

# Remuera Rise Limited - Remuera Rise

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## 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 The DAA Group 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:

<b>Legal entity:</b>	Remuera Rise Limited
<b>Premises audited:</b>	Remuera Rise
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 6 July 2017      End date: 7 July 2017
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	12

# Executive summary of the audit

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## 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

Remuera Rise has a 12-bed care home located within a retirement village. The care home provides rest home and hospital level care.

This re-certification audit was conducted against the Health and Disability Services Standards and the service's aged residential care contract with the district health board. The audit process included review of policy and procedures, the review of residents' and staff files, visual inspection and interviews with management, governance, staff, residents and their relatives and the general practitioner (GP). Feedback from residents, and their family and the GP was positive and confirmed a high level of satisfaction.

There have been no changes to the size or scope of services since the previous audit. There have been changes in governance and a new clinical manager was appointed 12 months ago.

One area requiring improvement is identified at this audit, relating to the integrity of the adverse event reporting system.

## Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Residents and their families are provided with information about the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) and these are respected. Services are provided that support personal privacy, independence, individuality and dignity. Staff interact with residents in a respectful manner.

Open communication between staff, residents and families is promoted, and was confirmed to be effective. There is access to interpreting services if required. Staff provide residents and families with the information they need to make informed choices and give consent.

Residents who identify as Māori have their needs met in a manner that respects their cultural values and beliefs. There was no evidence of abuse, neglect or discrimination.

The service has linkages with a range of specialist health care providers to support best practice and meet resident's needs.

The complaints management system complied with consumer rights legislation and the company's own policies. Each complaint received had been taken seriously, acknowledged in a timely manner, and thoroughly investigated. Communication between parties and outcomes from complaint investigations were recorded. Residents and relatives confirmed they had been informed about the complaint management process and felt supported to raise any concerns.

## 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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Organisational structures and processes are monitored regularly by the management and board of directors. The clinical manager is suitably qualified and experienced to run the service. The clinical manager is supported by the clinical and non-clinical staff and the wider retirement village management team.

Remuera Rise has a robust documented and implemented quality and risk management system that supports the provision of clinical care and support. Policies and procedures are developed by an aged care consultancy service and reviewed by the management team at least biannually. Quality and risk performance is reported through staff meetings, as well as being monitored by the board. Review of service delivery includes incidents/accidents, infections, complaints and reports from the internal audit programme.

The adverse event reporting system is planned and coordinated with staff documenting and reporting adverse, unplanned or untoward events.

Systems for human resources management are well established. There are adequate staff numbers each shift to meet the residents' needs at the various levels of care. The education programme for all staff is available and planned for the year. Staff education is encouraged.

Consumer information is being managed appropriately and in accordance with regulatory and legislative requirements

## Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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Access to the facility is appropriate and efficiently managed with relevant information provided to the potential resident/family.

The multidisciplinary team, including a registered nurse and general practitioner, assess residents' needs on admission. Care plans are individualised, based on a comprehensive range of information and accommodate any new problems that might arise. Files reviewed demonstrated that the care provided and needs of residents are reviewed and evaluated on a regular and timely basis. Residents are referred or transferred to other health services as required.

The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community.

Medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with special needs catered for. Food is safely managed. Residents verified satisfaction with meals.

## 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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Management of waste and hazardous substances is safe and meets regulatory requirements.

There is a current building warrant of fitness. There have been no changes to the layout of the building that has required review of the approved evacuation scheme. Trial fire evacuations are occurring every six months.

Bedrooms, bathrooms and personal spaces are spacious and disability accessible. Residents and their families were satisfied with the dining and recreational spaces provided. Preventative and reactive building and equipment maintenance is carried out or overseen by maintenance personnel.

Laundry and cleaning services are safe, hygienic and effective.

Fully equipped civil defence kits and emergency equipment are stored on site. These and the emergency management plans are suitable and sufficient for the size and scope of the service.

