

Scovan Healthcare Limited - Taurima Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Scovan Healthcare Limited

Premises audited: Taurima Resthome

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 25 January 2017 End date: 25 January 2017

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: 20

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Taurima Rest Home provides rest home level care for up to 30 residents. On the day of the audit there were 20 residents living at the facility.

This certification 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, staff, management and general practitioner.

The facility manager is a registered nurse. She is appropriately qualified and experienced and is supported by a second registered nurse. Residents and family interviewed were complimentary of the service they receive.

This certification audit identified that improvements are required around, essential notification requirements, staff attendance at inservice education, care interventions and wound assessments.

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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Information about the services provided is readily available to residents and families/whānau. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is available in the information presented to residents and their families during entry to the service. Policies are implemented to support rights such as privacy, dignity, abuse and neglect, culture, values and beliefs, complaints, advocacy and informed consent. Māori values and beliefs are understood and respected. Care planning accommodates individual choices of residents and/or their family/whānau. Informed consent processes are adhered to. Residents are encouraged to maintain links with their community. Complaints processes are implemented and complaints and concerns are managed appropriately.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some standards applicable to this service partially attained and of low risk.
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Services are planned, coordinated, and are appropriate to the needs of the residents. Quality and risk management processes are established. Quality goals are documented for the service. A risk management programme is in place, which includes a risk management plan, incident and accident reporting, and health and safety processes. Adverse, unplanned and untoward events are documented by staff. The health and safety programme meets current legislative requirements. Human resources are managed in accordance with good employment practice. An orientation programme and regular staff education and training are in place.

Registered nursing cover is available twenty-four hours a day, seven days a week. There are adequate numbers of staff on duty to ensure residents are safe. The residents' files are appropriate to the service type.

Continuum of service delivery

<p>Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.</p>		<p>Some standards applicable to this service partially attained and of low risk.</p>
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The registered nurses take responsibility for managing entry to the service. Comprehensive service information is available. Initial assessments are completed by a registered nurse, including InterRAI assessments. The registered nurses complete care plans and evaluations within the required timeframes. Care plans are based on the InterRAI outcomes and other assessments. Residents interviewed confirmed that they were involved in the care planning and review process. Each resident has access to an individual and group activities programme. The group programme is varied and interesting with a focus on community involvement and maintaining residents' past and present interests. Medicines are stored and managed appropriately in line with legislation and guidelines. General practitioners review residents at least three monthly or more frequently if needed. Meals are prepared on site. The menu is varied and appropriate. Individual and special dietary needs are catered for. Residents interviewed were complimentary about the food service.

Safe and appropriate environment

<p>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.</p>		<p>Standards applicable to this service fully attained.</p>
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The building has a current warrant of fitness and emergency evacuation plan. All rooms are single, and personalised. The environment is warm and comfortable. There is adequate room for residents to move freely about the home using mobility aids. Communal areas are well utilised for group and individual activity. The dining room and lounge seating placement encourages social interaction. Other outdoor areas are safe and accessible for the rest home residents. There is adequate equipment for the safe delivery of care. All equipment is well maintained and on a planned schedule. All chemicals are stored safely. The staff maintain a tidy, and clean environment. 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/CPR certificate.

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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Restraint minimisation and safe practice policies and procedures are in place to guide staff in the use of an approved enabler and/or restraint. Policy is aimed at using restraint, only as a last resort. Staff receive regular education and training on restraint minimisation. No restraint or enablers were in use.

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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The infection control programme is appropriate for the size and complexity of the service. The infection control officer (registered nurse) is responsible for coordinating the infection control programme and providing education and training for staff. The infection control manual outlines the scope of the programme and includes a comprehensive range of policies and guidelines. Information is obtained through surveillance to determine infection control activities.

