

Falani Limited - Virginia Lodge

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Falani Limited

Premises audited: Virginia Lodge

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 24 November 2016 End date: 24 November 2016

Proposed changes to current services (if any):

Total beds occupied across all premises included in the audit on the first day of the audit: 21

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.

General overview of the audit

Virginia Lodge provides rest home level care for up to 21 residents. On the day of the audit there were 21 residents.

This provisional audit was completed to assess the suitability and preparedness of the prospective new owners. The provisional audit was conducted against the health and disability standards and the contract with the district health board. The audit process included the review of existing policies and procedures, the review of resident and staff files, observations and interviews with residents, family members, general practitioner, staff and management.

One current owner is a qualified chef and the other an experienced nurse manager who is an enrolled nurse. They are supported by two part-time registered nurses. Residents and family interviewed were complimentary of the service they receive.

The prospective owners reported the current policies, systems and staff will remain in place following the purchase. The current owners will continue to provide support to the new owners for at least six months following purchase.

There were no areas for improvement identified as required at this provisional audit.

Consumer rights

Virginia Lodge provides care in a way that focuses on the individual resident. Cultural and spiritual assessment is undertaken on admission and during the review processes. Information about services provided is readily available to residents and families/whānau. The Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code) brochures are accessible to residents and their families. There is a policy to support individual rights. Care plans accommodate the choices of residents and/or their family. Complaints processes are implemented and managed in line with the Code. Residents and family interviewed verified ongoing involvement with community.

Organisational management

The quality and risk management plan and quality and risk policies describe Virginia Lodge's quality improvement processes. Policies and procedures are maintained by an external quality advisor who ensures they align with current good practice and meet legislative requirements. Quality data is collated for infections, accident/incidents, concerns and complaints, internal audits and surveys. Quality data is discussed at meetings and is documented in minutes. Adverse, unplanned and untoward events are documented by staff. The health and safety programme meets current legislative requirements. There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation programme that provides new staff with relevant information for safe work practice. There is an education programme covering relevant aspects of care and external training is supported. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care.

Continuum of service delivery

There is an admission package available prior to or on entry to the service. The registered nurse is responsible for each stage of service provision. A registered nurse assesses and reviews each resident's needs, outcomes and goals at least six monthly. Care

plans demonstrated service integration and included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses and senior carers responsible for administration of medication complete annual education and medication competencies. The medicine charts had been reviewed by the general practitioner at least three monthly.

An activity officer implements the activity programme for the residents. The programme includes community visitors, outings and activities that meet the individual and group recreational preferences for the residents.

Residents' food preferences and dietary requirements are identified at admission. All meals and baking are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines. Dislikes and special dietary requirements are met.

Safe and appropriate environment

There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade. Resident bedrooms are spacious and personalised. There are adequate communal shower/toilet facilities. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services. Systems and supplies are in place for essential, emergency and security services. There is a staff member on duty at all times with a current first aid certificate.

Restraint minimisation and safe practice

Restraint minimisation and safe practice policies and procedures are in place to guide staff in the use of an approved enabler and/or restraint should this be required. The facility remains restraint free. Staff receive regular education and training on restraint minimisation. No restraint or enabler was in use.

Infection prevention and control

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. Responsibility for infection control is shared between the nurse manager and a registered nurse. The infection control officers have attended external education and coordinate education and training for staff. There is a suite of infection control policies and guidelines to support practice. Information obtained through surveillance is used to determine infection control activities and education needs within the facility. There have been no outbreaks.

