.</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>During a temporary absence of any of the management team the role is undertaken by other members of staff. The facility manager stated that succession planning occurs so that the clinical manager will be able to undertake the facility manager role if required. The floor RN would then step up to the clinical manager role when required.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>Rose Gardens Rest Home has a quality and risk management system which is understood and implemented by service providers. This includes the update of policies and procedures, regular internal audits, incident and accident reporting, health and safety reporting, infection control data collection, restraint and complaints management. The service employs a quality and risk consultant ten hours per month to guide the staff and management on all quality and risk processes. If an issue or deficit is found a recommendation is written and corrective actions are put in place to address the situation. Information is shared with all staff as confirmed in meeting minutes sighted and verified by staff interviewed. Both owners attend the monthly staff meetings and are aware of quality actions completed or those to be taken.</p> <p>All policies and procedures sighted are up to date, individualised to the service and available to staff in the nurses' station. They reflect current good practice and are referenced to legislative and standard requirements.</p> <p>Quality data collected is trended against previously collected data. Falls and incident accident data is sent to the NDHB who benchmark this against other rest homes in the same district. The data sighted identified that Rose Gardens Rest Home operates within set acceptable target numbers with the exception of one month (May) where the results indicated that falls had risen above the acceptable limit. The service responded by ensuring corrective actions were documented and implemented around this finding and resulted in no falls being recorded for the month of June.</p>

		<p>Quality improvement projects are fully documented showing what actions were taken and the outcomes reached. For example, replacing the use of frozen fish on the menu with fresh fish. The residents are very happy with this change and stated they really enjoy have fresh fish weekly. Staff verbalised examples of quality improvements made such as the changes made to the laundry area to ensure there is a defined clean and dirty area. The documentation was sighted for this improvement.</p> <p>Monthly resident meeting minutes sighted show that resident feedback on all services is sought. Corrective actions are put in place as required. One example relates to a resident stating that their meal was not warm enough sometimes. The corrective actions taken are well documented and the resident stated the issue has been resolved. Resident input was sought prior to the introduction of the winter menu to ensure all likes and needs were accurately reflected.</p> <p>Internal audits are completed and recorded according to the annual audit schedule sighted. These cover all aspects of service delivery and any deficits found have corrective actions documented, implemented and evaluated. The results of all quality data is shared with staff and residents as appropriate. This is confirmed in meeting minutes sighted.</p> <p>Staff, resident and family/whānau interviewed confirmed any concerns they have were addressed by management.</p> <p>The clinical manager is the nominated health and safety representative but is yet to attend any formalised training. If an issue of concern arises related to health and safety advice is sought from the DHB or Ministry of Business, Innovation and Employment as identified in policy. Actual and potential risks are identified using the quality and risk planning processes. Newly found hazards are discussed at staff meetings and residents are informed as appropriate. Staff confirmed that they understood and implemented documented hazard identification processes. The hazard register sighted was up to date.</p> <p>The business continuity and risk management plan includes the identification of actual and potential risks. Each risk is rated against the impact on the service and the likelihood of occurrence. Preventative actions are documented on either eliminating, or minimising the risk.</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</p>	<p>FA</p>	<p>Adverse event reporting as identified in policy is implemented by the service. The nurse manager confirmed their awareness of the organisation's requirement related to statutory and or/regulatory reporting obligations including the need to report pressure injuries under section 31 of the Health and Disability Services (Safety) Act 2001. A copy of Section 31 reporting forms is included in policy data.</p> <p>Staff interviewed stated they report and record all incidents and accidents and that this information along with any corrective actions is shared at staff meetings as confirmed in minutes sighted. Documentation in six residents' files and the 2016 incident and accident forms reviewed identified that all issues reported had</p>

