

Age Care Central Limited - Marire 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:	Age Care Central Limited
Premises audited:	Marire Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 20 February 2017 End date: 21 February 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:	36

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

Marire Rest Home provides rest home level care for up to 38 residents. On the day of the audit there were 36 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 and management.

The chief executive officer is supported by two appropriately qualified and experienced managers (one who is a registered nurse). Residents and family interviewed were complimentary of the service they receive.

This certification audit identified that improvements are required around open disclosure, resuscitation orders, evaluating and communicating quality outcomes to staff, corrective action plans, initial assessments, care planning and wound management.

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.		Some standards applicable to this service partially attained and of low risk.
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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. 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. Two managers, one who is a registered nurse, are responsible for the day-to-day operations of the care facility. 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. The health and safety programme meets current legislative requirements. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. A staff education and training

programme is 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 medium or high risk and/or unattained and of low risk.</p>
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Entry to the service is managed by the nurse manager. There is comprehensive service information available. Assessments, care plans and evaluations are completed by the registered nurses.

Each resident has access to an individual and group activities programme. The group programme is varied and interesting.

Medication is stored appropriately in line with legislation and guidelines. Staff have had education around medication management and all staff who administer medications have completed a competency assessment. General practitioners review residents regularly.

Meals are prepared on-site. The menu is varied and appropriate. Individual and special dietary needs are catered for. Alternative options are able to be provided. Residents and relatives interviewed were complimentary about the food service.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The building has a current warrant of fitness and emergency evacuation plan. Ongoing maintenance issues are addressed. Chemicals are stored safely throughout the facility.

All bedrooms are single occupancy and some have their own ensuite. There is sufficient space to allow the movement of residents around the facility using mobility aids. There are a number of small lounge and dining areas throughout the facility in addition to its main communal areas. The internal areas can be ventilated and heated. The outdoor areas are safe and easily accessible.

There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency. There is an approved evacuation scheme and emergency supplies for at least three days. There is a staff member on duty always with a current first aid/CPR certificate.

Cleaning and laundry staff are providing appropriate services.

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 enabler was in use at the time of the audit.

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.

Infection control management systems are in place to minimise the risk of infection to residents, service providers and visitors. The infection control programme meets the needs of the service and provides information and resources to inform the service providers. Documentation evidences that relevant infection control education is provided to all service providers as part of their orientation and as part of the ongoing in-service education programme. The type of surveillance undertaken is appropriate to the size and complexity of the service. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon and evaluated in a timely manner.

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	39	0	3	3	0	0
Criteria	0	86	0	4	3	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 (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. The nurse manager and four care staff interviewed (two caregivers, one diversional therapist, one registered nurse) 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.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	PA Low	<p>Informed consent processes are discussed with residents and families on admission. Written consents are signed by the resident or their EPOA. Advanced directives are signed for separately. Not all advance directives in the sample of resident files were valid. Caregivers and registered nurses interviewed confirmed verbal consent is obtained when delivering care. Discussions with family members identified that the service actively involves them in decisions that affect their relative's lives.</p>

		Six of six resident files sampled had a signed admission agreement and consents.
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	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 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 ongoing education and training on the role of advocacy services, which begins during their induction to the service.
<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	The service has an open visiting policy. Residents may have visitors of their choice at any time. The service encourages their 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. This was evidenced through interviews and observations.
<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 entry to the service. Access to complaints forms and a complaints folder explaining the process are available in a visible location. The complaints process is linked to advocacy services.</p> <p>A record of complaints received is maintained. Four complaints were received in 2016 with the most recent complaint received in August 2016. Evidence was sighted to verify that complaints were acknowledged, investigated and met HDC timeframes. All four 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	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 staff discuss aspects of the Code with residents and their family on admission. Discussions relating to the Code are also held during the three-monthly resident/family meetings.

