**Good Future Auckland Limited**

**Current Status:** **18-Sep-13**

**The following summary has been accepted by the Ministry of Health as being an accurate reflection of the** **Certification audit conducted against the Health and Disability Services Standards – NZS8134.1:2008; NZS8134.2:2008 & NZS8134.3:2008 on the audit date(s) specified.**

**General overview**

New Windsor Rest Home is owned and operated by Good Future Auckland Ltd. There are two owner/directors one of whom is the day to day manager of the facility and the other is the financial director. The service offers rest home level care up to 27 residents. The service commenced operation in 27 May 2013. There is a quality and risk management programme which is established and implemented for this service. The occupancy is now eleven residents. A registered nurse is overseeing each admission and ensuring the admission assessments and care plan reflects the needs of each individual resident. Experienced care staff have been employed and the manager and assistant manager are experienced in the aged care sector. The rest home is especially for Asian residents and most staff speak Cantonese and Mandarin.

**Audit Summary AS AT** **18-Sep-13**

Standards have been assessed and summarised below:

**Key**

| **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 |
|  | 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 |
|  | 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 |

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| **Consumer Rights** | Day of Audit18-Sep-13 | Assessment |
| 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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| **Organisational Management** | Day of Audit18-Sep-13 | Assessment |
| 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. |  | **Standards applicable to this service fully attained** |

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| **Continuum of Service Delivery** | Day of Audit18-Sep-13 | Assessment |
| 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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| **Safe and Appropriate Environment** | Day of Audit18-Sep-13 | Assessment |
| 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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| **Restraint Minimisation and Safe Practice** | Day of Audit18-Sep-13 | Assessment |
| 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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| **Infection Prevention and Control** | Day of Audit18-Sep-13 | Assessment |
| 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** |

**Audit Results AS AT** **18-Sep-13**

**Consumer Rights**

The Code of Health and Disability Services Consumers' Rights ( the Code) is clearly displayed and available in other languages inclusive of Mandarin and Cantonese. The majority of residents at this rest home are of Chinese descent. Interpreting services are available. Respect and privacy is maintained. Cultural values and beliefs are taken into consideration at all stages of service delivery. All service providers receive relevant education to ensure services are delivered in a manner that recognises and meets the values, needs and wishes of each resident. Resident/family feedback confirms service delivery meets the requirements of the Code. The documented and implemented service policy for open disclosure and transparency is evident.

The service undertakes the complaints process in a manner that complies with Right 10 of the Code. A complaints register is maintained by the manager of this service. There are no complaints received that are outstanding at the time of this audit. Complaints will be used to improve the quality of service delivery.

**Organisational Management**

Systems are developed and implemented which define the scope, direction and goals of the organisation and the monitoring and reporting processes. A quality consultant is contracted to provide advice and undertakes quarterly service reviews and educates the staff for the requirements for benchmarking this service. The full time facility manager is responsible for the ovedrall service delivery, business administration, quality systems and human resource management. The service has quality and risk management inclusive of a business plan to work towards achieving the goals set. There is a business plan dated 2013 to 2015. An audit schedule is being implemented and an adverse event reporting system is a planned and co-ordinated process. There is extensive list of policies and procedures documented and implemented for all aspects of service delivery and organisational management.

The human resources management system provides the implementation of appropriate employment of staff and on-going training processes. There is a clearly documented rationale for determining service provider and skill mix in order to provide safe service delivery as the number of residents increases. The ADHB service agreements for staffing are currently met. Staff employed are very experienced in the aged care sector. A registered nurse is employed to cover the required hours and this will increase as the number of residents increases. There is an appropriate resident register for managing resident information and appropriate storage is available as well as archiving storage for the future.

**Continuum of Service Delivery**

 Residents who enter the resthome are assessed by the Needs Assessment and Service Coordination agency. Service information is available for residents, their families and referral agencies. Admission assessments and care plans are completed by a registered nurse (RN) in a timely manner. Residents' care plans are individualised, up-to-date and reflect current service delivery requirements for each resident. Care plans are evaluated six monthly and are signed off by the RN. Residents are reviewed within set timeframes by the RN and general practitioner (GP). Services are planned and co-ordinated. Appropriate service is delivered by competent staff who are trained according to their role.