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	41	0	4	0	0	0
Criteria	0	89	0	4	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
Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is available in the information presented to residents and their families during entry to the service. Policy relating to the Code is implemented. Five care staff interviewed (one facility manager/registered nurse (RN), one staff RN, two caregivers, one activities officer) 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 through the staff education and training programme (link 1.2.7.5).
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.	FA	All five residents' records sighted contained signed consent forms to receive care. All residents interviewed stated that they had been given adequate information to support them to make an informed choice.
Standard 1.1.11: Advocacy And	FA	Health and Disability Commissioner (HDC) advocacy brochures are included in the information provided to new residents and their family/whānau during their entry to the service. Residents and

<p>Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>		<p>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 (link 1.2.7.5).</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>The service has an open visiting policy. Residents may have visitors of their choice at any time. The service encourages residents to maintain their relationships with friends and community groups. Assistance is provided by the care staff to ensure that the residents participate in as much as they can safely and desire to do, as evidenced through interviews and observations.</p> <p>Community links are established with Aged Concern and the local churches. Residents regularly visit nearby cafes and shops and frequently take a taxi to town with taxi discounts made available.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints procedure is provided to residents and families during the resident's entry to the service. Access to complaints forms are located at reception. The complaints process is linked to advocacy services.</p> <p>A record of complaints received is maintained by the facility manager using a complaints register. Seven consumer complaints were received in 2016 and one in 2017 (year-to-date). Documentation evidenced that these complaints were managed in accordance with HDC. All complaints were documented as resolved.</p> <p>Discussions with residents and families/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had were addressed promptly.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<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 RN discusses aspects of the Code with residents and their family on admission. Discussions relating to the Code are also held during the resident meetings. All six residents and three family interviewed reported that the residents' rights were being upheld by the service.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And</p>	FA	<p>The residents' personal belongings are used to decorate their rooms. Privacy signage is on</p>

<p>Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>		<p>communal toilet and shower doors. All residents' rooms are single use.</p> <p>The caregivers interviewed reported that they knock on bedroom doors prior to entering rooms, ensure doors are shut when cares are being given and do not hold personal discussions in public areas. They reported that 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.</p> <p>Guidelines on abuse and neglect are documented in policy. Staff receive education and training on abuse and neglect, which begins during their induction to the service (link 1.2.7.5).</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>A Maori health policy is documented for the service. The care staff interviewed reported that they value and encourage active participation and input from the family/whānau in the day-to-day care of the residents. There was one resident living at the facility who was Māori, which was identified on their care plan. This individual was interviewed and confirmed that their values and beliefs were upheld by the service.</p> <p>There are Māori staff who are available for consultation on Māori values and beliefs. Education on cultural awareness begins during the new employee's induction to the service and continues as a regular education topic provided by Tui Ora Health (link 1.2.7.5). The caregivers interviewed provided examples of how they ensure Māori values and beliefs are upheld by the service.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>The service identifies the residents' personal needs and desires from the time of admission. This is achieved in collaboration with the resident, whānau/family and/or their representative. The staff demonstrated through interviews and observations that they are committed to ensuring each resident remains a person, even in a state of decline. Beliefs and values are discussed and incorporated into the residents' care plans, evidenced in all five care plans 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</p>	FA	<p>Professional boundaries are discussed with each new employee during their induction to the service. Professional boundaries are 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 (link 1.2.7.5), staff meetings, and performance management if there is infringement with the person</p>

other exploitation.		concerned.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	<p>A registered nurse is available either onsite (Monday – Friday) or on call 24 hours a day, seven days a week. Residents are reviewed by a general practitioner (GP) every three months at a minimum. All resident rooms are of a good standard. There is one shared room with an adjoining lounge for a married couple.</p> <p>Resident meetings are held monthly. Residents and family/whānau interviewed reported that they are either satisfied or 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>The service receives support from the district health board (DHB) which includes (but is not limited to) specialists visits (geriatrician, mental health, Parkinson’s specialist, wound care specialist and hospice services). Physiotherapy services are provided as needed. A van is available for regular outings.</p> <p>The environment allows for close relationships between the staff and residents. The cook has been employed for 23 years and residents were very complimentary about the food. An activities coordinator is onsite five days a week.</p>
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	<p>The open disclosure policy is based on the principle that residents and their families have a right to know what has happened to them and to be fully informed at all times. The care staff interviewed understood about open disclosure and providing appropriate information when required.</p> <p>Families interviewed confirmed they are kept informed of the resident’s status, including any events adversely affecting the resident. Twenty accident/incident forms reviewed reflected documented evidence of families being informed following an adverse event. A communication sheet held in the front of the resident’s file also documents communication with family.</p> <p>An interpreter service is available and accessible if required through the district health board. Families and staff are utilised in the first instance.</p>
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and	FA	<p>Taurima Rest Home provides care for up to 30 residents at rest home level of care. At the time of the audit, there were 20 residents. One resident was a private boarder.</p> <p>The service is owned by two individuals who live in Palmerston North and visit the facility every month. A business plan (2017 – 2019) is in place that includes goals, objectives and actions with</p>