<p>family/whānau of choice in an open manner.</p>		<p>corrective actions put in place when required.</p> <p>Family/whānau notification is clearly shown in documentation and confirmed during family/whānau interviews.</p> <p>The service has an adverse event register and undertakes monthly severity assessment code (SAC) reporting to the NDHB. At a facility level, management confirmed during interview that information gathered from incident and accidents is used as an opportunity to improve services where indicated. For example, an analysis of data collected from incidents and accidents related to falls was used to put corrective actions in place which resulted in a fall free month in June 2016. Education related to falls prevention was presented to staff and residents prior to gaining this result.</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>Policies and procedures identify human resources management that reflects good employment practice and meet the requirements of legislation. This is reflected in the staff files reviewed. All roles have job descriptions that describe staff responsibilities and lines of reporting. Staff complete an orientation programme with specific competencies for their roles. Documentation in the staff files sampled confirmed some competencies, such as medication management are repeated annually. Staff that require professional qualifications have them validated as part of the employment process and on an ongoing annual basis (documentation sighted). Employment processes included reference checking, police vetting and gaining signed employment agreements.</p> <p>The education calendar sighted for 2016 identifies that staff undertake training and education related to the roles they undertake. Topics covered in annual training and education relate to age care and health care services. Members of the management team also attend workshops and seminars specific to management related topics. Education occurs both on and off site. The nurse manager attends district health board RN education days and maintains a portfolio. Healthcare assistants are encouraged and supported to undertake recognised aged care qualifications. This is confirmed during staff interviews and evidenced in staff file reviews conducted.</p> <p>Resident and family/whānau members interviewed, identified that residents' needs are met by the service. No negative comments were voiced during interviews on the days of audit. This is also supported in the resident satisfaction survey results sighted for 2016 where all responses gained only positive feedback.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service</p>	<p>FA</p>	<p>Policy identifies staffing levels and skill mix are maintained or exceeded to meet residents' needs and to comply with contractual requirements. Documentation identifies that at all times adequate numbers of suitably qualified and experienced staff are on duty to provide safe and quality care. The clinical manager who is a RN, works Monday to Friday, and a second RN works five hours six mornings a week and three</p>

<p>from suitably qualified/skilled and/or experienced service providers.</p>		<p>hours in the afternoon four days a week. There is an RN on call at all times and healthcare assistants confirmed they can contact the on-call when required.</p> <p>Rosters sighted showed that staff were replaced for sickness and annual leave. This was confirmed during interview with staff and management. Staff reported they had adequate time to complete all required tasks to meet residents' needs.</p> <p>Resident and family/whānau members interviewed stated all their needs have been met in a timely manner.</p> <p>The service has dedicated kitchen staff seven days a week, an activities coordinator five days a week and dedicated cleaning hours are identified on the roster. Healthcare assistants undertake the laundry as part of their daily duties.</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 reviewed resident's files identify that information is managed in an accurate and timely manner. Health information is kept in secure areas at the nurses' station and is not accessible or observable to the public. Electronic records are secured and password protected. Entries into the progress notes are made each shift which records the staff member's name and designation. All records pertaining to individual residents are integrated. The service uses a mix of electronic and paper based records, with the relevant electronic assessment/care plans printed and a copy placed in the resident's hard copy folder. Hard copy records are stored on site and there is electronic archiving and back- up for the electronic records.</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>The entry to the service policy includes procedures to be followed when a resident is admitted. Admission agreements are signed by the residents or by their families as evidenced in all resident records sampled. Residents and families reported that the admission agreements are discussed with them in detail by the clinical manager.</p> <p>All residents have the appropriate needs assessments prior to admission. An information pack is provided for potential residents and their families as well as for new residents. The clinical manager ensures that residents are admitted in accordance with contractual requirements. All enquiries are recorded in the enquiry register.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated</p>	<p>FA</p>	<p>A standard transfer notification form and process from the district health board is used when residents are required to be transferred to the public hospital or to another service. A transfer advice is included together with the notification form. Telephone handovers are conducted for all transfers to other services by the clinical manager. There is evidence that the resident and their family are involved for all exit or discharges to</p>