The activities programme supports the interests, needs and strengths of residents. Residents interviewed confirm they participate in the programme, and they also carry out self- directed activities. There is evidence of activity plans for residents developed, implemented and evaluated. Activity assessment is undertaken in consultation with the resident and family.

An appropriate medicine management system is implemented. Medication policies, procedures and guidelines available to staff clearly document the providers responsibilities in relation to each stage of medicine management. The registered nurse is responsible for the overall management of residents medications and care staff are responsible for the administration of medicines and have current medication competencies. Medication files reviewed evidenced photo identification, legible prescriptions, complete signing of charts and records the residents' allergies/sensitivities and three monthly medication reviews completed by the general practitioner. There is a process where residents that choose to self-medicate have their competency assessed on a regular basis by the RN and GP.

Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs are being met. Resident's individual needs are identified on admission, documented in nutrition profiles, and reviewed at least six monthly. Residents' nutritional needs, likes, dislikes and allergies are communicated to the kitchen staff. Residents' nutritional needs are provided by kitchen staff trained in food safety. The Chinese menus are reviewed by a dietician.

**Safe and Appropriate Environment**

New Windsor rest home has a current Building Warrant of Fitness and approval was received from the fire service for the fire evacuation plan prior to opening this service. A fire drill was performed and another is scheduled for November 2013. The new owners have completely re-decorated the facility, including new carpet, new vinyl, a new kitchen, new bedding and linen. There are three double rooms, two of which are occupied. There are seven single rooms which are occupied. The remaining rooms are fully decorated and ready for occupation. All rooms have either ensuite bathrooms or are in close proximity to bathrooms and toilets. Privacy is maintained. There is a large open plan lounge and dining room which has comfortable chairs and dining tables and chairs in the dining room.

Equipment and resources are readily available for any emergency situation and these are checked on a regular basis. There are two external courtyards that can be safely accessed by residents. Outdoor furniture is being purchased for these two areas for use in the warmer, summer months. Appropriate fencing is around the property and the two courtyards. All staff have been trained in first aid. The wireless call system is working effectively.

The cleaning and laundry has been managed by the caregivers and managed well. A cleaner has recently been employed to undertake this role. Training is being provided. There is adequate space in the laundry and processes are followed for clean and dirty flow to occur.

**Restraint Minimisation and Safe Practice**

The service has clearly described restraint minimisation and safe practice policy and processes which comply with the standard. There are no restraints or enablers in use. Training is provided at orientation and is ongoing and documented in the training schedule reviewed. Staff interviewed have a good understanding of what constitutes an enabler and that this is a voluntary decision of the resident/family for safety and/or to promote independence.

**Infection Prevention and Control**

The provider demonstrates its commitment to ensuring there is a managed environment which minimises the risk of infection to residents, staff and visitors. This is achieved through the implementation of an appropriate infection prevention and control programme that meets legislative and contractual requirements and good practice standards relevant to the size and scope of the service. The infection control policies and procedures are documented and include all required content. Infection prevention and control practices are monitored by the infection control coordinator (RN).

Review of documentation provides evidence the surveillance reporting process in place is applicable to the size and complexity of the organization. All staff receive infection prevention and control education at orientation and as part of the on-going education programme delivered by the Healthcare Help consultant.

New Windsor Aged Care

Good Future Auckland Ltd

Certification audit - Audit Report

Audit Date: 18-Sep-13

Audit Report

To: HealthCERT, Ministry of Health

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| **Provider Name** | Good Future Auckland Ltd t/a New Windsor Aged Care |

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| --- | --- | --- | --- |
| **Premise Name** | **Street Address** | **Suburb** | **City** |
| New Windsor Aged Care | 103 Tiverton Road | New Windsor | Auckland |

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| **Proposed changes of current services** (*e.g. reconfiguration*)**:** |
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| **Type of Audit** | Certification audit and (*if applicable*)  |
| **Date(s) of Audit** | **Start Date:** 18-Sep-13 **End Date:** 19-Sep-13 |
| **Designated Auditing Agency** | HealthShare Limited |