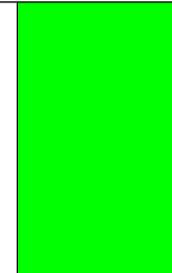
## Restraint minimisation and safe practice

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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Remuera Rise has not used a restraint intervention since the previous audit. There were no enablers in use during the audit days. Policies and ongoing education ensures that staff understand the requirements of the standard and the implications of restraint and enabler use.

## Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.



Standards applicable to this service fully attained.

The infection prevention and control programme, led by an experienced and trained infection control coordinator, aims to prevent and manage infections. The programme is reviewed annually. Specialist infection prevention and control advice is accessed when needed.

Staff demonstrated good principles and practice around infection control, which is guided by relevant policies and supported with regular education.

Aged care specific infection surveillance is undertaken, and results reported through all levels of the organisation. Follow-up action is taken as and when required.

## 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)
<b>Standards</b>	0	44	0	1	0	0	0
<b>Criteria</b>	0	92	0	1	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	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>Remuera Rise Care home has developed policies, procedures and processes to meet its obligations in relation to the Code of Health and Disability Services Consumers' Rights (the Code). Staff interviewed understood the requirements of the Code and were observed demonstrating respectful communication, encouraging independence, providing options, and maintaining dignity and privacy. Training on the Code is included as part of the orientation process for all staff employed and in ongoing training, as was verified in training records.</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. Clinical files reviewed show that informed consent has been gained appropriately using the organisation's standard consent form. Advance care planning, 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. 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>During the admission process, residents are given a copy of the Code, which also includes information on the Advocacy Service. Posters and brochures related to the Advocacy Service were also displayed and available in the care home. Family members and residents spoken with were aware of the Advocacy Service, how to access this and their right to have support persons. Staff and the acting clinical manager provided examples of the involvement of Advocacy Services.</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>Residents are assisted to maximise their potential for self-help and to maintain links with their family and the community by attending a variety of organised outings, visits, shopping trips, activities, and entertainment. The facility has unrestricted visiting hours and encourages visits from residents' families and friends. Family members interviewed stated they felt welcome when they visited and comfortable in their dealings with staff.</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 register, internal audits and review of complaints received in 2016-2017 showed that complaints are managed within policy time frames and comply with Right 10 of the Code. The three complaints logged since April 2016, have been resolved to the satisfaction of all parties. Interview with a resident and a family member who's other family member recently raised a concern, confirmed that the complaint process is fair to all parties. They felt safe and encouraged to provide feedback. Complaints forms are on display at the reception area. Information about complaints is provided at admission and residents and families are advised about the availability of advocacy and support.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) as part of the admission information provided and discussion with staff. The Code is displayed the main foyer area together with information on advocacy services, how to make a complaint and feedback forms.</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</p>	FA	<p>Residents and families confirmed that they receive services in a manner that has regard for their dignity, privacy, sexuality, spirituality and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room. Residents are encouraged to maintain their independence by continuing to attend activities, participation in community groups of their choosing. Care plans included documentation related to the resident's abilities, and strategies to maximise independence.</p>

dignity, privacy, and independence.		<p>Records reviewed confirmed that each resident's individual cultural, religious and social needs, values and beliefs had been identified, documented and incorporated into their care plan.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Education on abuse and neglect was confirmed to occur during orientation and annually.</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>Staff support residents in the service who identify as Māori to integrate their cultural values and beliefs. The principles of the Treaty of Waitangi are incorporated into day to day practice, as is the importance of whānau. There is a current Māori health plan developed with input from cultural advisers. Guidance on tikanga best practice is available and is supported by staff who identify as Māori in the care home.</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>Residents verified that they were consulted on their individual culture, values and beliefs and that staff respected these. Resident's personal preferences, required interventions and special needs were included in care plans reviewed and activities provided.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>Residents and family members interviewed stated that residents were free from any type of discrimination, harassment or exploitation and felt safe. The induction process for staff includes education related to professional boundaries, expected behaviours and the Code of Conduct. All registered nurses have records of completion of the required training on professional boundaries. Staff are guided by policies and procedures and demonstrated a clear understanding of the process they would follow, should they suspect any form of exploitation.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>The service encourages and promotes good practice through evidence based policies, input from external specialist services and allied health professionals, for example, hospice/palliative care team, diabetes nurse specialist, wound care specialist and mental health services for older persons, and education of staff. The general practitioner (GP) confirmed the service sought prompt and appropriate</p>