<p>appropriate to the needs of consumers.</p>		<p>identified responsibilities and timeframes. Goals are regularly reviewed by the owners and facility manager via regular meetings.</p> <p>The facility is managed by a facility manager who is a registered nurse with a current practising certificate. She has worked in aged care for 20 years, and has been in her current role for two years. She is assisted by a fulltime registered nurse. The facility manager has maintained at least eight hours annually of professional development activities related to managing an aged care facility.</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>	<p>FA</p>	<p>The staff RN is responsible in the absence of the facility manager. This individual has worked at the facility for the past 19 years.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>A quality and risk management system is being maintained, which is understood and being implemented as confirmed during interviews with the facility manager, care staff, one cook, and one maintenance staff.</p> <p>Policies and procedures align with current good practice and meet legislative requirements. Policies have been updated to reflect processes around InterRAI and pressure injuries. They are regularly reviewed as per the document review schedule. New policies and updates to existing policies are discussed in staff meetings.</p> <p>Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control data collection and complaints management. Data is collected for a range of adverse event data (eg, skin tears, bruising, falls, and challenging behaviours) and is collated and analysed. An internal audit programme is being implemented. From October 2016, the service commenced ensuring that data and results are discussed with staff and evidenced in staff meetings. Where improvements are identified, corrective actions are documented, implemented and signed off by the facility manager. An external consultant is assisting the facility around sustainability and growth.</p> <p>A risk management plan is in place. Health and safety policies have been reviewed since the new legislation has come into effect. Interviews were conducted with the health and safety officer who is the facility manager. She has not attended any formal health and safety training (link 1.2.7.5). Staff</p>

		<p>receive health and safety training, which begins during their induction to the service. Health and safety is a regular topic covered in the monthly 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. Contractors are inducted into the health and safety programme.</p> <p>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>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>	PA Low	<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 (link 1.2.3.6). Twenty accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. Neurologic observations were conducted for suspected head injuries.</p> <p>The facility manager was aware of the responsibility to contact the DHB and public health authorities during a norovirus outbreak in August 2016 but was unaware of the various situations that required completion of a section 31 report.</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>	PA Low	<p>Human resources policies are in place, including recruitment, selection, orientation and staff training and development. Six staff files reviewed (one RN, one cook, four caregivers) included evidence of the recruitment process, signed employment contracts, reference checking and completed orientation programmes. The orientation programme provides new staff with relevant information for safe work practice. Competencies are completed specific to worker type. Staff interviewed stated that they believed new staff were adequately orientated to the service.</p> <p>A register of current practising certificates for all health professionals is maintained.</p> <p>There is an annual education schedule that is being implemented although attendance rates are below average. Both RNs have completed their InterRAI training.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from</p>	FA	<p>The staffing policy aligns with contractual requirements. A minimum of one RN is on site Monday – Friday.</p> <p>The manager is an experienced RN who works four days a week, two days that are designated as clinical and two days that are designated for management responsibilities. She is supported by staff</p>

<p>suitably qualified/skilled and/or experienced service providers.</p>		<p>RN who is onsite three days a week. Both RNs share the on call roster which provides RN cover 24/7.</p> <p>There are adequate numbers of caregivers available with a minimum of one caregiver rostered during the night shift and two caregivers rostered on the am and pm shifts. Caregivers are expected to do the laundry. Staffing is flexible to meet the acuity and needs of the residents. Interviews with residents and families confirmed staffing overall was satisfactory.</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 residents' files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry. An initial support plan is also developed in this time. Information containing personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Archived records are secure in a separate locked area.</p> <p>Residents' files demonstrate service integration with information held in four separate folders. Entries are legible, dated, timed and signed by the relevant caregiver or RN, including designation.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	<p>FA</p>	<p>The service has admission policies and processes in place. Residents receive an information pack outlining services able to be provided, the admission process and entry to the service. The facility manager screens all potential residents prior to entry. Residents and relatives interviewed confirmed they received information prior to admission and had the opportunity to discuss the admission agreement with the facility manager. The admission agreement form in use aligns with the requirements of the ARRC services agreement.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>There are policies in place to ensure the discharge of residents occurs correctly. Residents who require emergency admissions to hospital are managed appropriately and relevant information is communicated to the DHB. The service ensures appropriate transfer of information occurs. Relatives are notified if transfers occur. One resident file was reviewed who had required transfer to public hospital and the file evidenced that family were informed, and that all transfer documentation was completed as per policy and had been sent with the resident on transfer to hospital.</p>
<p>Standard 1.3.12: Medicine Management</p>	<p>FA</p>	<p>The medication management policies and procedures comply with medication legislation and guidelines. Medicines are appropriately stored in accordance with relevant guidelines and legislation.</p>