		All five residents and four family interviewed reported that the residents' rights were being upheld by the service.
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>The residents' personal belongings are used to decorate their rooms. Privacy signage is on 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.</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 Māori health plan is documented for the service. The service is committed to ensuring that the individual interests, customs, beliefs and cultural and ethnic backgrounds of Māori are valued and fostered within the service.</p> <p>One appointed board member identifies as Māori and 15% of staff identify as Māori. Consultation is available through the Whakaahurangi marae. 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. Education on cultural awareness begins during the new employee's induction to the service and continues as a regular in-service topic. The caregivers interviewed were able to provide examples of how they ensure Māori values and beliefs are upheld by the service. There were no residents living at the facility who identified as Māori during the audit.</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</p>

		of decline. Beliefs and values are discussed and incorporated into the residents' care plans.
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<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>	FA	<p>Good practice was evident. A registered nurse is available either on-site (Monday – Friday) or on call 24 hours a day, 7 days a week. Residents are reviewed by a general practitioner (GP) every three months at a minimum. All resident rooms are individually decorated with the residents' personal belongings.</p> <p>Resident/family meetings are held three-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) specialist visits and physiotherapy visits. A van is available for regular outings. A new electronic documentation system and medicine management system have recently been introduced.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	PA Low	<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 and resource material when required.</p> <p>All four families interviewed confirmed they are kept informed of the resident's status, including any events adversely affecting the resident. Documented evidence was missing in a sample of accident/incident forms to verify that a family and/or the resident's enduring power of</p>

		<p>attorney (EPOA) was contacted following an adverse event.</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>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Marire Rest Home provides care for up to 38 residents at rest home level care with 36 residents on the day of audit. The facility is owned and governed by Age Care Central Ltd (ACL). The chief executive officer (CEO) and board of directors are responsible for governance. The business plan 2016 – 2019 includes a mission statement and philosophy of care. Goals are established and regularly reviewed by the CEO, managers and board of directors.</p> <p>The CEO has a background in radiography and is also the mayor of the community. He has recently been appointed to the Taranaki District Health Board. A nurse manager/RN is responsible for the day-to-day clinical operations and a domestic services manager is responsible for all ancillary services. Both managers and the CEO have maintained a minimum of eight hours of professional development relating to the management of 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>	FA	<p>The staff RN is responsible for clinical operations in the absence of the nurse manager. The chief executive is responsible for domestic and maintenance matters in the absence of the domestic services manager.</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>	PA Low	<p>A quality and risk management system is established. Work is underway to embed the quality system. The board is regularly informed via manager reports and during three-monthly board meetings. The managers also attend the board meetings.</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</p>

		<p>collection and complaints management. Data is collected for a range of adverse event data (e.g., skin tears, bruising, falls, and pressure injuries (if any)). Missing was evidence of data being analysed to assist in the identification of trends. An internal audit programme is being implemented. Clinical data and quality results are not shared with staff on a regular basis. Corrective actions for domestic operations are documented and signed off where improvements are identified but this process is not embedded for clinical operations.</p> <p>A risk management plan is in place. Health and safety policies meet current legislative requirements. Interviews were conducted with the health and safety officer/domestic services manager and health and safety representative. The health and safety officer has attended stage one health and safety training and the health and safety representatives are booked to attend training on 19, 20 April 2017. Staff health and safety training begins during their induction to the service. Health and safety is a regular topic 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.</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>	<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(s) noted including any follow up action(s) required. Fifteen accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and evaluation by a registered nurse although neurologic observations were not completed in three accident/incident reports where a head injury was a possibility (link 1.3.6.1).</p> <p>Staff understand that an accident/incident form is expected to be completed for pressure injuries. Incident/accident data is included in the organisation's quality and risk management programme (link 1.2.3.6 and 1.2.3.8).</p> <p>The managers are aware of their responsibility to notify relevant authorities in relation to essential notifications. Public health authorities</p>