		<p>medical intervention when required and were responsive to medical requests.</p> <p>Staff reported they receive management support for external education and access their own professional networks to support contemporary good practice.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Residents and family members stated they were kept well informed about any changes to their/their relative's status, were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in residents' records reviewed. Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code.</p> <p>Staff know how to access interpreter services, although reported this was rarely required due to all residents being able to speak English, staff being able to provide interpretation as and when needed, and the use of family members.</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>Interview with the executive chair of the board who was appointed in May 2017, revealed some of the current principles within the governing body. These included ensuring that 'residents are central to care', that the business is sustainable and the care home is 'audit ready every day'. One of the articulated values of the company is to get 'better and better at what we do'. There has been a recent realignment within the executive management team and a redefinition of position descriptions to assist in the upholding of the company values. The business plan is current and includes a vision, philosophy and goals. It is regularly reviewed for progress at three monthly board meetings. The scope of services is described as a retirement village with a maximum 12 bed onsite hospital and rest home level care home. The home is consistently full with all beds occupied and there is a waiting list which is frequently reviewed by the clinical manager. Interview with the General Operations Manager confirmed the organisational structure, accountabilities and reporting lines are known and adhered to by all staff.</p> <p>The Clinical Manager (CM) appointed in August 2016, is a registered nurse with a current practising certificate and nine years' experience in aged care. This person is maintaining a nursing portfolio and complying with the ARC agreement by attending ongoing education in subject areas relevant to the manager's role and care of older people.</p> <p>Remuera Rise has contracts to provide rest home and hospital level care. On the day of audit there were ten residents receiving hospital level care and two residents receiving rest home level care.</p>