<p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>Medication administration practice complies with the medication management policy for the medication round sighted. There was evidence of three monthly reviews by the GP. All RNs and caregivers that administer medicines are competent and have received medication management training. The facility uses a blister packed medication management system for the packaging of all tablets. The RN on duty reconciles the delivery and documents this. There were no residents self-administering medication on the day of audit. There are no standing orders.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>All meals are prepared and cooked onsite. There is a four-weekly seasonal menu which has been reviewed by a dietitian. Dietary needs are known with individual likes and dislikes accommodated. All food preferences are met.</p> <p>Staff were observed assisting residents with their meals and drinks. Supplements are provided to residents with identified weight loss issues. Resident meetings and surveys allow for the opportunity for resident feedback on the meals and food services generally. Residents and family members interviewed were very satisfied with the food and confirmed alternative food choices were offered for dislikes.</p> <p>Fridge, freezer and chiller temperatures are taken and recorded daily. End cooked food temperatures and food temperatures prior to the food being served to the residents are recorded. All food services staff have completed food safety and hygiene and chemical safety.</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>	<p>FA</p>	<p>The service has an accepting/declining entry to service policies. The referral agency and potential resident and/or family member would be informed of the reason for declining entry. Reasons for declining entry would be if there are no beds available or the service cannot provide the level of care required.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>Files sampled indicated that all appropriate personal needs information is gathered during admission in consultation with the resident and their relative where appropriate. Files sampled contained appropriate assessment tools that were completed and assessments that were reviewed at least six monthly or when there was a change to a resident's health condition. The InterRAI assessment tool is implemented. InterRAI assessments have been completed for all residents. Care plans sampled were developed based on these assessments.</p>

<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>PA Low</p>	<p>Not all long-term care plans reviewed described the support required to meet the resident's goals and needs. The InterRAI assessment process informs the development of the resident's care plan. Residents and their family/whānau interviewed reported that they are involved in the care planning and review process. Short-term care plans are in use for changes in health status. A care plan guide (summary) for caregivers is held in separate folder at the nurse's station. These summaries were evidenced to be updated at the time of the six monthly review or sooner if there is a change to the resident's need.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>PA Low</p>	<p>Registered nurses (RNs) and caregivers follow the care plan and report progress against the care plan each shift at handover. If external nursing or allied health advice is required, the RNs will initiate a referral (eg, to the district nurse or wound care specialist nurse). If external medical advice is required, this will be actioned by the GPs. Staff have access to sufficient medical supplies (eg, dressings). Sufficient continence products are available and resident files include a continence assessment and plan as part of the plan of care. Specialist continence advice is available as needed and this could be described.</p> <p>Wound assessments and short-term care plans were in place for three residents with wounds (one surgical wound, one chronic vascular leg ulcer and one skin abrasion). Not all wound assessments were fully completed. The RNs have access to specialist nursing wound care management advice through the district nursing service.</p> <p>Interviews with a registered nurse and caregivers demonstrated an understanding of the individualised needs of residents. Not all care plan interventions demonstrated interventions to meet residents' needs (link to 1.3.5.2). There was evidence of pressure injury prevention interventions such as food and fluid charts, resident involvement in the exercise and activity programme, management of incontinence, regular monitoring of bowels and regular (monthly or more frequently if required) weight management.</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</p>	<p>FA</p>	<p>The service employs an activities officer who works 25 hours per week Monday to Friday. The weekend programme is delivered by care staff and volunteers. The activity programme is planned around meaningful everyday activities such as gardening, baking, reading, walking group and reminiscing.</p> <p>There is evidence that the residents have input into review of the programme via the resident survey and this feedback is considered in the development of the resident's activity programme. The activity</p>

