

CRK Holdings Limited - Janelle Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	CRK Holding Limited
Premises audited:	Janelle Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 10 May 2017 End date: 11 May 2017
Proposed changes to current services (if any):	Proposed change of ownership.
Total beds occupied across all premises included in the audit on the first day of the audit:	16

Executive summary of the audit

Introduction

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

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

General overview of the audit

Janelle Rest Home is a 21-bed aged care facility for rest home level of care residents. The residents and family/whānau reported satisfaction with the care and services at Janelle Rest Home.

This provisional audit was undertaken to establish the prospective provider's preparedness to provide a health and disability service and the level of conformity with the required standards of the existing provider's services. The audit was conducted against the relevant Health and Disability Services Standards and the provider's contract with the district health board. The audit process included the sampling of policies, procedures and records, observations, and interviews. Interviews were conducted with residents, family/whānau, staff, a general practitioner, the current provider and the prospective provider.

There are no systemic issues or areas for improvement identified at this audit.

The prospective provider includes a registered nurse and their partner. There are no immediate plans to change systems or services.

Consumer rights

The residents receive services that respect their rights. The current staff and prospective owner demonstrated knowledge and awareness of the obligations of consumer rights legislation. The residents are treated with respect, dignity and are not subject to abuse, neglect or discrimination. Residents' privacy is maintained. There is one shared room that has privacy screening between the beds.

There are appropriate processes and procedures implemented to ensure residents who identify as Maori, or any other culture, have their individual beliefs respected and acknowledged. If required, the service can access an interpreter.

The service provides an environment that encourages good practice.

Residents and family/whānau have a right to full and frank information and open disclosure from staff. The residents' family/whānau or enduring power of attorneys (EPOAs) are involved in the care planning, decision making and consent processes as appropriate. Where there is an advance directive, the staff act on the directives that the resident made when they were competent to do so. Staff recognise and facilitate the right of residents to advocacy/support persons of their choice.

There are no set visiting hours and residents have access to visitors of their choice. Family/whānau and friends are encouraged to visit.

The service has a documented complaints management system which was implemented. There are no outstanding complaints at the time of audit.

Organisational management

The service has a business and quality plan in place. The organisation's mission statement, vision, goals and philosophy identifies the organisation's mission statement, vision and philosophy all of which will be continued by the prospective owner to ensure residents' needs continue to be met.

The quality and risk system and processes support safe service delivery and include corrective actions. The quality management system included identification of hazards, staff education and training, an internal audit process, complaints management, data reporting of incidents/accidents and infections. The prospective provider intends to maintain the existing systems with assistance from the current owner/manager. The day to day operation of the facility is undertaken by staff that are appropriately experienced, educated and qualified. This allows residents' needs to be met in a safe and efficient manner.

Policies and procedures are managed by a contracted agency and the prospective provider will continue to use this service.

The service implements the documented staffing levels and skill mix. Human resources management processes are implemented and identify good practice is observed. It is anticipated that all existing clinical staff will be offered continued employment.

Resident information is uniquely identifiable, accurately recorded and securely stored. Information of a private or personal nature is maintained in a secure manner that is not publicly accessible or observable.

Continuum of service delivery

There are documented admission processes that require potential residents to be assessed as rest home level of care. If entry is declined, this is recorded and the referrer is informed.

The registered nurse is responsible for the development of the care plans. Care plans and assessments are developed and evaluated within the required time frames that safely meet the needs of the residents and contractual requirements. There are planned activities that are meaningful to the residents, develop and maintain resident's strengths skills, resources and interests. In interviews, residents and family/whānau expressed satisfaction with the activities programme.

A medication management system complies with current legislation and best practice guidelines for aged care. Medications are administered by care staff with current medication competencies. All medication charts are reviewed by the general practitioner (GP) as required.

Nutritional needs are provided in line with nutritional guidelines and residents with special dietary needs are catered for. The kitchen was observed to be clean, tidy and meets food safety standards.

Safe and appropriate environment

Services are provided in a clean, safe, secure environment that is appropriate to rest home level of care. There are appropriate amenities and furnishings to meet residents' needs and to facilitate independence. Residents, visitors and staff are protected from harm of exposure to waste, infectious or hazardous substances generated during service delivery. Laundry services are conducted onsite. There are sufficient toilets, showers, and bathing facilities.