<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>The Clinical Manager's role is covered by the senior RN with support from the directors, during any planned or unexpected absences. The senior RN has been employed at the care facility for more than three years. This person interviewed has successfully 'acted up' in the CM's role on previous occasions.</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 continues to use an external quality system. The system is regularly updated with best practice policies and procedures and provides benchmarking, quality and risk monitoring. Quality and risk is fully implemented and geared toward continuous quality improvement. Review of meeting minutes and interviews confirmed that care staff and senior management are directly involved and kept updated about quality and risk matters. Internal audits are co-ordinated by the CM. The sighted schedule for 2016-2017, along with internal audits completed to date, demonstrate that all areas of service delivery are monitored, and where deficits are identified, these are addressed by implementing corrective actions.</p> <p>There are clear and easy to understand methods for collecting, analysing and reporting quality data, such as, accident/incidents and other events, internal and external audit outcomes, complaints, infection control events, and health and safety matters. There has been no restraint usage.</p> <p>A review of meeting minutes confirmed that all care issues, including the type and number of adverse events, is discussed in depth. There is an emphasis on minimising and preventing risks to residents. The care staff interviewed confirmed that quality improvement data is shared with them.</p> <p>The Health &amp; Safety Manual includes relevant policies and procedures. The allocated health and safety staff member is the activities coordinator. This person interviewed monitors the environment and practices for hazards or safety concerns and stated they report any matters to the CM and General Operations Manager. Any ongoing hazards are entered in to the hazard register, with corresponding actions to minimise, isolate or eliminate the hazard. These are monitored for effectiveness. The hazard register was observed to be current and updated. Material Safety Data Sheets are available and located in all areas where chemicals are stored. Planned and reactive maintenance and equipment checks and calibration is carried out regularly by the maintenance person and external agencies.</p> <p>The care staff interviewed confirmed the policies and procedures provide appropriate guidance for the service delivery and that they are advised of new or revised policies. A document review confirmed that all policies were current, reference best practice, regulations and legislation and are controlled. The service meets the contractual (ARCC) requirements in regards to quality and risk management.</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>PA Low</p>	<p>The clinical manager understands the responsibilities for essential notifications, including the essential notification of stage three and above pressure injuries. Policy and procedures comply with essential notification reporting as required under section 31. A notification about the change of manager was submitted to the MoH in 2016 and the new chairperson.</p> <p>Adverse events (accidents/incidents and medicine errors) are reported to the CM and entered in to the electronic system. The CM investigates, analyses and collates these into month by month data with actions to address any shortfalls identified. An inaccuracy was identified between what was entered in to the electronic system and what was documented in the resident's hard copy file. This and the absence of detail or sufficient descriptions in a number of the reports entered electronically has raised a corrective action in 1.2.4.3. Although staff interviewed understood their responsibilities and what needs to be reported through the incident/accident management system, the need to write up events in the progress notes and then type in to the electronic system could lead them to take short cuts. If inaccurate data is entered into the electronic system, the analysis of type and frequency of events becomes inaccurate. The accuracy of entries requires monitoring.</p> <p>The family members interviewed confirmed they are notified of any events involving their loved one, and evidence of this was seen in the electronic system. There is evidence that open disclosure about adverse events occurs. There have been no serious or sentinel events since the previous audit with the exception of one fracture. The rate of falls and medicine errors is low, taking into account the acuity and dependency of residents. The CM has implemented a quality initiative to reduce the number of skin tears that occur with or without falls.</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>Six personnel records reviewed contained evidence that qualifications are checked, interview questions and responses are documented, and that referee checks occur prior to employment being offered and confirmed subject to police checks. Copies of all registered health practitioners' (eg, GP, pharmacist, physiotherapist, dietitian) professional membership and current practising certificates were sighted.</p> <p>The orientation programme is comprehensive and specific to the type of services delivered. Interviews with the CM, RNs, HCAs and allied staff, review of personnel records and the annual education programme confirms that regular ongoing training in relevant subject areas is provided. This includes consumer rights, and day to day practices. For example, safe medicines management, personal care/hygiene and skin integrity, infection prevention guidelines, cleaning and laundry, food safety, falls prevention, emergency preparedness, accident incident reporting, restraint and management of challenging behaviours. Three of the five RNS have completed interRAI competency and one more is scheduled to undertake training.</p>

		The personnel records reviewed contained evidence that performance appraisals are being completed annually. .
<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>Staffing levels are based on contractual requirements, safe staffing indicators and the assessed needs of the residents. The clinical manager reports that the allocation and skill mix of the staff is reviewed to ensure the needs of the residents are met. The clinical manager and RN coordinate weekly to ensure there are appropriate staff numbers and skill mix to meet resident's needs. If there are residents who require more complex care or observing, additional staff are rostered.</p> <p>There are at least two staff members on duty each shift and all hold current first aid certificates. Activities, housekeeping and maintenance personnel are employed for sufficient hours each week to meet the work required of them. Interview with the GP confirmed there is 24 hours a day, seven days a week medical cover. This person said that after hours call outs are always for legitimate and urgent matters and that this does not occur frequently. The service contracts a physiotherapist (4 hours a week), mobility therapist (2 days a week), and a podiatrist and dietician as required. Cleaning staff are on site seven days a week and laundry services are provided by the health care assistants. Residents and family members reported there are adequate numbers of staff to meet their, or their family member's needs.</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>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current and integrated with GP and allied health service provider notes. This includes interRAI assessment information entered into the Momentum electronic database. Records were legible with the name and designation of the person making the entry identifiable.</p> <p>Archived records are held securely on site and are readily retrievable using a cataloguing system.</p> <p>Residents' files are held for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is</p>	FA	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Prospective residents and/or their families are encouraged to visit the care home prior to admission and are provided with written information about the service and the admission process. The organisation seeks updated information</p>