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	45	0	0	0	0	0
Criteria	0	93	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 Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code) brochures are accessible to residents and their families. A policy relating to the Code is implemented and staff interviewed (one owner/chef, one nurse manager, one registered nurse (RN), three caregivers and one activities coordinator) could describe how the Code is incorporated into their everyday delivery of care. Staff receive training about the Code during their induction to the service, which continues annually through the staff education and training programme.</p> <p>Interview with the prospective owners confirmed support would be provided by the current owner and nurse manager for at least six months following purchase, including implementation of the Code.</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</p>	FA	<p>There are established informed consent policies/procedures and advanced directives. General written consents are obtained on admission. Specific consents are obtained for specific procedures such as influenza vaccine. All five resident files including the respite</p>

<p>choices and give informed consent.</p>		<p>care resident contained signed consents.</p> <p>Resuscitation status had been signed appropriately. Advance directives were signed for separately identifying the resident's wishes for end of life care, including hospitalisation. Copies of enduring power of attorney (EPOA) where available were in the residents' files.</p> <p>An informed consent policy is implemented. Systems are in place to ensure residents, and where appropriate their family/whānau, are provided with appropriate information to make informed choices and informed decisions. The caregivers interviewed demonstrated a good understanding in relation to informed consent and informed consent processes.</p> <p>Family and residents interviewed confirmed they have been made aware of and fully understand informed consent processes and that appropriate information had been provided.</p> <p>Four long-term resident files reviewed had signed admission agreements. The respite care resident had signed a respite care agreement.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	<p>FA</p>	<p>Health and Disability advocacy brochures are included in the information provided to new residents and their family/whānau during their entry to the service. Residents and family interviewed were aware of the role of advocacy services and their right to access support. The complaints process is linked to advocacy services. Staff receive regular education and training on the role of advocacy services, which begins during their induction to the service.</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>	<p>FA</p>	<p>The service encourages their residents to maintain their relationships with friends and community groups. Residents may have visitors of their choice at any time. Assistance is provided by the care staff to ensure that the residents participate in as much as they can safely and desire to do, evidenced through interviews and observations.</p>

<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>There is a complaints policy to guide practice which aligns with Right 10 of the Code. The privacy officer (nurse manager) leads the investigation of any concerns/complaints in consultation with the RN for clinical concerns/complaints. Concerns/complaints are discussed at the monthly quality/staff meeting as sighted in the meeting minutes. Complaints forms are visible throughout the facility. There have been two complaints made since the last audit. Appropriate action has been taken within the required timeframes and to the satisfaction of the complainants. Residents and families interviewed are aware of the complaints process. A complaints register is maintained.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>FA</p>	<p>Details relating to the Code and the Health and Disability Advocacy Service are included in the resident information that is provided to new residents and their families. The nurse manager or registered nurse discuss aspects of the Code with residents and their family on admission. Discussions relating to the Code are also held during the resident/family meetings. Six residents and three family members interviewed reported that the residents' rights were being upheld by the service.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	<p>FA</p>	<p>The residents' personal belongings are used to decorate their rooms. Three caregivers interviewed reported that they knock on bedroom doors prior to entering rooms. Care staff confirmed they promote the residents' independence by encouraging them to be as active as possible. Residents and families interviewed and observations during the audit, confirmed that the residents' privacy is respected. Guidelines on abuse and neglect are documented in policy. Staff receive annual education and training on abuse and neglect, which begins during their induction to the service.</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</p>	<p>FA</p>	<p>The service is committed to ensuring that the individual interests, customs, beliefs, cultural and ethnic backgrounds of Māori are valued and fostered within the service. The care staff interviewed reported</p>