Documentation identifies that all processes are maintained to meet the requirements of the building warrant of fitness. There is some generalised wear and tear that is appropriate for the age of the building, with an ongoing maintenance plan in place. Planned and reactive maintenance is documented. Systems are in place for essential, emergency and security services, including a disaster and emergency management plan.

Residents have access to verandas and outside areas.

The prospective provider has no plans to make any immediate changes to the environment and plans to continue to implement the ongoing maintenance schedule.

Restraint minimisation and safe practice

There is a designated restraint coordinator and restraint committee. The use of restraint is minimised and enablers are used on a voluntary basis if required. At the time of the audit there were no residents using restraint or enablers at the service. Staff interviewed demonstrated a good understanding of restraint and enabler use and receive ongoing restraint education. Policies and procedures on restraint and enabler use are current.

Infection prevention and control

The infection control management systems are in place to minimise the risk of infection to residents, visitors and other service providers. The infection control programme is documented and has been reviewed within the past year. The infection control coordinator is responsible for co-ordinating education and training of staff. Infection data is collated monthly, analysed and reported during staff meetings. The infection control surveillance and associated activities are appropriate for the size and complexity of the service. Surveillance for infection is carried out as specified in the infection control programme. The prospective provider intends to implement the existing infection prevention and control processes.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	45	0	0	0	0	0
Criteria	0	92	0	0	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed throughout the facility. The prospective owner demonstrated awareness of the Code and is planning to attend education specific to aged care. New residents and family/whānau are provided with copies of the Code as part of the admission process. Staff demonstrated knowledge on the Code and its implementation in their day to day practice. Staff were observed to be respecting the residents' rights. The prospective provider has not been the subject of a breach finding of the Code or to subject to any disciplinary process before a professional body in the last 24 months.</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>	FA	<p>Nursing and care staff interviewed understood the principles and practice of informed consent. Informed consent policies provide relevant guidance to staff. The resident's files sampled show that informed consent has been gained appropriately using the organisation's standard consent form. Advance care planning,</p>

		<p>establishing and documenting enduring power of attorney requirements and processes for residents unable to consent is defined and documented, as relevant, in the resident's record where applicable. Staff were observed to gain consent for day to day care.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>Residents and family/whānau reported that they were provided with information regarding access to advocacy services. Family/whānau are encouraged to involve themselves as advocates. Contact details for the Nationwide Health and Disability Advocacy Service is listed in the resident information booklet. Education on advocacy and support is conducted as part of the in-service education programme.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>There are no set visiting hours and family/whānau are encouraged to visit at any time. Family/whānau reported that there were no restrictions to visiting hours. Residents are supported and encouraged to access community services with visitors or as part of the planned activities programme. The residents reported they can access the community as they wish.</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 policy and process complies with Right 10 of the Code. Complaints management is explained as part of the admission process and is included in the information given to new residents and family/whānau, as confirmed during interviews. Complaints management is included in new staff orientation and included in ongoing training. This is confirmed during staff interviews and in the orientation documentation sighted in staff files.</p> <p>Family/whānau confirmed that the manager and RN have an 'open door' policy that makes it easy to discuss concerns at any time.</p> <p>The complaints register contains the summary of the complaint and actions taken. There are no complaints recorded to date in 2017. In addition to the complaints register the manager maintains a log of minor verbal complaints and feedback, in which actions can be taken</p>

		<p>immediately to resolve.</p> <p>The prospective owner understands the residents' right to make a complaint, with the current owner/manager planning to guide the prospective provider through the complaints and other systems as part of their transition to owning and managing the service.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>The Code is discussed with family members at the time of admission and information is also available in the information booklet. Information was also displayed about the Nationwide Health and Disability Advocacy Service. The family/whānau reported no concerns about the staff not respecting the resident's rights.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>There is one double room, with all other rooms' single occupancy. In the shared room, there are privacy curtains. The files sampled reflect that care is responsive to the individual cultural and spiritual needs of each resident. The services are planned so the residents can maintain as much independence as possible. There are documented procedures implemented regarding abuse and neglect. The residents and family/whānau reported satisfaction with the care provided and have no concerns about abuse or neglect. Staff demonstrated knowledge on identifying any suspected abuse and knew who to report to if they have any concerns,</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>Residents who identify as Māori have their individual needs met, as confirmed at interview with residents and family/whānau. The manager reported that there were no barriers to Māori residents accessing the service. The staff demonstrated knowledge of the importance of whānau in the care and support of residents who identify as Māori. A Maori health plan is documented and implemented as appropriate to the resident's needs.</p>