transition, exit, discharge, or transfer from services.		and from the service.
<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>	FA	<p>A medicine management system is consistently implemented to ensure that the residents receive medicines in a safe and timely manner. Medication charts are legible and photos are present. Medication charts are reviewed regularly. The “as required “medication have documented indications for use. All discontinued medications are signed for and dated by the GPs. Allergies are well-documented. The controlled drugs register is correct and there were no residents on controlled drugs during the day of the audit.</p> <p>Medicine reconciliation is conducted by the clinical manager when a resident is discharged back to the service. There are no expired or unwanted medications. A system is in place when returning expired or unwanted medications. All medications are stored appropriately. The medicine fridge is monitored and the temperature is recorded daily</p> <p>Staff administering medications complied with the medication administration policies and procedures as evidenced in the observed medications round. Current medication competencies are evidenced in the staff files.</p> <p>There are no residents who self-administer their medications, however there are self-administration policies and procedures in place.</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>The food service policies and procedures include the principles of food safety, ordering, storage, cooking, reheating and food handling. A system is in place when receiving deliveries. All meals are prepared and cooked onsite. There are current food handling certificates.</p> <p>Residents are provided with meals that meet their food, fluids and nutritional needs. There is evidence that either the clinical manager or the registered nurse completed the dietary requirement forms on admission and provided a copy to the cook. Additional or modified foods are also provided by the service.</p> <p>Fridge and food temperatures are monitored and recorded daily. A system is in place in checking the food temperature after cooking and before serving the meals. Cooked meals are plated by the healthcare assistants. The meals are well-presented and residents confirmed they are provided with alternative meals as per requested. All residents are weighed regularly and there is no evidence of significant weight change in the reviewed resident's files. Residents with weight change are provided with food supplements and fortified foods.</p> <p>The kitchen staff use safe food practices when preparing meals. A kitchen cleaning schedule is in place.</p>

<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>There is a policy on declining entry to the service. A declined resident is referred back to the referrer to ensure that the resident is admitted to the appropriate level of care provider. The clinical manager reported that the district health board needs assessors, social workers and families contact the facility to discuss the suitability of the resident prior sending the resident's family to view the facility.</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 clinical manager and registered nurse use standardised risk assessment tools on admission. The assessment information is the basis for developing the resident's initial plan of care and the long term care plan. New residents are admitted using the interRAI assessment tool which is completed within the required time frame. The identified trends during the assessment are addressed in the long term care plans.</p> <p>The required assessments are sighted in all sampled resident files.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Long term care plans are resident-focused and personalised. Goals are specific and measurable. Interventions are documented to address the desired goals/outcomes identified during the assessment process.</p> <p>Short term care plans are developed for all acute conditions. Residents and families are involved in the development of long term care plans. Staff are informed about changes in the care plans through the hand overs and monthly staff meetings.</p> <p>Continuity of service delivery is maintained through the use of integrated resident's records, appointment diary, e-mails and shift hand overs.</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>	FA	<p>Long and short term care plans are developed by the clinical manager or registered nurse. Documented interventions in the long term care plans addressed the issues identified during the assessment process. The interventions documented in the care plan for the hospital level resident reflected a higher level of care was provided.</p> <p>Short term care plans are sufficiently detailed and include the resident's response when the treatment is completed.</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>	FA	<p>Activities provided are appropriate to the needs, age and culture of the residents. The activities are physically and mentally stimulating. The activities coordinator (AC) develops the activity plans using the resident's profile gathered during the interview with the resident and their families and this was reviewed by the diversional therapist (DT). The weekly activities are posted in different areas within the facility. Activity plans are well-documented and reflected the resident's preferred activities and interests. A participation log was maintained. The AC referred the residents to the RNs when changes are noted regarding involvement in the activities. Interviewed residents and families reported that the activities provided by the service are adequate and enjoyable.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Both short and long term care plans are developed and evaluated by either the clinical manager or by the registered nurse. Changes to the care plans are evident in the reviewed resident's files when the desired outcomes are not met. Resident's response to treatment are evidence in the reviewed resident's files. Resolution dates are also documented in the short term care plans.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>There are documented policies and procedures in relation to exit, transfer or transition of residents. There was evidence of referrals by the GP to other specialist services. Residents and the families are kept informed of the referrals made by the service. This was evident in the communication register. Internal referrals are facilitated by the clinical manager.</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</p>	FA	<p>Policy describes safe and appropriate storage and disposal of waste substances. Yellow sharps bins are used for the safe disposal of medical waste, such as needles. Staff report their understanding of safe disposal processes.</p> <p>Chemicals are stored securely. Safety data sheets were sighted for the chemicals in use.</p> <p>Personal protective equipment/clothing (PPE) sighted included disposable gloves, aprons and goggles. Staff interviewed confirmed they can access PPE at any time and were observed wearing disposal gloves as</p>