<p>individual and cultural, values and beliefs.</p>		<p>that they value and encourage active participation and input from the family/whānau in the day-to-day care of the residents. The service has access to a cultural advisor from Te Ara Toiora (Te Oranganui Iwi Health Authority). There was one resident who identified as Māori on the day of the audit. Staff education on cultural awareness begins during their induction to the service and continues annually.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	<p>FA</p>	<p>The service identifies the residents' personal needs, culture, values and beliefs at the time of admission. This is achieved in collaboration with the resident, whānau/family and/or their representative. Beliefs and values are incorporated into the residents' care plans in resident files reviewed. Residents and family/whānau interviewed confirmed they were involved in developing the resident's plan of care, which included the identification of individual values and beliefs.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>Professional boundaries are discussed with each new employee during their induction to the service. Professional boundaries are also described in job descriptions. Interviews with the care staff confirmed their understanding of professional boundaries including the boundaries of the caregivers' role and responsibilities. Professional boundaries are reconfirmed through education and training sessions, staff meetings and performance management if there is infringement with the person concerned.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>Good practice was evident. A registered nurse is available 24 hours a day, seven days a week. A general practitioner (GP) visits the facility fortnightly or more often if required. Resident/family meetings are held bi-monthly, led by the activities staff. Residents and family/whānau interviewed reported that they are very satisfied with the services received. A resident/family satisfaction survey is completed annually and confirmed high levels of satisfaction with the services received.</p>

<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>There is a policy to guide staff on the process around open disclosure. Residents interviewed confirmed the admission process and agreement was discussed with them and they were provided with adequate information on entry. Fourteen incident forms reviewed for October and November 2016 identified family were notified following a resident incident. The nurse manager and RN confirm family are kept informed. Family members interviewed confirm they are notified promptly of any incidents/accidents. Families receive regular newsletters and are invited to attend the quarterly family meetings.</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>	<p>FA</p>	<p>Virginia Lodge provides care for up to 21 rest home level residents. There were 20 permanent residents and one under the district health board (DHB) restorative rehabilitation programme. Virginia Lodge's mission and philosophy focuses on the six senses identified as: sense of security, sense of belonging, sense of continuity, sense of purpose, sense of significance and sense of achievement. The service mission is identified in the strategic business plan which is reviewed annually. The 2016-2017 strategic business plan includes environmental goals; such as painting the outside of the building as needed, resurface the car parking area, completion of interior decorating of rooms as they become vacant. The strategic business plan goals for 2015 have been evaluated.</p> <p>The facility has been privately owned for 22 years. The proprietor is a qualified chef and is also responsible for all building matters, financial accounts and food services. The proprietor lives on-site. The nurse manager has been in the role for three years. She is an enrolled nurse with a current practicing certificate. She has had six years of previous experience as a rest home care manager and a total of 19 years within the aged care sector. The nurse manager is supported by two experienced registered (RN) nurses. One RN is InterRAI competent.</p> <p>The prospective joint owners/providers acknowledge they have no experience managing a rest home level facility. They have owned businesses (hospitality/surveyor and farming) and have experience in business management and human resources including staff</p>

		<p>management. The prospective owners have developed and transition plan in consultation with the current owners that will allow for a seamless transition for residents and staff. The existing mission statement and philosophy will be adopted by the prospective owners. The current owner and nurse manager will continue as employees in their roles as nurse manager and chef for six months following purchase. During that time the prospective owners will be introduced to relevant personnel within the DHB and community, undertake appropriate management education including health and safety. The tentative sale date is 31 March 2017. Relevant authorities have been notified of pending change of ownership.</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>Interviews with the prospective owners and current management, informed that there will be no changes in the day-to-day operation of the facility. The prospective owners will live on-site and be available to the staff 24 hours. The nurse manager and two part-time RNs will continue to provide afterhours clinical cover.</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>The quality and risk management plan and quality and risk policies describe Virginia Lodge's quality improvement processes. Policies and procedures are maintained by an aged care consultant. Policies were purchased six months ago, from an aged care consultant who maintains and reviews policies to ensure they align with current good practice and meet legislative requirements. Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control data, surveys and complaints management. Data that is collected is analysed and compared monthly and annually for a range of adverse event data (for example skin tears, bruising, falls, pressure injuries). Corrective actions are documented, implemented where improvements are identified and are regularly evaluated. Information is shared with all staff as confirmed in meeting minutes and during interviews. Staff, residents and family/whānau interviews confirmed any concerns they have were addressed by management and examples of quality initiatives were provided.</p>