		were notified following an infectious outbreak in 2016.
<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>	FA	<p>Human resources policies are in place, including recruitment, selection, orientation and staff training and development. Five staff files reviewed (one RN, 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. Staff interviewed stated that they believed new staff were adequately orientated to the service.</p> <p>A register of current practising certificates for health professionals is maintained.</p> <p>There is an annual education schedule that is being implemented. In addition, opportunistic education is provided. Both RN's have completed their interRAI training. The RNs have attended wound care training but this is identified as a gap for the caregivers (link 1.3.6.1).</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>The staffing policy aligns with contractual requirements. Registered nursing staff work across seven days. The nurse manager/RN is on-site five days a week (Monday through Friday) and a second RN is on-site two days a week. The two RNs share on call.</p> <p>There are adequate numbers of caregivers and enrolled nurses (two) available with two rostered during the night shifts. There are separate cleaning and laundry staff. 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>	FA	<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. 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. Residents' files are protected from unauthorised access by being held in a secure room. Archived records are secure in a separate locked area.</p> <p>Residents' files demonstrate service integration. Entries are legible,</p>

		dated, timed and signed by the relevant caregiver or RN, including designation.
<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>	FA	<p>Comprehensive admission policies and processes are in place. Residents receive an information pack outlining services able to be provided, the admission process and entry to the service. The nurse manager screens all potential residents prior to entry and records all admission enquires. The admission agreement form in use aligns with the requirements of the ARC contract. Exclusions from the service are included in the admission agreement. The information provided at entry includes examples of how services can be accessed that are not included in the 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>	FA	<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 interviewed confirmed they were kept well informed about all matters pertaining to residents, especially if there is a change in the resident's condition.</p>
<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>The medication management policies and procedures comply with medication legislation and guidelines. Medicines are appropriately stored in accordance with relevant guidelines and legislation. Medication administration practice complies with the medication management policy for the medication rounds sighted. Medication prescribed was signed as administered on the electronic signing charts sampled. Registered nurses and senior caregivers administer medicines. All staff that administer medication have been assessed as competent and have received medication management training. The facility uses a blister pack medication management system for the packaging of all tablets. The RN on duty reconciles the delivery and documents this. The 14 electronic medication charts sampled were written correctly by medical practitioners and there was evidence of three-monthly reviews by the GP. There were no residents self-administering medicines.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p>	FA	<p>There is a fully functional kitchen and all food is cooked on-site. There</p>