result of exposure to waste, infectious or hazardous substances, generated during service delivery.		required.
<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>Documentation sighted identified that all processes were undertaken as required to maintain the building warrant of fitness. The facility has a current building warrant of fitness which expires 01 May 2017.</p> <p>There is a process in place to identify and manage maintenance. This involves the use of external contractors as required. Electrical safety testing is current. Clinical equipment is tested and calibrated by an approved provider annually as confirmed in documentation sighted.</p> <p>The physical environment minimises the risk of harm and safe mobility by ensuring equipment is safely stored to keep walkways clear, flooring is secure and there are handrails where required. Day to day maintenance is undertaken as required. Long term maintenance is identified in business planning and is dependent of occupancy numbers.</p> <p>Outdoor areas with appropriate furnishings and shaded areas are easily accessible for all residents. They are well paved with large flower beds.</p> <p>Interviews with residents and family/whānau members confirmed the environment is suitable to meet their needs.</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>	PA Negligible	<p>There are adequate centrally located toilet and shower facilities in each wing of the facility and in the separate building known as the 'House'. Currently the House does not have any residents in it. One shower and one toilet area require upgrading prior to occupancy. There are separate staff and visitor toilet facilities. Hot water temperatures sighted show that they remain within safe limits for residential care.</p>
Standard 1.4.4: Personal	FA	All bedrooms are of a size which allows enough space for residents to mobilise with or without assistance in

<p>Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>		<p>a safe manner. They are personalised to meet resident's wants and needs and have appropriate areas for residents to place personal belongings. There are three bedrooms which can be used for couples but currently all bedrooms are single occupancy.</p> <p>Resident and family/whānau members interviewed confirmed they are happy with their personal space.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>Residents are provided with adequate areas to meet their relaxation, activity and dining needs. Two of the three wings in the main building have a lounge area with a separate dining room and a small kitchenette. The third wing has lounge and dining area combined. The lounges are used for activities as was observed on the days of audit.</p> <p>Residents and family/whānau voiced their satisfaction with the environment.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>The service has documented procedures in place for cleaning and laundry tasks. The laundry area has recently been separated. One area is used for washing and another area is being used for drying and folding clean items. The laundry is undertaken as part of the daily care duties and staff confirm they have time to do this. The equipment is regularly maintained. Staff stated they inspect the linen post laundering to ensure it is clean and they understand the need to place the washing machines on correct settings when washing items.</p> <p>There are dedicated cleaning hours and the cleaner has a specific trolley and a cleaning caddy to carry all cleaning item. Cleaning items, including chemicals are stored securely when not in use.</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>Emergency management policies and procedures implemented guide staff actions in the event of an emergency. The emergency plan has been reviewed for 2016 as part of the quality process. Emergency fire equipment is checked annually by an approved provider and there is an evacuation plan which was approved by the fire service. There have been no changes to the facility footprint since the previous audit. Six monthly fire evacuations are undertaken with the last one occurring in February 2016 and no follow up actions were required.</p> <p>Emergency supplies and equipment include food and water, a first aid kit, an outbreak box and a civil defence box. All shift are covered by at least one staff member who has a current first aid certificate.</p> <p>Alternative energy and utility sources are available in the event of the main supplies failing and include</p>