<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	<p>FA</p>	<p>The resident's individual cultural values and beliefs are recorded in the care plans. All files evidence the care was developed in consultation with residents and their family. The residents and family/whānau interviewed report that the service meets the individual needs of their or their family/whānau. Staff demonstrated knowledge in respecting and meeting the individual cultural needs, values and beliefs of each of the residents.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>The staff individual employment contracts have information on professional boundaries. The orientation and induction programme includes staff education on maintaining professional boundaries. The residents and family/whānau report they have no concerns about discrimination.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>Evidence-based practice was observed, promoting and encouraging good practice. Examples included policies and procedures that are linked to evidence-based practice, regular visits by the GP, links with the local mental health services and palliative care services. The DHB care guidelines for aged care are utilised. The gerontology nurse specialist visits residents as required providing a support service.</p> <p>There is regular in-service education and staff access external education that is focused on aged care and best practice. Staff reported that they were satisfied with the relevance of the education provided. The prospective provider plans to maintain the current system for policies and procedures and ongoing staff education,</p> <p>The resident's and family/whānau expressed high satisfaction with the care delivered.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>Documenting of opening disclosure following incidents/accidents was evident. The residents and family/whānau reported they are informed of any accident or incident.</p> <p>Staff education has been provided related to appropriate</p>

		<p>communication methods. The service has not required access to interpreting services for the residents. Policies and procedures are in place if the interpreter services are needed to be accessed.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Janelle Rest Home provides rest home level of care for up to 21 residents. There were 16 aged care residents at the time of audit, all of whom were over the age of 65. The services are planned to meet the needs of the older residents at rest home level of care.</p> <p>There is a business plan that includes the goals and objectives of the organisation. The mission statement describes the aim to provide a quality and homelike environment to meet the needs of the individual residents. The business plan is reviewed annually, which was last conducted June 2016. The goals of the business plan are also monitored at least monthly through the quality and risk management system. The service also documents specific aims and ambitions for the upcoming year that are over and above the targets in the business plan. The current business plan includes ongoing maintenance of the building. The prospective provider is aware that the direction and goals of the organisation need to be reviewed regularly.</p> <p>The quality policy statement identifies the mission of the organisation and the procedures undertaken to achieve the mission statement. Actions described include the use of quality programmes and procedures, identification of hazards and staff training and education. Data collation of incidents/accidents, infections and internal audit results are used to identify trends and improve services. The prospective provider plans to operate using all existing quality programme activities.</p> <p>The service is currently a family owned business, with one of the owners planning on being the manager. They have owned and managed the service for over three years. The manager undertakes overall financial responsibilities and has a registered nurse employed for clinical oversight. The current manager has a background in accountancy and small business management. The manager is a member of an aged care association and receives regular updates and ongoing education on issues related to the management of an aged</p>

		<p>care facility. It is anticipated that the current management and staff structure will remain under the new ownership, with the one of the prospective providers (RN) being supported into the management role as part of the transition plan.</p> <p>The registered nurse (RN) has clinical oversight for resident care and clinical services and has a current practicing certificate. The RNs signed job description outlines their roles, responsibility and accountabilities. The RN has previous experience in aged care and has previously been in aged care management roles. They have attended over eight hours' education in the past 12 months related to aged care management and clinical knowledge. The RN is enrolled in post graduate education in gerontology and has current interRAI competency. The RN was awarded with a nursing leadership certificate in 2016.</p> <p>The prospective provider is a family owned business, which includes a registered nurse (RN) and their partner. The RN has a current practicing certificate and post graduate qualifications in gerontology/support of the older person. This will be the prospective provider's first business with the RN planning to transition into the management role. Their partners has a building and construction background and is planning to support the manager in their role and be involved in the ongoing maintenance of the building.</p> <p>The transition plan/business plan sighted includes how the prospective providers will be transitioned into the running and management of the service under the support of the current manager. The business plan includes time frames for maintaining the current quality system, policies and procedures, staffing and service delivery. The prospective provider and current manager report that the prospective provider has met with the district health board's portfolio manager. The current provider is supporting the prospective provider to understand their contractual obligations. The prospective provider is willing to meet the obligations of the provider under the applicable residential agreement, including RN coverage and staffing numbers.</p>
Standard 1.2.2: Service Management	FA	Currently during a temporary absence of the manager, the RN