<p>setting of the service.</p>		<p>programme is developed weekly. A copy of the activity plan is displayed on the noticeboard. The activity officer also reminds residents of the activities that are occurring daily.</p> <p>The service has a van which can accommodate mobility aids. Outings occur weekly and the residents also reported attending the local Age Concern venue on Fridays for afternoon tea, games and dancing.</p> <p>An activity profile is completed on admission in consultation with the resident/family (as appropriate). The activities documentation in the resident files sampled reflected the specific requirements of each resident. Residents interviewed evidenced that the activity programme had a focus on maintaining independence and reducing boredom.</p> <p>In the files reviewed the recreational plans had been reviewed six monthly.</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>The registered nurses evaluate all initial care plans within three weeks of admission. Files sampled demonstrated that the long-term care plan was evaluated at least six monthly or earlier if there was a change in health status. There was at least a three monthly review by the GP. All changes in health status were documented and followed up. Reassessments have been completed using InterRAI for all residents who have had a significant change in health status. The RN completing the plan signs care plan reviews. Short-term care plans sighted were evaluated and resolved or added to the long-term care plan if the problem is ongoing, as sighted in resident files sampled. Where progress is different from expected, the service responds by initiating changes to the care plan.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	<p>FA</p>	<p>The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. The RNs initiate referrals to nurse specialists and allied health services. Other specialist referrals are made by the GPs. Referrals and options for care were discussed with the family, as evidenced in medical notes. The registered nurse provided examples of where a resident's condition had changed and the resident was reassessed.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm</p>	<p>FA</p>	<p>There are implemented policies in place to guide staff in waste management. Staff interviewed were aware of practices outlined in relevant policy. Gloves, aprons and goggles are available and staff were observed wearing personal protective clothing while carrying out their duties. Infection prevention and control policies state specific tasks and duties for which protective equipment is to be</p>

as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.		worn. Chemicals sighted were labelled correctly and were all stored safely throughout the facility. Safety datasheets are available.
<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	The facility has a current building warrant of fitness. The service is meeting the relevant requirements as identified by relevant legislation and standards. The physical environment allows easy access for the residents and promotes independence for residents with mobility aids. There is a dining area, separate lounge area and smaller seating areas for more private conversations. There is a part-time maintenance person who carries out daily maintenance requests and records corrective actions in the maintenance book. There are monthly internal building and external building maintenance schedules in place. Water temperature monitoring of different rooms is carried out each month (sighted) and complies with regulations. The grounds are tidy, well maintained and able to be accessed safely. There are outdoor ramps with handrails, outdoor seating, shaded areas and raised garden beds. The one resident who smokes has a designated outdoor smoking area.
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	There are an adequate number of toilet and showering facilities. Privacy locks are in place. Vacant/in use signage is on the toilet/shower rooms. All residents interviewed confirmed their privacy was maintained while attending to personal hygiene cares.
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	All resident's rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids. Residents are encouraged to personalise their bedrooms.
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p>	FA	There is a dining room and separate lounge for the residents. The main dining room is adjacent to the kitchen area. All areas are easily accessible for the residents. The furnishings and seating are appropriate for the resident group. Residents were seen to be moving freely within the communal

<p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>		<p>areas throughout the audit. Residents interviewed report they can move freely around the facility and staff assist them if required.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>There are designated persons who complete the cleaning and laundry service. The cleaning trolley is well equipped and all chemical bottles are labelled. Protective wear including plastic aprons, gloves and goggles are available in the laundry. On the day of audit, staff were observed wearing correct protective clothing when carrying out their duties.</p> <p>The laundry has a clean/dirty flow. The chemical provider monitors the effectiveness of laundry processes. Residents expressed satisfaction with cleaning and laundry services.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>Emergency and disaster policies and procedures and a civil defence plan are documented for the service. Fire drills occur every six months (at a minimum). The orientation programme and annual education and training programme include fire and security training with sufficient numbers attending this mandatory 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.</p> <p>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 barbeque is available.</p> <p>A call bell system is in place. Residents were observed in their rooms with their call bell alarms in close proximity. Call bells are checked regularly by maintenance staff.</p> <p>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>
<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</p>	<p>FA</p>	<p>General living areas and all resident rooms are appropriately heated and ventilated. All rooms have external windows that open allowing plenty of natural sunlight.</p>