<p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>		<p>is a food services manual in place to guide staff. A resident nutritional profile is developed for each resident on admission and provided to the kitchen staff. This document is reviewed at least six-monthly as part of the care plan review. The kitchen can meet the needs of residents who need special diets and the cook works closely with the RNs on duty. The kitchen staff have completed food safety training. The cooks follow a rotating seasonal menu, which has been reviewed by a dietitian. The temperatures of refrigerators, freezers and cooked foods are monitored and recorded. There is special equipment available for residents if required. All food is stored appropriately. Residents and the family members interviewed were very happy with the quality and variety of food served.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services 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 records the reasons for declining service entry to potential residents should this occur and communicates this decision to potential residents/family/whānau. Anyone declined entry is referred back to the referring agency for appropriate placement and advice.</p>
<p>Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>Personal needs information is gathered during admission (link 1.3.3.3) in consultation with the resident and their relative where appropriate. InterRAI assessments were completed, but were not always reviewed at least six-monthly or when there was a change to a resident's health condition (link 1.3.3.3). Areas triggered in the interRAI assessment have a more comprehensive assessment completed in the electronic database. The information from these assessments automatically populates the individualised long-term care plans. Care plans reviewed were not always developed on the basis of these assessments (link 1.3.5.2).</p>
<p>Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>PA Moderate</p>	<p>The electronic long-term care plans reviewed did not describe the support required to meet the residents' goals and needs or identify allied health involvement. The electronic care plans are intended to identify required interventions under a comprehensive range of template headings. Residents and their family/whānau are involved in the care planning and review process. Electronic short-term care plans are in use for changes in health status.</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 Moderate</p>	<p>Registered nurses (RNs) and caregivers follow the electronic care plan and report progress against the care plan each shift. Care plans are developed automatically following a set of personalised assessments and the update of these on the electronic database (link 1.3.5.2). Clinical follow up following resident incidents was documented with the exception of neurological observations. If external nursing or allied health advice is required the RNs will initiate a referral (e.g., to the district nurse). If external medical advice is required, this will be actioned by the GP. Staff have access to sufficient medical supplies (e.g., dressings). Sufficient continence products are available and residents' files include a continence assessment and plan. Specialist continence advice is available as needed and this could be described.</p> <p>Wound assessment, monitoring and wound management plans are in place for four residents with wounds. Three had not been documented as reviewed when required for a recent 12-day period.</p> <p>The RNs have access to specialist nursing wound care management advice through the DHB gerontology nurse specialist.</p> <p>Care plan interventions including weight monitoring and blood sugar recordings were sighted in the electronic database and demonstrated interventions to meet residents' needs.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>A diversional therapist is employed four days per week to coordinate the activities programme for all residents. On Friday's, a caregiver is rostered specifically to coordinate the planned activities programme. Each resident has an individual activities assessment on admission. An individual activities plan is then developed by the diversional therapist. Each resident is free to choose whether they wish to participate in the group activities programme or their individual plan and significant time is dedicated to one-on-one activities. Participation is monitored in individual progress notes records and attendance records. Group activities reflect ordinary patterns of life and include regular visits to the community. All residents' files sampled had a recent activities plan within the care plan. The activities plan is evaluated at least six-monthly. Residents and families interviewed commented positively on the activity programme.</p>

<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Only three of six long-term care plans reviewed were evaluated six-monthly (link 1.3.3.3) or earlier if there was a change in health status. There is at least a three-monthly review by the GP planned (link 1.3.3.3). Changes in health status were not always documented and followed up (link 1.3.5.2). Short-term care plans sighted were evaluated and resolved or added to the long-term care plan (link 1.3.5.2) if the problem was ongoing as sighted in resident files sampled. Where progress is different from expected, the service intends to respond by initiating changes to the care plan (link 1.3.5.2).</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>	<p>FA</p>	<p>The service facilitates access to other medical and non-medical services. Referral documentation is maintained on residents' files. The nurses 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 interviews and medical notes. The staff 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</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>There are 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 worn. Chemicals sighted were labelled correctly and stored safely throughout the facility. Safety data sheets are available.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>The building has a current building warrant of fitness. The building has alcoves and lounge areas in each unit. Maintenance is coordinated by the domestic services manager who has two staff to complete handyman type tasks and who engages contractors as required ensuring reactive and planned maintenance occurs. All medical and electrical equipment was recently serviced and/or calibrated. Hot water temperatures are monitored and managed within 43-45 degrees Celsius. The facility has sufficient space for residents to mobilise using mobility aids. The external area is well maintained. Residents have access to safely designed external areas that have shade. Staff stated they had sufficient equipment to safely deliver the cares as outlined in</p>

		the residents' care plans.
<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 toilets and shower/bathing areas for residents and separate toilets for staff and visitors. Four bedrooms have their own ensuites and others share communal facilities. Toilets and showers have privacy systems in place. Residents interviewed confirmed their privacy is assured when staff are undertaking personal 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 residents' 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> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	The communal areas include the main lounge and the main dining area and several smaller lounges. The communal areas are easily and safely accessible for residents.
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>The facility is cleaned by dedicated cleaning staff that are overseen by the household services manager. They have access to a range of chemicals, cleaning equipment and protective clothing. The standard of cleanliness is monitored through the internal audit programme. Residents and relatives interviewed were satisfied with the standard of cleanliness in the facility.</p> <p>All laundry is done by dedicated laundry staff. Residents and relatives interviewed were satisfied with the laundry service.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	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 includes 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.