<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>undertakes the management duties. The current manager reports confidence in the RN to take on the management role in their absence. The prospective provider intends to operate using the same system that is currently in place. The prospective provider is aware of required staffing skill mix requirements and plans to ensure these are maintained.</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>The service has a business plan and quality and risk processes are in place which cover all aspects of service delivery. Quality planning identifies generalised goals and objectives and the measures used to identify how the controls are effective or responsive to resident needs. This includes quality data collection and analysis to identify any areas of deficit which are then addressed using corrective action processes. Corrective actions are captured on the audit action form. All findings are shared with the current owner/manager through the staff meetings as identified in minutes sighted. Quality data information is used to inform ongoing improvement planning of services. The prospective owner intends to work within the facility and transitions to the management role and plans to attend staff meetings.</p> <p>Policies and procedures are developed by an aged care consultant. The policies are reviewed in a two-year cycle or earlier if there is best practice or legislative changes. The manager has a process in place to ensure any changes or newly introduced policies are shared with staff at the monthly staff meetings. The staff have access to the most current version of documents, with an archiving system in place for obsolete documents. Staff confirmed that they understand and implement documented quality and risk processes. This includes the update of policies and procedures, regular internal audits, incident and accident reporting, health and safety reporting, infection control data collection and complaints management.</p> <p>Staff, resident and family/whānau interviews and results of satisfaction surveys confirmed services are provided to meet residents' needs.</p> <p>Actual and potential risks are identified and documented in the hazard register. The hazard register identifies all known hazards and shows the actions put in place to minimise, isolate or eliminate risks. Newly</p>

		<p>found hazards are communicated to staff and residents as appropriate. Staff confirmed that they understood and implemented documented hazard identification processes.</p> <p>The prospective provider intends to continue with the existing policies and procedures. The prospective provider stated they will maintain quality processes to meet the current quality plan and use information gained from on-going processes in place to measure achievements. The prospective providers aim is for a seamless handover to occur between the current owner/manager and themselves. The prospective provider intends to undertake appropriate ongoing education and support from providers within the aged care industry so that they can gain a good level of understanding of all actions required to manage a safe, effective service.</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>Policy states that all incidents and accidents and adverse events are recorded, investigated and analysed. This process was identified in documentation sighted.</p> <p>The manager understands their obligations in relation to essential notification reporting and knows which regulatory bodies must be notified as identified in policy. This includes reporting stage three and above pressure injuries. As per policy requirements, staff interviewed stated they report and record all incidents and accidents. Incident and accident information is shared with all staff and any corrective actions that have been taken are evaluated.</p> <p>Family/whānau are notified of any adverse, unplanned or untoward events. This was identified on incident and accident forms sighted and in resident file reviews. Family/whānau interviewed confirmed they are kept well informed of any concerns the staff may have or of any adverse events related to their family/whānau.</p> <p>The prospective provider will be guided on reporting requirements by the current manager as part of the transition plan. The prospective providers stated they have a good understanding of health and safety requirements in general as part of their nursing practice and experience.</p>

<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>Staff that require professional qualifications have them validated as part of the employment process and annually, as confirmed in documentation sighted.</p> <p>Human resources policies describe good employment practices that meet the requirements of legislation. Newly appointed staff employment processes include that referees are checked and job descriptions and duties lists clearly describe staff responsibilities. Staff complete an orientation/induction programme with specific competencies for their roles, such as medication management, as confirmed in the staff files sampled. The RN has a current interRAI competency.</p> <p>Education records sighted identify that staff education includes on-site planned education with topics being presented by the gerontology nurse specialist, aged care consultant and off-site seminars and training days. Topics covered allow staff to ensure safe, effective service provision is offered to residents, including specific education on pressure injury management, infection prevention and control and restraint minimisation.</p> <p>Resident and family/whānau members interviewed, along with the 2016 resident/relative satisfaction survey results, identified that residents' needs are met by the service. No negative comments were voiced during interviews on the day of audit.</p> <p>The prospective provider does not intend to change the way staff are employed. They understand the need for ongoing education for all staff and will continue to use the existing education calendar.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week. The facility adjusts staffing levels to meet the changing needs of residents. The RN and manager are on call after hours, with staff reporting that good access to advice is available when needed. Care and support staff reported there were adequate staff available to complete the work allocated to them, including the laundry</p>