		<p>A 2016 risk management plan is in place. Staff receive health and safety training, which is initiated during their induction to the service. A health and safety committee is established. All staff are involved in health and safety, which is a topic in the monthly quality/staff meetings. Actual and potential risks are documented on the hazard register, which identifies risk ratings and documents actions to eliminate or minimise the risk. The nurse manager has completed a diploma in health and safety that includes the updates to the new legislation. The nurse manager coordinates the quality/risk programme and completes clinical assessments overseen by the RN. Falls management strategies include sensor mats, and the development of specific falls management plans to meet the needs of each resident who is at risk of falling.</p> <p>There are monthly combined infection control/health and safety meetings followed by the quality/staff meeting. Meeting minutes evidence quality data is discussed including infections, accidents and incidents, health and safety, restraints/enablers, concerns/complaints, internal audit outcomes and quality goals. Staff stated they are required to sign the meeting minutes when read. There is an internal audit programme that covers environmental and clinical areas. Corrective actions have been generated and completed for any audit outcomes less than 100%. The nurse manager completes a monthly quality monitoring report against the service key performance indicators. Annual resident/relative satisfaction surveys were completed in August/September 2016. All residents and families were very satisfied with the care and services provided. Results for the surveys are collated and fed back to participants through meetings.</p> <p>Interview with the prospective owners confirmed the current quality management system and performance monitoring programme will continue following the sale. The nurse manager will remain to mentor the new owners to the quality risk system. There will be no changes to policies and the prospective owner will continue to engage the aged care consultant for the review and update of policies. The prospective owners will include health and safety training as part of their education schedule within the first six months of ownership.</p>
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<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>There is an incident reporting policy that includes definitions and outlines responsibilities. Individual reports are completed for each incident/accident with immediate action noted including any follow-up action(s) required. Incident/accident data is linked to the organisation's quality and risk management programme. Fourteen accident/incident forms were reviewed with each incident involving a resident clinical assessment and follow-up by a registered nurse. Neurologic observations were conducted for suspected head injuries. The owner and nurse manager reported that they are aware of their responsibility to notify relevant authorities in relation to essential notifications. One section 31 notification form was completed for a police investigation (resident wandering).</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>There are human resources policies to support recruitment practices. Five staff files sampled (two registered nurses, two caregivers and one activities coordinator) contained all relevant employment documentation. The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and suitability for the role. Performance appraisals were current. Current practising certificates were sighted for the nurse manager, RNs and allied health professionals. All staff have a current first aid certificate.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice. Staff interviewed believed new staff were adequately orientated to the service on employment. An annual training programme covering all the relevant requirements is implemented and attendance records are maintained. One-on-one staff training 'catch up' of non-attendance is maintained. Clinical staff complete competencies relevant to their role including medication competencies, manual handling and wound care.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from</p>	<p>FA</p>	<p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. There is a roster that provides sufficient and appropriate coverage for the effective delivery</p>

<p>suitably qualified/skilled and/or experienced service providers.</p>		<p>of care and support. The nurse manager and part-time RNs cover Monday to Friday. The nurse manager/enrolled nurse lives on-site and is first on-call, with the RN second on-call for any clinical matters. The part-time RNs provide cover for each other for leave or other absence. The caregivers, residents and relatives interviewed inform there are sufficient staff on duty at all times.</p> <p>The prospective owners stated there will be no changes to staff who will transfer to the new owners on the date of settlement. This is documented in the transition plan.</p>
<p>Standard 1.2.9: Consumer Information Management Systems Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	<p>FA</p>	<p>The residents' files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into each resident's individual record. Information containing personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Residents' files are protected from unauthorised access by being held in secure rooms. Archived records are secure in a separate locked area. Residents' files demonstrate service integration. Entries are legible, dated, timed and signed by the relevant caregiver or RN, including designation.</p>
<p>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.</p>	<p>FA</p>	<p>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for families and residents prior to admission. Four long-term admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement. One respite care admission agreement included the service provided and a schedule of charges.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>Planned exits, discharges or transfers are coordinated in collaboration with the resident and family to ensure continuity of care. There are documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The</p>