<p>facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>		<p>from the NASC and the GP for residents accessing respite care.</p> <p>Family members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed contained completed demographic detail, assessments and signed admission agreements in accordance with contractual requirements. Service charges comply with contractual requirements.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>Exit, discharge or transfer is managed in a planned and co-ordinated manner, with an escort as appropriate. The service uses the DHB's 'yellow envelope' system to facilitate transfer of residents to and from acute care services. There is open communication between all services, the resident and the family. At the time of transition between services, appropriate information is provided for the ongoing management of the resident. All referrals are documented in the progress notes. An example reviewed of a patient transferred to the local acute care facility showed appropriate and expected documentation. Family of the resident reported being kept well informed during the transfer of their relative.</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>The medication management policy is current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>A safe system for medicine management (using an electronic system) was observed on the day of audit. The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the care home in a pre-packaged format from a contracted pharmacy. The RN checks medications against the prescription. All medications sighted were within current use by dates. Clinical pharmacist input is provided weekly.</p> <p>Controlled drugs are stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>The records of temperatures for the medicine fridge and the medication room reviewed were within the recommended range.</p> <p>Good prescribing practices noted include the prescriber's signature and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines met. The required three-monthly GP review is consistently recorded on the medicine chart. Standing orders are used, are current and comply with guidelines.</p>

		<p>There were no residents self-administering medications at the time of audit. Appropriate processes are in place to ensure this is managed in a safe manner.</p> <p>There is an implemented process for comprehensive analysis of any medication errors.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>The food service is provided on site by an external contractor and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and has been reviewed by a qualified dietitian within the last two years. Recommendations made at that time have been implemented.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. The operations manager stated that the service is currently working towards an approved food safety plan. Food temperatures, including for high risk items, are monitored appropriately and recorded as part of the plan. The food services manager has undertaken a safe food handling qualification, with kitchen assistants completing relevant food handling training.</p> <p>A nutritional assessment is undertaken for each resident on admission to the care home and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. Special equipment, to meet resident's nutritional needs, is available.</p> <p>Evidence of resident satisfaction with meals was verified by residents and family members. Residents were seen to be given sufficient time to eat their meal in an unhurried fashion and those requiring assistance had this provided.</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>If a referral is received but the prospective resident does not meet the entry criteria or there is currently no vacancy, the local NASC is advised to ensure the prospective resident and family are supported to find an appropriate care alternative. If the needs of a resident change and they are no longer suitable for the services offered, a referral for reassessment to the NASC is made and a new placement found, in consultation with the resident and whānau/family. Examples of this occurring were discussed. There is a clause in the access agreement related to when a resident's placement can be terminated.</p>
<p>Standard 1.3.4: Assessment</p>	FA	<p>Information is documented using validated nursing assessment tools, such as pain scale, falls risk, skin integrity, nutritional screening and depression scale, as a means to identify any deficits and to inform</p>

<p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>		<p>care planning. The sample of care plans reviewed had an integrated range of resident-related information. Two of 12 residents did not have an up to date interRAI assessment, ever a corrective action plan was in place, and the two interRAI assessments were in draft and being completed on the day of audit. All residents have interRAI assessments completed by one of three trained interRAI assessors on site with another staff member booked in for upcoming training. Residents and families confirmed their involvement in the assessment process.</p>
<p>Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>Plans reviewed reflected the support needs of residents, and the outcomes of the integrated assessment process and other relevant clinical information. The needs identified by the interRAI assessments were reflected in care plans reviewed.</p> <p>Care plans evidence service integration with progress notes, activities notes, and medical and allied health professionals' notations clearly written, informative and relevant. Any change in care required is documented and verbally passed on to relevant staff. Residents and families reported participation in the development and ongoing evaluation of care plans.</p>
<p>Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>Documentation, observations and interviews verified the provision of care provided to residents was consistent with their needs, goals and the plan of care. The attention to meeting a diverse range of resident's individualised needs was evident in all areas of service provision. The GP interviewed, verified that medical input is sought in a timely manner, that medical orders are followed, and care is of a very high standard. Care staff confirmed that care was provided as outlined in the documentation. A range of equipment and resources was available, suited to the level of care provided and in accordance with the residents' needs.</p>
<p>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.</p>	<p>FA</p>	<p>The activities programme is provided by an activity co-ordinator who is currently training as a Diversional Therapist holding the national Certificate in Diversional Therapy.</p> <p>A social assessment and history is undertaken on admission to ascertain residents' needs, interests, abilities and social requirements. Activities assessments are regularly reviewed to help formulate an activities programme that is meaningful to the residents. The resident's activity needs are evaluated three monthly and as part of the formal six-monthly care plan review.</p> <p>Activities reflect residents' goals, ordinary patterns of life and include normal community activities. Individual, group activities and regular events are offered. Residents and families are involved in evaluating and improving the programme through residents' meetings, satisfaction surveys. Residents</p>