comfortable temperature.		
<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 infection control (IC) programme is appropriate for the size and complexity of the service. There is an infection control responsibility policy that included chain of responsibility and an infection control officer job description. A registered nurse is the IC officer. The infection control programme is linked into the quality management system (link 1.2.3.6). The infection control meetings are combined with staff meetings. The IC programme is set out annually with input from the infection control officer, facility manager and the owner.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The infection control team is appropriately configured for the size of the facility. The facility also has access to an infection control nurse specialist, public health and GPs.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>There are infection control policies that are current and reflect the infection control standard SNZ HB 8134:2008, legislation and good practice. These are regularly reviewed. The infection control policies link to other documentation and cross reference where appropriate.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all</p>	FA	<p>The infection control officer is responsible for coordinating/providing education and training to staff. The infection control officer (registered nurse) has appropriate training for the role. The induction package includes specific training around hand washing and standard precautions and training was provided both at orientation and as part of the annual training schedule. Resident education occurs</p>

<p>service providers, support staff, and consumers.</p>		<p>as part of providing daily cares. Care plans include ways to assist staff in ensuring this occurs.</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>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control officer uses the information obtained through surveillance to determine infection control activities, resources, and education needs. Internal infection control audits also assist the service in evaluating infection control needs. There is liaison with the GP and laboratory staff that advise and provide feedback/information to the service. The GP and the service monitor the use of antibiotics. Infection control data is collated monthly and reported at the monthly staff meeting. Individual resident infection control summaries are maintained. All infections are documented on the infection monthly online register. The surveillance of infection data assists in evaluating compliance with infection control practices.</p> <p>There was an outbreak in August 2016. Contact and liaison with the public health department and notification to the DHB were evidenced. Information provided to staff, residents and families during the outbreak was sighted in the infection control folder. A debrief meeting was held and minutes were sighted.</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 restraint minimisation. No residents were using restraints or enablers. The facility manager is the designated restraint coordinator. She is knowledgeable regarding this role.</p> <p>Staff receive training around restraint minimisation and managing challenging behaviours with sufficient numbers attending this mandatory training. Staff also complete an annual restraint competency assessment. The caregivers interviewed were able to describe the difference between an enabler and a restraint.</p>

Specific results for criterion where corrective actions are required

Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.4.2</p> <p>The service provider understands their statutory and/or regulatory obligations in relation to essential notification reporting and the correct authority is notified where required.</p>	PA Low	Public health authorities were notified during a norovirus outbreak (August 2016). Police were involved following an incident in 2016 but a section 31 report was not completed. The facility manager was unclear of the circumstances which required completion of a section 31 report to HealthCERT.	The facility manager was not clear regarding the variety of situations that required the completion of a section 31 report.	<p>Ensure that all statutory and/or regulatory obligations in relation to essential notification reporting are understood.</p> <p>90 days</p>
<p>Criterion 1.2.7.5</p> <p>A system to identify, plan, facilitate, and</p>	PA Low	An education and training programme is established and reviewed annually. Individual staff attendance records are maintained. The education and training hours available to staff exceeds eight hours per annum. Staff	i) A selection of mandatory in-services in 2016 reflected attendance rates of only seven participants (eg, care plans,	i) Ensure staff attend mandatory

record ongoing education for service providers to provide safe and effective services to consumers.		completion rates for a selection of mandatory topics are below acceptable limits. Another gap in education and training is identified around formal training for the health and safety officer.	communication, challenging behaviours, abuse/neglect). ii) The designated health and safety officer has not attended any formal health and safety training.	training. ii) Ensure the health and safety officer/manager attends health and safety training. 180 days
Criterion 1.3.5.2 Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.	PA Low	Three of five care plans reviewed documented the interventions and support required to meet the residents' needs. Short-term care plans were evidenced in use for infection, wound care and changes to resident needs.	The management of a urinary catheter was not fully documented in one resident's care plan and the management of epilepsy/seizures was not documented in care plan for one resident with a diagnosis of epilepsy.	Ensure care plans document the interventions and level of support required to meet residents' needs. 60 days
Criterion 1.3.6.1 The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.	PA Low	One of three wound assessments reviewed was evidenced to be fully completed. Short-term wound management plans are in place for all wounds; however the timeframe for review of wounds/dressing changes required was not documented. Long-term care plans are in place for all residents. One chronic wound was included in the resident's long-term care plan.	Two of three wound assessments and short-term wound management plans sampled did not document the timeframe for review. Wounds were evidenced to be reviewed by an RN at least weekly. Therefore, the risk rating has been assessed as low risk.	Ensure wound assessments are fully completed to include the timeframe for review. 90 days

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.