		residents and their families are involved for all exit or discharges to 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>There are policies and procedures in place for safe medicine management that meet legislative requirements. The RNs and senior caregivers who administer medications complete annual medication competencies. Annual in-service education on medication is provided. Medications (blister packs) are checked on delivery against the medication chart and any discrepancies fed back to the pharmacy. The blister pack is signed by the RN to verify reconciliation of medications. All medications are stored safely. Standing orders are not used. Three self-medicating residents had a self-medication competency completed and authorised by the GP. The medication fridge is monitored weekly. All eye drops were dated on opening.</p> <p>Ten medication charts were reviewed. The GP generates computerised medication charts. All medication charts had photo identification and an allergy status. The GP reviews the medication charts at least three monthly. The administration signing sheets reviewed identified medications had been administered as prescribed.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>All meals and home baking is prepared and cooked on site by the owner who is a qualified chef. He is supported by relief cook and kitchen assistants. All staff have completed food safety training July 2016. There is a six-weekly seasonal menu which had been reviewed by a dietitian in March 2016. The chef receives dietary profiles for new residents and is informed of any changes to resident's dietary needs. Likes and dislikes are accommodated. Additional or modified foods such as soft foods, low fat and vegetarian meals are provided. Residents and family members interviewed were very complimentary about the meals provided.</p> <p>Meals are prepared in a well-appointed modern kitchen adjacent to the dining room and served directly to the residents. Fridge and freezer temperatures are monitored and recorded daily. End cooked temperatures are taken three times week and recorded. All containers</p>

		of food stored in the pantry are labelled and dated. All perishable goods are date labelled. A cleaning schedule is maintained.
<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	There is an admission information policy. The reasons for declining entry would be if the service is unable to provide the care required or there are no beds available. Management communicate directly with the referring agencies and family/whānau as appropriate if entry was declined.
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	The RNs complete an initial assessment on admission including risk assessment tools as appropriate. An InterRAI assessment is undertaken within 21 days of admission and six monthly, or earlier due to health changes for long term residents under the ARCC. Resident needs and supports are identified through the ongoing assessment process in consultation with the resident and significant others and form the basis of the care plan. The long-term care plans reflect the outcome of the assessments.
<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>Residents' long-term care plans reviewed were resident-focused and individualised. Care plans documented the required supports/needs to reflect the resident's current health status. Relatives interviewed confirmed they were involved in the care planning process. Long-term care plans evidenced resident and/or relative involvement in the development of care plans.</p> <p>Acute care plans were sighted for short-term needs and these were either resolved or transferred to the long-term care plan.</p> <p>There was evidence of allied health care professionals involved in the care of the resident.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to</p>	FA	When a resident's condition alters, the RN initiates a review and if required, GP or nurse specialist consultation. There is evidence that