		<p>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 available 24 hours a day, 7 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 comfortable temperature.</p>	FA	<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>
<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>Marire Rest Home has an established infection control programme. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. It is linked into the incident reporting system. The nurse manager is the designated infection control nurse with support from the registered nurse and the staff (infection control team). Audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation. The infection control programme has been reviewed annually.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The nurse manager is the designated infection control (IC) nurse. There are adequate resources to implement the infection control programme for the size and complexity of the rest home. The IC nurse and IC team (comprising the quality management team and care staff) receive external support from the local laboratory infection control team and IC nurse specialist at the DHB. The infection control team is representative of the facility. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and</p>	FA	<p>There are infection control policies and procedures appropriate for the size and complexity of the service. The infection control manual outlines a comprehensive range of policies, standards and guidelines</p>

<p>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>		<p>and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. The policies were developed by an external contractor and have been reviewed and updated.</p>
<p>Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Formal infection control education for staff has occurred. The infection control nurse has completed infection control training. Visitors are advised of any outbreaks of infection and are advised not to attend until the outbreak has been resolved. Information is provided to residents and visitors that is appropriate to their needs and this is documented in medical records.</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>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs and symptoms of infection. An electronic individual resident infection form is completed which includes signs and symptoms of infection, treatment, follow up, review and resolution. Surveillance of all infections is entered on to a monthly infection summary. This data is monitored and evaluated monthly and annually, but not always provided to staff at facility meetings (link 1.2.3.6). If there is an emergent issue, it is acted upon in a timely manner. Reports are easily accessible to the clinical and nurse managers. A norovirus outbreak in 2016 was appropriately managed.</p>
<p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>There are policies around restraints and enablers. No residents were using restraints or enablers. Staff receive training around restraint minimisation and managing challenging behaviours. All care staff interviewed understand 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 1.1.10.7</p> <p>Advance directives that are made available to service providers are acted on where valid.</p>	PA Low	<p>All resident files sampled contained an advance directive. In four of six files the form was completed by the resident and the general practitioner (GP) had co-signed and confirmed that the resident was competent to have completed this. The form that was in use on the day of the audit did not allow for a clinically indicated ‘not for resuscitation’ decision. It is designed to be signed by a competent resident only. Two forms had been signed by the GP that the resident was not competent to make an advance directive, and was documented as ‘not for resuscitation’, but there was no indication that this was a clinically-indicated decision.</p>	<p>Two of six files sampled contained advance directives that were not valid. The two forms had been signed by the GP that the resident was not competent to make an advance directive and was documented as ‘not for resuscitation’, but there was no indication that this was a clinically-indicated decision.</p>	<p>Ensure that all advance directives are valid.</p> <p>90 days</p>

<p>Criterion 1.1.9.1</p> <p>Consumers have a right to full and frank information and open disclosure from service providers.</p>	<p>PA Low</p>	<p>Residents and families interviewed confirmed that they are kept informed. Missing was documented evidence to verify that families were informed following an adverse event.</p>	<p>Five of fifteen accident/incident forms and associated progress notes failed to indicate that families were informed following an adverse event.</p>	<p>Ensure documentation evidences families (and/or EPOA) being kept informed following an adverse event.</p> <p>90 days</p>
<p>Criterion 1.2.3.6</p> <p>Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.</p>	<p>PA Low</p>	<p>A quality improvement programme is being implemented that includes the collection of data and the completion of internal audits. Quality data that is collected (e.g., falls, skin tears, medication errors, etc.) is not consistently analysed to identify trends. An internal audit programme is being implemented.</p> <p>Domestic staff (e.g., kitchen, housekeeping, laundry, maintenance) are informed regarding audit results but care staff have not been regularly informed of quality data, trends in the data and internal audit results. Care staff meetings in 2016 focused on transitioning from a paper-based to an electronic-based software system.</p>	<p>Clinical data collected is not routinely analysed to identify trends. Clinical outcomes have not been communicated and shared with the care staff on a regular basis.</p>	<p>Ensure quality data is regularly analysed with trends identified. Ensure care staff are kept informed regarding internal audit results.</p> <p>90 days</p>
<p>Criterion 1.2.3.8</p> <p>A corrective action plan addressing areas requiring improvement in order to meet the specified Standard or requirements is developed and</p>	<p>PA Low</p>	<p>Corrective action plans are documented and implemented for domestic services but have not been embedded for clinical services.</p>	<p>Internal audits completed in regards to clinical areas did not all evidence corrective actions being documented where improvements were identified.</p>	<p>Ensure the quality improvement programme for clinical includes evidence of corrective action plans where improvements are identified and evidence that corrective actions are</p>