# Audit Team

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Audit Team | Name | Qualification | Auditor Hours on site | Auditor Hours off site | Auditor Dates on site |
| Lead Auditor | XXXXXXXX | RN, RM, (Current APCs) PG Dip HSM, PG Cert Neuro-surgery & NZQA 8086 Lead Auditor  | 16.00 | 8.00 | 18-Sept-13 to 19-Sept-13 |
| Auditor 1 | XXXXXXXX | RN with APC, B.Nursing, RABQSA | 16.00 | 8.00 | 18-Sept-13 to 19-Sept-13 |
| Auditor 2 |       |       |       |       |       |
| Auditor 3 |       |       |       |       |       |
| Auditor 4 |       |       |       |       |       |
| Auditor 5 |       |       |       |       |       |
| Auditor 6 |       |       |       |       |       |
| Clinical Expert |       |       |       |       |       |
| Technical Expert |       |       |       |       |       |
| Consumer Auditor |       |       |       |       |       |
| Peer Review Auditor | XXXXXXXX | MBA, MN, B Ed, Adv Dip Child and Family, RGON, Dip Tchg Lead auditor |       | 4.00 |       |

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| --- | --- | --- | --- | --- | --- |
| **Total Audit Hours on site** | 32.00 | **Total Audit Hours off site** *(system generated)* | 20.00 | **Total Audit Hours** | 52.00 |
| **Staff Records Reviewed** | 5 of 9 | **Client Records Reviewed** *(numeric)* | 5 of 11 | **Number of Client Records Reviewed using Tracer Methodology** | 1of 5 |
| **Staff Interviewed** | 5 of 9 | **Management Interviewed** *(numeric)* | 2 of 3 | **Relatives Interviewed** *(numeric)* | 2 |
| **Consumers Interviewed** | 4 of 11 | **Number of Medication Records Reviewed** | 11 of 11 | **GP’s Interviewed (aged residential care and residential disability)** *(numeric)* | 1 |

# Declaration

I, (full name of agent or employee of the company) XXXXXXXX (occupation) Healthshare Limited of (place) Hamilton hereby submit this audit report pursuant to section 36 of the Health and Disability Services (Safety) Act 2001 on behalf ofHealthShare Limited, an auditing agency designated under section 32 of the Act.

I confirm that HealthShare Limitedhas in place effective arrangements to avoid or manage any conflicts of interest that may arise.

Dated this 9 day of October 2013

Please check the box below to indicate that you are a DAA delegated authority, and agree to the terms in the Declaration section of this document.

This also indicates that you have finished editing the document and have updated the Summary of Attainment and CAR sections using the instructions at the bottom of this page.

Click here to indicate that you have provided all the information that is relevant to the audit: 🗷

The audit summary has been developed in consultation with the provider: 🗷

Electronic Sign Off from a DAA delegated authority (*click here*): 🗷

# Services and Capacity

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| --- | --- | --- | --- | --- |
|  |  |  |  | **Kinds of services certified** |
|  |  |  | Hospital Care | Rest Home Care | Residential Disability Care |
| **Premise Name** | **Total Number of Beds** | **Number of Beds Occupied on Day of Audit** | **Number of Swing Beds for Aged Residen-tial Care** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| New Windsor Aged Care | 27 | 11 | 0 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🗷 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
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Executive Summary of Audit

General Overview

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1.1 Consumer Rights

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2 Restraint Minimisation and Safe Practice

The service has clearly described restraint minimisation and safe practice policy and processes which comply with the standard. There are no restraints or enablers in use. Training is provided at orientation and is ongoing and documented in the training schedule reviewed. Staff interviewed have a good understanding of what constitutes an enabler and that this is a voluntary decision of the resident/family for safety and/or to promote independence.

3. Infection Prevention and Control

The provider demonstrates its commitment to ensuring there is a managed environment which minimises the risk of infection to residents, staff and visitors. This is achieved through the implementation of an appropriate infection prevention and control programme that meets legislative and contractual requirements and good practice standards relevant to the size and scope of the service. The infection control policies and procedures are documented and include all required content. Infection prevention and control practices are monitored by the infection control coordinator (RN).