		and cleaning duties. Residents and family interviewed supported this. Observations and sample of rosters confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence. At least one staff member on duty each shift has a current first aid qualification.
Standard 1.2.9: Consumer Information Management Systems Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.	FA	All necessary demographic, personal, clinical and health information is completed in the residents' files sampled for review. The resident's notes sampled were current and integrated and included GP and allied health service provider notes. This includes any instructions of protocols issued by interRAI New Zealand. Records were legible with the name and designation of the person making the entry identifiable. Archived records are held securely on site and are readily retrievable using a cataloguing system. Residents' files are held for the required period before being destroyed. No personal or private resident information was on public display during the audit.
Standard 1.3.1: Entry To Services Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.	FA	The entry to service policy includes all the required aspects on the management of enquiries and entry. Janelle Rest Home's welcome pack contains all the information about entry to the service. Assessments and entry screening processes are documented and clearly communicated to residents, family/whānau of choice where appropriate, local communities and referral agencies. Records sampled confirmed that admission requirements are conducted within the required time frames and are signed on entry. The admission agreement clearly outlines services provided as part of the agreement to entry. The residents and family/whānau interviewed confirmed that they received sufficient information regarding the services to be provided.
Standard 1.3.10: Transition, Exit, Discharge, Or Transfer Consumers experience a planned and coordinated transition, exit,	FA	There is a documented process for the management of transfers and discharges. A standard transfer form notification from the DHB is utilised when residents are required to be transferred to the public

<p>discharge, or transfer from services.</p>		<p>hospital or another service. Residents and their family/whānau are involved in all exit or discharges to and from the service and there was sufficient evidence in the resident's records to confirm this.</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>	<p>FA</p>	<p>There is a documented policy on the management of the medication system. All medication files sampled confirmed that they are reviewed as required and discontinued medications are signed and dated by the GP. Allergies are documented, identification photos are present and three monthly reviews are completed. Medication charts are legibly written. The care staff were observed administering medication correctly in their respective wings. Medication reconciliation is conducted by the RN when a resident is transferred back to the service.</p> <p>The service uses pharmacy pre-packed packs that are checked by the RN on delivery. The controlled drug register is current and correct. Weekly, monthly and six monthly stock takes are conducted and all medications are stored appropriately. Residents self-administering medication such as creams and inhalers are assessed as competent and medication is stored in a secure way. There is a policy and procedure for self-administration of medication.</p> <p>An annual medication competency is completed for all staff administering medications and medication training records were sighted. The medicines management system complies with legislation, protocols and guidelines.</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>Meal services are prepared on site and served in the allocated dining rooms. The service employs two cooks, who both have food safety certificates.</p> <p>The menu was reviewed by a registered dietitian to confirm it is appropriate to the nutritional needs of the residents. Diets are modified as required and the cook confirmed awareness of the dietary needs required by the service. The residents have a dietary profile developed on admission which identifies dietary requirements, likes and dislikes and is communicated to the kitchen including any recent changes</p>

		<p>made. Meals are served warm in sizeable portions required by residents and any alternatives are offered as required. Resident's weights are conducted monthly and supplements are provided to residents with identified weight loss issues.</p> <p>The kitchen and pantry were sighted and observed to be clean, tidy and adequately stocked. Labels and dates were on all containers and records of food temperature monitoring, fridges and freezers temperatures are maintained. Regular cleaning is undertaken and all services comply with current legislation and guidelines. The residents and family interviewed expressed satisfaction with the food service. The satisfaction survey indicated that residents are happy with the service. There is a four-weekly rotating winter and summer meal menu in place.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>The RN and facility manager reported that all consumers who were declined entry are recorded in the register and when a consumer is declined the consumer and family/whānau are informed of the reason for this and made aware of other options or alternative services available. The consumer is referred to the referral agency to ensure that they will be admitted to the appropriate service provider.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>The initial assessments are completed within the required time frame on admission while care plans and interRAI are completed within three weeks as per policy. Assessments and care plans are detailed and include input from the family/whānau and other health team members as appropriate. The nursing staff utilise standardised risk assessment tools on admission. In interviews residents and family/whānau expressed satisfaction with the assessment process.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Care plans are resident centred, integrated and provide continuity of service delivery. The assessed information is used to generate long term care plans and short term care plans for acute needs. Goals are specific and measurable and interventions are detailed to address the</p>