implemented.				implemented. 90 days
<p>Criterion 1.3.3.3</p> <p>Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.</p>	PA Moderate	<p>The nurse manager and registered nurse interviewed were aware of contractual required timeframes around assessments, care plans and evaluations. Both are interRAI trained. They reported that the recent change to an electronic charting system (requiring a review of all assessments and redevelopment of care plans) had meant there was insufficient time to meet required timeframes.</p>	<p>(i) Three of six files did not have an interRAI assessment within 21 days of admission.</p> <p>(ii) One resident who had previously had respite care did not have the initial assessment updated when they were admitted.</p> <p>(iii) Four resident files sampled were not reviewed by the GP within two working days of admission.</p> <p>(iv) One resident had not been reviewed by the GP three-monthly.</p> <p>(v) Three resident files had not had regular six-monthly care plan evaluations completed.</p>	<p>Ensure contractual timeframes around clinical assessments, plans and evaluations are met.</p> <p>60 days</p>
<p>Criterion 1.3.5.2</p> <p>Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.</p>	PA Moderate	<p>In October 2016, the service commenced use of an electronic resident charting system that includes care planning. This necessitated the completion of a set of online assessments to assist in populating the care plan for every resident. The nurse manager works full-time and the registered nurse supports her two days per week. The electronic system went live over the holiday period. Previous care plans had documented residents' needs clearly but the electronic care plans were not always detailed enough</p>	<p>Five of six resident care plans sampled did not have all identified needs addressed.</p>	<p>Ensure all care plans address all identified resident needs.</p> <p>60 days</p>

		to fully address residents' needs. Staff interviewed confirmed that they were very familiar with the residents and aware of their required needs.		
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>	<p>PA</p> <p>Moderate</p>	<p>Wound documentation including comprehensive assessments and frequently updated wound management is completed on the electronic data base. The database went live in October 2016 and staff continue to learn the programme. Not all wounds had documented reviews in the required timeframe. This had occurred at a time when the enrolled nurse who usually dresses wounds had been on leave. The registered nurse believed it was a documentation issue related to care staff being unfamiliar with the wound data entry section of the database. Caregivers that complete dressings have not had recent training around this.</p> <p>Staff are trained around first aid and described a process where a registered nurse is contacted on call following an incident where there is an injury. This was documented on incident forms and in resident files sampled. Staff were not aware of the need to complete neurological observations following a suspected head injury.</p>	<p>(i) The three current wounds that commenced before 31 January 2017 did not have dressings or reviews documented between 31 January 2017 and 12 February 2017.</p> <p>(ii) Caregivers who complete wound dressings have not had recent training around this.</p> <p>(iii) Neurological observations were not completed for the one resident incident form sampled where a head injury had occurred.</p>	<p>(i) Ensure that all wounds are reviewed regularly and these are documented.</p> <p>(ii) Ensure caregivers who complete dressings are trained to do so.</p> <p>(iii) Ensure neurological observations are completed when a resident has a suspected head injury.</p> <p>60 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.