<p>meet their assessed needs and desired outcomes.</p>		<p>family members were notified of any changes to their relative's health including (but not limited to) accident/incidents, infections, health professional visits and changes in medications. Discussions with families and notifications are documented on the family contact form in the residents' files reviewed.</p> <p>Adequate dressing supplies were sighted. Wound management policies and procedures are in place. A wound assessment and wound care plan (includes dressing type and evaluations on change of dressings) were in place for one resident with a skin tear and one resident with a healing stage two pressure injury. There is access to the DHB wound nurse specialist for advice for wound management as evidenced in allied health notes for the resident with a pressure injury.</p> <p>Continence products are available. The residents' files include a urinary continence assessment, bowel management plan, and continence products used. Monitoring occurs for blood pressure, weight, vital signs, blood glucose, pain and challenging behaviours.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>An activity officer is employed 12 hours per week Monday to Friday to coordinate and implement a morning programme. There has been a relieving activity officer in place to cover leave.</p> <p>Activities provided meet the resident recreational preferences. Activities are meaningful and include (but are not limited to); newspaper reading and discussions, quizzes, walks, ball games, canine friends, reminiscing and bowls. All festivities and birthdays are celebrated. The service hires a van for outings into the community such as the Cossie club and inter-home competitions. Tai Chi is taken by a qualified instructor. A walking group has been established and residents go for walks in the park.</p> <p>There are monthly on-site church services and weekly communion. Residents are supported to attend their own church and other community functions.</p> <p>A resident activity assessment is completed on admission. Each resident has an individual activity plan which is reviewed six monthly. The service receives feedback on activities through one-on-one</p>

		feedback, residents' meetings and surveys.
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>All initial care plans reviewed were evaluated by the RNs within three weeks of admission and a long-term care plan developed. Care plans had been evaluated six monthly for four long-term residents. Written evaluations identified if the desired goals had been met or unmet. The GP reviews the residents at least three monthly or earlier if required. The short-term care plan had been reviewed at each admission for the respite care resident. Ongoing nursing evaluations occur as indicated and are documented within the progress notes.</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>Referral to other health and disability services is evident in the residents' files sampled. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on residents' files.</p> <p>There are documented policies and procedures in relation to exit, transfer or transition of residents. The residents and the families are kept informed of the referrals made by the service.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>Documented processes for the management of waste and hazardous substances are in place to ensure incidents are reported in a timely manner. Safety datasheets and products charts are readily accessible for staff. Chemical bottles sighted have correct manufacturer labels. Chemicals are stored in a locked cupboard. Personal protective clothing is available for staff and was observed being worn by staff when they were carrying out their duties on the day of audit.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The building has a current building warrant of fitness that expires 30 June 2017. A seismic assessment completed on 1 September 2016 states the building is above the threshold for earthquake prone buildings.</p>

		<p>There is a planned maintenance schedule in place. Environmental improvements include the conversion of four double rooms into single rooms. Other environmental improvements include installation of surveillance cameras, upgrade of all bathrooms, improved external lighting and ongoing refurbishment of bedrooms.</p> <p>The owner oversees the maintenance and repairs for the facility. Essential contractors are available 24 hours. Electrical testing is completed annually. Annual calibration, functional checks and electrical testing and tagging of equipment is completed by external contractors last October 2016.</p> <p>There is sufficient space for residents to safely mobilise using mobility aids and communal areas are easily accessible. There is safe access to the well maintained and landscaped outdoor areas. Seating and shade is provided. The facility is smoke free.</p> <p>The caregivers interviewed stated they have sufficient equipment including mobility aids, wheelchairs and pressure injury resources (if required) to safely deliver the cares as outlined in the residents' care plans. New equipment has been purchased including chair scales and sensor mats. There is a manual hoist available if required.</p> <p>The prospective owners confirmed on interview there will be no environmental changes (apart from ongoing maintenance made during the first year of ownership).</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>	<p>FA</p>	<p>The residents' rooms are in three wings. Bedrooms in two of the three wings have hand basins. Two rooms in the new extension have a shared hand basin and toilet ensuite. There are adequate numbers of shower rooms and toilets (including a disability toilet). All bathrooms have been upgraded. There are privacy curtains and privacy locks on the doors. Residents confirmed staff respect their privacy while attending to their hygiene cares.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas</p>	<p>FA</p>	<p>All rooms are single. Four shared rooms have been converted to large spacious single rooms, by extending an existing wing. There is</p>