		desired goals/outcomes identified during the assessment process. Care plans sampled were integrated and included input from the multidisciplinary team. The residents and family/whānau interviewed confirmed care delivery and support is consistent with their expectations and plan of care.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	The documented interventions in short term care plans and long term care plans are sufficient to address the assessed needs and desired goals/outcomes. Significant changes are reported in a timely manner and prescribed orders carried out as confirmed also by the GP in the interview conducted. Progress notes are completed on every shift. Monthly observations are completed and are up to date. Adequate clinical supplies were observed and the staff confirmed they have access to enough supplies.
Standard 1.3.7: Planned Activities 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.	FA	Activities are appropriate to the needs, age and culture of the residents. The activities coordinator develops an activity planner and daily/weekly activities are posted on the notice boards. Resident's files have a documented activity plan that reflects the resident's preferred activities of choice and is counter signed by the RN. Over the course of the audit residents were observed being actively involved with a variety of activities and residents interviewed expressed satisfaction with the activities in place. Activity plans are reviewed at least six monthly or when there is any significant change in participation and this is done in consultation with the RN. The activities vary from scrabble, bingo, music, movies, exercises/walking and church services fortnightly. The activities coordinator reported that they have group activities and engage in one on one activities with some residents. Activities are modified depending on abilities and cognitive function. The resident's activities participation log is being utilised.
Standard 1.3.8: Evaluation	FA	Resident's long term care plans, interRAI assessments and activity

<p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>		<p>plans are evaluated at least six monthly and updated when there are any changes. Family/whānau and staff input is sought in all aspects of care. The evaluations record how the resident is progressing towards meeting their goals and responses to interventions. Short term care plans are developed when needed and signed and closed out when the short-term problem has resolved.</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>There is a documented process for the management of all referrals. The service utilises a standard referral form when referring residents to other service providers. The GP confirmed that processes are in place to ensure that all referrals are followed up accordingly. Resident and family are kept informed of the referrals made by the service. All referrals are facilitated by the RN or GP.</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>The policies for the safe storage and disposal of waste and other hazardous/infectious waste are appropriate implemented. Staff confirmed that they can access personal protective clothing and equipment at any time. As observed, disposable gloves and gowns are worn when required. Waste management meets legislative requirements.</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 facility has a current warrant of fitness displayed.</p> <p>Maintenance is undertaken by both internal maintenance and external contractors. Electrical safety test tags and clinical equipment is tested and where required calibrated at least annually or when required.</p> <p>The physical environment minimises the risk of falls and promotes safe mobility by ensuring the walking areas are not cluttered. If any areas of concern are identified in the environmental audit the issue is placed in the hazard register if it cannot be eliminated. This identifies how the hazard is to be managed. There is some generalised wear and tear in the building, back deck, some bathrooms and surface rust on the downstairs freezer, which is appropriate to the age of the building. The business plan and ongoing maintenance plan recorded the ongoing</p>

		<p>maintenance, renovation and upkeep of the service. The prospected provider reported that they will continue with the ongoing maintenance of the building.</p> <p>The service conducts planned annual maintenance and is undertaking a systematic upgrade of equipment and furnishings. There are easily accessed shaded outdoor areas for residents' use. Residents were sighted moving around safely both indoors and outdoors on the day of audit.</p> <p>Residents and family/whānau members confirmed the environment is suitable to meet their needs.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>Residents' shower and toilet areas are centrally located. There is a mix of single and shared full ensuites, ensuites with toilet and basins and toilet/shower/bathing facilities in shared areas. The doors have privacy locks to ensure residents can attend to their personal hygiene without interruption. There is a designated staff/visitor toilet. The residents report satisfaction with the amenities.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>All bedrooms are of a size which allows enough space for residents to mobilise with or without assistance in a safe manner. Bedrooms are personalised to meet resident's wants and needs and have appropriate areas for residents to place personal belongings. There is one room that can have dual occupancy, with all other rooms single occupancy. There is currently only one resident in the dual occupancy room. The shared room has privacy curtains.</p> <p>Results from the resident/relative satisfaction survey and interviews with residents and family did not identify any concerns related to personal bed space or privacy.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and</p>	FA	<p>Residents are provided with safe, adequate areas to meet their relaxation, activity and dining needs. There are several dining and lounge areas, which are separated from each other. These areas are</p>