		<p>emergency lighting and a gas BBQ.</p> <p>The security arrangements involve staff ensuring the doors and windows are locked upon dusk. Staff and residents interviewed confirmed they feel safe at all times.</p> <p>Call bells are located in all resident areas. Resident and family/whānau interviews confirmed call bells were answered in an acceptable timeframe.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>All resident areas have at least one opening window to allow adequate natural light and ventilation. Electric and gas heating throughout the facility ensures all areas remain at a temperature suitable for the residents. This is confirmed during resident and family/whānau interviews.</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 responsibilities for infection control are clearly defined. The clinical manager is the designated infection control coordinator. The infection control coordinator utilises the support of the infection control expert from the district health board for infection prevention and management issues. The infection control coordinator attends annual infection control updates.</p> <p>The infection control programme is reviewed annually. Infection prevention and control is included in the staff meetings.</p> <p>An infectious diseases prevention policy is in place. Resident's families and relatives are encouraged not to visit when they are unwell. There are hand sanitizers in the common areas and there are adequate hand basins for the residents and staff to use.</p> <p>The infection control policies and procedures are readily available in the nurse's station.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information</p>	FA	<p>The infection control coordinator is responsible for facilitating infection prevention and control activities in. The infection control committee is responsible in implementing and evaluating the infection control programme of the service. The GP reported that the clinical manager or RN contacted the medical centre when residents manifested suspected infections. The infection control expert or the nurse coordinator from the district health board provided advice to the infection control coordinator. Interviewed staff are</p>

resources to implement the infection control programme and meet the needs of the organisation.		knowledgeable regarding outbreak management and breaking the chain of infection.
<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>There are documented policies and procedures for the prevention and control of infection. Policies aligned with current accepted good practice and relevant legislative requirements. Policies are readily available and procedures are practical, safe, and suitable for the type of service provided. The service consistently implemented the policies and procedures and best practice. Staff demonstrated good knowledge on infection prevention and control. Interviewed residents are able to explain the importance of hand-washing.</p> <p>The infection control prevention and management policies and procedures are reviewed annually.</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>Infection control and prevention education is provided to staff as a component of their ongoing education programme. Residents and families are provided with advice on infection prevention and control activities. Staff demonstrated good knowledge in infection prevention and control measures.</p> <p>The infection control coordinator demonstrated good knowledge of current practice in infection prevention and control as well as outbreak management.</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>Surveillance for infection rates is carried out in accordance with agreed objectives, priorities, and methods specified in the infection control programme. It is appropriate to the size and setting of the service. Infection rates and antibiotics use are monitored and recorded. Data are collated and analysed by the infection control coordinator. Infection rates are discussed during the staff meeting. Specific recommendations and interventions to reduce, manage and prevent the spread of infections are discussed in staff meetings as well as during hand-overs.</p>

<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>Policy identifies what an enabler is and that it will be voluntary and the least restrictive option to promote or maintain resident independence and safety. The service had four bedside half loop enablers in use at the time of audit. All processes were well documented and consent gained by the resident.</p> <p>There were no restraints in use at the time of audit. Staff are aware of the difference between an enabler and a restraint. This is included in the restraint and challenging behaviour education which is presented annually (last presented in June 2016).</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 1.4.3.1</p> <p>There are adequate numbers of accessible toilets/showers/bathing facilities conveniently located and in close proximity to each service area to meet the needs of consumers. This excludes any toilets/showers/bathing facilities designated for service providers or visitor use.</p>	<p>PA Negligible</p>	<p>Each wing (Lodge) of the facility has centrally located toilet and shower facilities. There are separate toilet facilities for staff and visitors. In the stand alone building known as the House, one shower has a hand basin that is chipped and cannot be adequately cleaned and one toilet does not have a toilet seat. Renovation work was scheduled prior to reopening of this part of rest home facility to elderly residents as per the business plan sighted.</p>	<p>In the House, which is not currently used by residents, one shower area had a chipped hand basin and one toilet requires a toilet seat.</p>	<p>Ensure all toilet and shower areas can be safely used by residents.</p> <p>Prior to occupancy days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.