Review of documentation provides evidence the surveillance reporting process in place is applicable to the size and complexity of the organization. All staff receive infection prevention and control education at orientation and as part of the on-going education programme delivered by the Healthcare Help consultant.

Summary of Attainment

* 1. Consumer Rights

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Attainment** | **CI** | **FA** | **PA** | **UA** | **NA** | **of** |
| Standard 1.1.1 | Consumer rights during service delivery | FA | 0 | 1 | 0 | 0 | 0 | 1 |
| Standard 1.1.2 | Consumer rights during service delivery | FA | 0 | 2 | 0 | 0 | 0 | 4 |
| Standard 1.1.3 | Independence, personal privacy, dignity and respect | FA | 0 | 4 | 0 | 0 | 0 | 7 |
| Standard 1.1.4 | Recognition of Māori values and beliefs | FA | 0 | 3 | 0 | 0 | 0 | 7 |
| Standard 1.1.5 | Recognition of Pacific values and beliefs |   | 0 | 0 | 0 | 0 | 0 | 2 |
| Standard 1.1.6 | Recognition and respect of the individual’s culture, values, and beliefs | FA | 0 | 1 | 0 | 0 | 0 | 2 |
| Standard 1.1.7 | Discrimination | FA | 0 | 1 | 0 | 0 | 0 | 5 |
| Standard 1.1.8 | Good practice | FA | 0 | 1 | 0 | 0 | 0 | 1 |
| Standard 1.1.9 | Communication | FA | 0 | 2 | 0 | 0 | 0 | 4 |
| Standard 1.1.10 | Informed consent | FA | 0 | 3 | 0 | 0 | 0 | 9 |
| Standard 1.1.11 | Advocacy and support | FA | 0 | 1 | 0 | 0 | 0 | 3 |
| Standard 1.1.12 | Links with family/whānau and other community resources | FA | 0 | 2 | 0 | 0 | 0 | 2 |
| Standard 1.1.13 | Complaints management | FA | 0 | 2 | 0 | 0 | 0 | 3 |

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| Consumer Rights Standards (of 12): N/A:0 CI:0 FA: 12 PA Neg: 0 PA Low: 0 PA Mod: 0 PA High: 0 PA Crit: 0 UA Neg: 0 UA Low: 0 UA Mod: 0 UA High: 0 UA Crit: 0Criteria (of 48): CI:0 FA:23 PA:0 UA:0 NA: 0 |

* 1. Organisational Management

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Attainment** | **CI** | **FA** | **PA** | **UA** | **NA** | **of** |
| Standard 1.2.1 | Governance | FA | 0 | 2 | 0 | 0 | 0 | 3 |
| Standard 1.2.2 | Service Management | FA | 0 | 1 | 0 | 0 | 0 | 2 |
| Standard 1.2.3 | Quality and Risk Management Systems | FA | 0 | 8 | 0 | 0 | 0 | 9 |
| Standard 1.2.4 | Adverse event reporting | FA | 0 | 2 | 0 | 0 | 0 | 4 |
| Standard 1.2.5 | Consumer participation |   | 0 | 0 | 0 | 0 | 0 | 5 |
| Standard 1.2.6 | Family/whānau participation |   | 0 | 0 | 0 | 0 | 0 | 3 |
| Standard 1.2.7 | Human resource management | FA | 0 | 4 | 0 | 0 | 0 | 5 |
| Standard 1.2.8 | Service provider availability | FA | 0 | 1 | 0 | 0 | 0 | 1 |
| Standard 1.2.9 | Consumer information management systems | FA | 0 | 4 | 0 | 0 | 0 | 10 |

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| Organisational Management Standards (of 7): N/A:0 CI:0 FA: 7 PA Neg: 0 PA Low: 0 PA Mod: 0 PA High: 0 PA Crit: 0 UA Neg: 0 UA Low: 0 UA Mod: 0 UA High: 0 UA Crit: 0Criteria (of 34): CI:0 FA:22 PA:0 UA:0 NA: 0 |