		interviewed confirmed they find the programme interactive and relevant.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	Resident care is evaluated on each shift and reported in the progress notes. If any change is noted, it is reported to the RN.  Formal care plan evaluations, occur every six months in conjunction with the six-monthly interRAI reassessment, or as residents' needs change. Where progress is different from expected, the service responds by initiating changes to the plan of care. Examples of short term care plans being consistently reviewed and progress evaluated as clinically indicated were noted for infections and wounds. When necessary, and for unresolved problems, long term care plans are added to and updated. Residents and families interviewed provided examples of involvement in evaluation of progress and any resulting changes.
Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.	FA	Residents are supported to access or seek referral to other health and/or disability service providers. Although the service has a 'house doctor', residents may choose to use another medical practitioner. If the need for other non-urgent services are indicated or requested, the GP or RN sends a referral to seek specialist input. Copies of referrals were sighted in residents' files, including a dietician. The resident and the family are kept informed of the referral process, as verified by documentation and interviews. Any acute/urgent referrals are attended to immediately, such as sending the resident to hospital in an ambulance if the circumstances dictate.
Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.	FA	There are clearly described policies and procedures for the safe handling of waste, infectious or hazardous substances, use of PPE, management of incidents involving infectious material, needle stick injuries, and contact with blood and body substances.  Protective clothing and equipment (PPE) is available (eg, goggles/visors, gloves, aprons, footwear, and masks). Containers of disposable gloves and hand sanitizer liquid are located throughout the facility. There have been no incidents involving waste or hazardous substances and observation and interview with staff on both days of audit demonstrated use of PPE and careful handling, and safe and appropriate storage and disposal of waste.
Standard 1.4.2: Facility	FA	The care home is designed and built to the NZ disability standard. Corridors are wide and safety rails are

<p><b>Specifications</b></p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>		<p>installed at the correct height for safe mobilisation. Automatic opening doors are deliberately slow for older people. The annual building warrant of fitness is current until 31 July 2017 and the process for renewal is underway.</p> <p>Each bedroom room is fitted with an Argo overhead hoist with tracks that lead from bed to bathroom. All other equipment necessary for hospital care is in place and is being checked, calibrated and maintained annually; the most recent check was June 2017. Annual checks include electric beds, the electronic chair scale, suction equipment, nebuliser, and an oxygen concentrator, a standing hoist, blood glucose meters and other medical equipment.</p> <p>There are no changes in floor surface and levels. Carpet and vinyl floor surfaces are easily sanitised and in good condition. The layout of the facility maximises auditory and visual privacy. All external areas are designed to be safe and appropriate for older people. There is access to an enclosed external garden with a safe walkway to the deck/balcony area outside the dining room. All pavement surfaces are at the same level and non-slip, there is safe and adequate seating suitable for older people. Shading and shelter is provided for recreation or evacuation purpose. There have been no changes to the structure of the building.</p>
<p><b>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</b></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>All twelve bedrooms have disability accessible ensuite bathrooms. There are four rooms with a shared ensuite which are occupied by residents of the same gender who agree to share. The fixtures, fittings, floors and wall surfaces are constructed from materials that can be easily cleaned. Each ensuite is designed to allow for use of mobility aids and provide working space for two to three care staff if required. Each bathroom has adequate systems for heating and ventilation, a high-rise toilet, showers with flexible shower heads and easy to operate mixers, and a hand basin and vanity with sufficient storage. Approved grab rails are appropriately secured. There are new commode shower chairs in each bathroom. Maintenance staff carry out monthly hot water temperature checks and records show that temperatures are all below 45 degrees centigrade.</p> <p>Additional staff and visitors' toilets are readily accessible.</p>
<p><b>Standard 1.4.4: Personal Space/Bed Areas</b></p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>Each bedroom is fully furnished with a wide single high/low electric bed, a reclining arm chair, an additional chair and a lockable bedside cabinet. Access is through double doors which are wide enough to accommodate the standing hoist. There is plenty of space for manoeuvring with all the furniture in place. Each room has a large built in wardrobe with shelving and drawers. There are sufficient and conveniently located power points and telephone jack points. There is a flexible hinged reading lamp above each bed. Flat screen televisions are installed in each room. All rooms have large opening windows and curtains for privacy, including curtains around the bed and across the viewing pane in the</p>