<p>appropriate to the consumer group and setting.</p>		<p>adequate room for residents to safely manoeuvre using mobility aids. Residents and families are encouraged to personalise their rooms as viewed on the day of audit. Ten of the existing older rooms have been refurbished, repainted, re-carpeted and have new curtains. The remainder of the rooms will be refurbished as they become vacant.</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>Communal areas within the facility include a spacious dining area and a large main lounge. The lounge has been extended to include a smaller seating area and baby grand piano. Doors from the smaller lounge open out onto a spacious deck area. All furniture is safe and suitable for the residents. Communal areas are easily accessible to residents.</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>There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. Caregivers complete laundry and cleaning duties. There is a designated laundry with a defined clean/dirty area. Two new washing machines and dryers have been purchased. The effectiveness of the cleaning and laundry processes are monitored through internal audits, resident meetings and surveys. Residents and relatives interviewed were satisfied with the laundry service and cleanliness of the communal areas and their bedrooms.</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>Emergency, disaster policies and procedures are documented for the service. Fire drills occur every six months (last fire drill occurred on 17 August 2016). The orientation programme and annual education/training programme include fire and security training. Staff interviewed confirmed their understanding of emergency procedures. Required fire equipment was sighted on the day of audit. Fire equipment has been checked within required timeframes. A civil defence plan is documented for the service. There are adequate supplies available in the event of a civil defence emergency including food, water and blankets. A gas BBQ and gas hobs in the kitchen are available for alternate cooking. A call bell system is in place including</p>

		all resident rooms and communal areas. Residents were observed in their rooms with their call bell alarms in close proximity. There is a minimum of one staff member available 24 hours a day, seven days a week with a current first aid/CPR certificate.
<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	Residents are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. Six resident rooms open out onto the deck. All bedrooms have adequate natural light.
<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 responsibility for infection control is shared between the nurse manager (enrolled nurse) and the RN. Responsibility for infection control is described in the job descriptions. The infection control coordinators oversee infection control for the facility and are responsible for the collation of infection events. The infection control programme is reviewed annually in March. The combined infection control and health and safety committee meet monthly.</p> <p>Visitors are asked not to visit if unwell. Hand sanitisers are appropriately placed throughout the facility. Residents and staff are offered the influenza vaccine. There have been no outbreaks.</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	The infection control coordinators have both attended infection control and prevention education at the DHB (February 2016). There is access to infection control expertise within the DHB, wound nurse specialist, public health, and laboratory. The GP monitors the use of antibiotics.
<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</p>	FA	The infection control policies include a comprehensive range of standards and guidelines including defined roles and responsibilities for the prevention of infection; and training and education of staff. Infection control procedures developed in respect of the kitchen, laundry and housekeeping, incorporate the principles of infection

<p>implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>		<p>control. The policies have been developed by an aged care consultant and the newly purchased policies were implemented August 2016.</p>
<p>Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>The infection control coordinators are responsible for coordinating/providing education and training to staff. Training on infection control is included in orientation and as part of the annual training schedule. Staff complete infection control questionnaires. Hand hygiene competencies are completed during orientation and annually.</p> <p>Resident education is expected to occur as part of providing daily cares.</p>
<p>Standard 3.5: Surveillance 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>There is a policy describing surveillance methodology for monitoring of infections. The infection control coordinators collate information obtained through surveillance to determine infection control activities and education needs in the facility. Infection control data is discussed at both the health and safety and infection control committee meetings and staff meetings and available to staff including graphs. The service completes monthly and annual comparisons of infection rates for types of infections. The GP signs off the infection control data and a copy is sent to the pathologist. Trends are identified and analysed and preventative measures put in place.</p> <p>Systems in place are appropriate to the size and complexity of the facility.</p>
<p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>There are policies around restraints and enablers last reviewed April 2016. A registered nurse is the restraint coordinator. No residents were using restraints or enablers on the day of audit.</p> <p>Staff receive training around restraint minimisation and managing challenging behaviours. Care staff interviewed were able to describe the difference between an enabler and a restraint. Care staff complete restraint questionnaires.</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, 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.