<p>accessible areas to meet their relaxation, activity, and dining needs.</p>		<p>appropriately furnished to meet residents' needs.</p> <p>Residents and family/whānau voiced their satisfaction with the homely environment. As observed, activities are undertaken in the lounge area.</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 dedicated storage areas for cleaning chemicals and cleaning equipment. Chemicals are clearly labelled and safety data sheets are available.</p> <p>The satisfaction survey, cleaning and safety internal audits and reports from the chemical supplier are all used to monitor the effectiveness of the cleaning and laundry processes.</p> <p>The laundry and cleaning is conducted by the care and support staff. A daily task list of cleaning and laundry duties was sighted. The staff report they have sufficient time to attend to the care and housekeeping duties.</p> <p>The laundry is equipped with commercial washing and drying equipment. The laundry room is a small space, in which the staff report they can adequately maintain a dirty to clean flow.</p> <p>The residents and family/whānau confirmed satisfaction with the 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 management policies and procedures implemented at the facility guide staff actions in the event of an emergency. There is an emergency plan which includes the approved evacuation scheme. Emergency education and training for staff includes six monthly trial evacuations. All resident areas have smoke alarms and a sprinkler system to meet building code requirements.</p> <p>Emergency supplies and equipment include food and water. Alternative energy and utility sources are available in the event of the main supplies failing and include a civil defence kit, emergency lighting, torches, blankets and a gas cooking facilities. The staff can also use the call bell system to alert other staff that they need emergency assistance. After hours, there are staff on call and an 'emergency</p>

		<p>contact tree' that outlines who the staff can call in an emergency.</p> <p>Call bells are in resident's rooms, ensuites, bathrooms and common area. The residents report that the call bells are answered in an appropriate amount of time.</p> <p>Staff are required to ensure all doors and windows are secured after hours. Common areas of the facility, including the car park have close circuit cameras which can be monitored for security by the manager as required. Staff and residents interviewed confirmed they feel safe always.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>The facility is kept at a suitable temperature throughout the year via gas and electric heating and the opening of doors or windows for ventilation. All resident areas have at least one opening window to provide adequate natural light. The facility was at a comfortable temperature on the day of audit. The residents and family/whānau report satisfaction with the comfort of the facility throughout the different seasons.</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>Janelle Rest Home provides an environment that minimises the risk of infection to residents, staff and visitors by implementing an appropriate infection prevention and control programme. The RN is the infection control coordinator (ICC) and has access to external specialist advice from a GP and DHB infection control specialists when required. A documented role description for the ICC including role and responsibilities is in place.</p> <p>The infection control programme is reviewed annually and is incorporated in the monthly meetings and a review of the education programme is conducted. Staff are made aware of new infections through daily handovers on each shift and in progress notes. The infection control programme is appropriate for the size and complexity of the service.</p> <p>There are processes in place to isolate infectious residents when required. Hand sanitisers and gels are available for staff and visitors to</p>

		use. There have been no outbreaks documented and infection control guidelines are adhered to. Staff interviewed demonstrated an understanding of the infection prevention and control programme.
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	The ICC is responsible for implementing the infection control programme and indicated there are adequate human, physical, and information resources to implement the programme. Infection control reports are discussed at the management quality meetings and monthly staff meetings. The ICC has access to all relevant resident data to undertake surveillance, internal audits and investigations respectively.
<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	The organisation has documented policies and procedures in place that reflect current best practice. Staff were observed to be following the infection control policies and procedures. Staff demonstrated knowledge on the requirements of standard precautions and could locate policies and procedures.
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	Training is conducted by the ICC and other specialist consultants. A record of attendance is maintained and was sighted. The training education information pack is detailed and meets required legislative and current regulations. External contact resources included: GP; laboratories and local district health board.
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	The infection surveillance programme is appropriate for the size and complexity of the organisation. Infection data is collected, monitored and reviewed monthly. The data is collated and analysed to identify any significant trends or common possible causative factors and action plans are instigated. Staff interviewed reported that they are informed of infection rates at monthly staff meetings and through compiled reports. The GP is informed within the required time frame when a

		resident has an infection and appropriate antibiotics are prescribed to combat the infection respectively.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	The restraint minimisation policy provides consistent definitions for restraints and enablers. There was no restraint or enabler use on the day of the audit. All staff receive education regarding restraint minimisation and challenging behaviour. Staff interviewed are aware of the difference between a restraint and an enabler.

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.