		door.
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>One large common room contains dining and lounge furniture sufficient for 12 residents and their guests. Group recreational activities occur here or are provided one to one in bedrooms. The common room is within easy walking area to all bedrooms. Residents and family and staff interviewed were satisfied with the layout, space, furniture and fittings provided in the communal areas.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>Housekeeping staff are employed for four hours seven days a week. Interview with a person employed in the role, inspection of the environment, chemical storage areas and systems in place confirmed that cleaning services are safe, effective and provided to a high standard. Chemicals are decanted into marked containers and stored securely when not in use. The health care assistants on all shifts are responsible for completing laundry tasks. All staff have completed safe handling of chemicals. Regular audits and satisfaction surveys about cleaning and laundry are carried out to monitor adherence to policy and process and review effectiveness. There have been no incidents or complaints related to cleaning or laundry, Residents and family expressed satisfaction with the services provided.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>Policies and procedures for security and emergencies such as fire, earthquakes, flood, gas leak, loss of water or electricity, clearly describe protocols to follow. There are separate policies for resident emergencies, such as, choking, poisoning, burns and allergies. Apart from medical emergencies, there have been no natural or civil emergencies.</p> <p>The building has emergency backup lighting and a generator system for power outages which lasts for 36 hours. The two civil defence boxes, fire evacuation kit and resident register contain up to date information and appropriate equipment and supplies supply for a maximum of 12 residents. Sufficient food and water is stored on site. Village residents are instructed to provide for themselves.</p> <p>Fire suppression systems such as sprinklers, fire hoses and extinguishers and the exits are checked monthly by an externally contracted provider. Fire proof doors close, voice commands initiate and emergency response teams are notified when an alarm is activated. The call bell system tested was functional and staff responded within a minute. The residents interviewed confirmed that staff attend to call bells promptly. The calls register on an electrical board located opposite the reception desk/nurses'</p>

		<p>station. Emergency calls are linked to the rest of the building to alert all available staff.</p> <p>Training and education in responding to emergency situations are part of the orientation process when staff commence employment. Staff interviews confirmed knowledge and understanding about emergency, security and fire safety procedures.</p> <p>The fire evacuation scheme was approved by NZ Fire services in June 2013 and fire drills occur six monthly. Records show the most recent trials happened on 26 January 2017 and 20 July 2016.</p> <p>Building security is effective with in built camera monitoring and intercom system. The front door is locked at night and access to the care facility, individual apartments and the rest of the building, is by intercom access and/or swipe cards. There have been no security incidents in the past two years. The major incidents emergency plan and security arrangements meet the ARCC requirements.</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>There is a gas fired central heating system installed throughout the building. Heat is provided by vents to communal areas and bedrooms. There are temperature control systems in each bedroom for residents to adjust individual room temperatures. All resident areas have windows and/or external opening glass doors which provide adequate ventilation. Residents, family members and staff interviewed stated that building temperatures and ventilation/fresh air flow is safe and comfortable.</p> <p>This meets the ARCC requirements.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The service implements an infection prevention and control (IPC) programme to minimise the risk of infection to residents, staff and visitors. The programme is guided by a comprehensive and current infection control manual, with input from an external service. The infection control programme and manual are reviewed annually.</p> <p>The senior registered nurse is the designated IPC coordinator, whose role and responsibilities are defined in a job description. Infection control matters, including surveillance results, are reported monthly to the care home manager and tabled at the infection control and quality/risk committee meetings. This committee includes the care home manager, IPC coordinator, the health and safety officer, and representatives from food services and household management.</p> <p>Signage at the main entrance to the facility requests anyone who is, or has been unwell in the past 48 hours, not to enter the care home. The infection control manual provides guidance for staff about how long they must stay away from work if they have been unwell. Staff interviewed understood these responsibilities.</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 IPC coordinator has appropriate skills, knowledge and qualifications for the role, and has been in this role for two months. She has undertaken training in infection prevention and control and attended relevant study days, as verified in training records sighted. Additional support and information is accessed from the infection control team at the DHB, the community laboratory, the GP and public health unit, as required. The coordinator has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections.</p> <p>The IPC coordinator confirmed the availability of resources to support the programme and any outbreak of an infection.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>The infection prevention and control policies reflect the requirements of the infection prevention and control standard and current accepted good practice. Policies were last reviewed in May 2017 and include appropriate referencing.</p> <p>Care delivery, cleaning, laundry and kitchen staff were observed following organisational policies, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing and sanitiser dispensers are readily available around the facility. Staff interviewed verified knowledge of infection control policies and practices.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>Interviews, observation and documentation verified staff have received education in infection prevention and control at orientation and ongoing education sessions. Education is provided by suitably qualified RNs, and the IPC coordinator. Content of the training is documented and evaluated to ensure it is relevant, current and understood. A record of attendance is maintained.</p> <p>Education with residents is generally on a one-to-one basis and has included reminders about handwashing, advice about remaining in their room if they are unwell, and increasing fluids during hot weather.</p>

<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>Surveillance is appropriate to that recommended for long term care homes and includes infections of the urinary tract, soft tissue, fungal, eye, gastro-intestinal, the upper and lower respiratory tract. The IPC coordinator reviews all reported infections and these are documented. New infections and any required management plan are discussed at handover, to ensure early intervention occurs.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff via regular staff meetings and at staff handovers. Graphs are produced that identify trends for the current year, and comparisons against previous years and this is reported to the clinical manager/quality, IPC committee and board members. Data is benchmarked externally with other aged care providers. Benchmarking has provided assurance that infection rates in the care home are below average for the sector.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>There have been no restraint interventions since the previous audit and no enablers were in use on the days of audit. Interview with the restraint coordinator and review of meeting minutes confirmed that policies are current and staff attend ongoing education. The RNs and HCAs interviewed understood the requirements of the standard and the implications of restraint and enabler use.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.4.3</p> <p>The service provider documents adverse, unplanned, or untoward events including service shortfalls in order to identify opportunities to improve service delivery, and to identify and manage risk.</p>	PA Low	<p>An adverse event had been incorrectly entered in to the system, which meant the hard copy version of the event did not match the electronic copy. This was confirmed by interview with the RN, CM and comparison of resident files with the database.</p> <p>Review of a sample of other events from 2016-2017 revealed that there is not always sufficient detail to describe the event, its short and long term impact on the resident and the outcome of the investigation.</p>	The integrity of the adverse events database and its ability to correctly report trends and/or benchmark with other service provider's events data, is compromised by inaccurate or incomplete data entry.	<p>Ensure all adverse events are entered accurately into the system and that the event is described in enough detail to provide an auditable record.</p> <p>180 days</p>

## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.