* 1. Continuum of Service Delivery

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Attainment** | **CI** | **FA** | **PA** | **UA** | **NA** | **of** |
| Standard 1.3.1 | Entry to services | FA | 0 | 1 | 0 | 0 | 0 | 5 |
| Standard 1.3.2 | Declining referral/entry to services | FA | 0 | 1 | 0 | 0 | 0 | 2 |
| Standard 1.3.3 | Service provision requirements | FA | 0 | 3 | 0 | 0 | 0 | 6 |
| Standard 1.3.4 | Assessment | FA | 0 | 1 | 0 | 0 | 0 | 5 |
| Standard 1.3.5 | Planning | FA | 0 | 2 | 0 | 0 | 0 | 5 |
| Standard 1.3.6 | Service delivery / interventions | FA | 0 | 1 | 0 | 0 | 0 | 5 |
| Standard 1.3.7 | Planned activities | FA | 0 | 1 | 0 | 0 | 0 | 3 |
| Standard 1.3.8 | Evaluation | FA | 0 | 2 | 0 | 0 | 0 | 4 |
| Standard 1.3.9 | Referral to other health and disability services (internal and external) | FA | 0 | 1 | 0 | 0 | 0 | 2 |
| Standard 1.3.10 | Transition, exit, discharge, or transfer | FA | 0 | 1 | 0 | 0 | 0 | 2 |
| Standard 1.3.11 | Use of electroconvulsive therapy (ECT) |   | 0 | 0 | 0 | 0 | 0 | 4 |
| Standard 1.3.12 | Medicine management | FA | 0 | 4 | 0 | 0 | 0 | 7 |
| Standard 1.3.13 | Nutrition, safe food, and fluid management | FA | 0 | 3 | 0 | 0 | 0 | 5 |

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| Continuum of Service Delivery Standards (of 12): N/A:0 CI:0 FA: 12 PA Neg: 0 PA Low: 0 PA Mod: 0 PA High: 0 PA Crit: 0 UA Neg: 0 UA Low: 0 UA Mod: 0 UA High: 0 UA Crit: 0Criteria (of 51): CI:0 FA:21 PA:0 UA:0 NA: 0 |

* 1. Safe and Appropriate Environment

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|  |  | **Attainment** | **CI** | **FA** | **PA** | **UA** | **NA** | **of** |
| Standard 1.4.1 | Management of waste and hazardous substances | FA | 0 | 2 | 0 | 0 | 0 | 6 |
| Standard 1.4.2 | Facility specifications | FA | 0 | 3 | 0 | 0 | 0 | 7 |
| Standard 1.4.3 | Toilet, shower, and bathing facilities | FA | 0 | 1 | 0 | 0 | 0 | 5 |
| Standard 1.4.4 | Personal space/bed areas | FA | 0 | 1 | 0 | 0 | 0 | 2 |
| Standard 1.4.5 | Communal areas for entertainment, recreation, and dining | FA | 0 | 1 | 0 | 0 | 0 | 3 |
| Standard 1.4.6 | Cleaning and laundry services | FA | 0 | 2 | 0 | 0 | 0 | 3 |
| Standard 1.4.7 | Essential, emergency, and security systems | FA | 0 | 5 | 0 | 0 | 0 | 7 |
| Standard 1.4.8 | Natural light, ventilation, and heating | FA | 0 | 2 | 0 | 0 | 0 | 3 |

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| Safe and Appropriate Environment Standards (of 8): N/A:0 CI:0 FA: 8 PA Neg: 0 PA Low: 0 PA Mod: 0 PA High: 0 PA Crit: 0 UA Neg: 0 UA Low: 0 UA Mod: 0 UA High: 0 UA Crit: 0Criteria (of 36): CI:0 FA:17 PA:0 UA:0 NA: 0 |

1. Restraint Minimisation and Safe Practice

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|  |  | **Attainment** | **CI** | **FA** | **PA** | **UA** | **NA** | **of** |
| Standard 2.1.1 | Restraint minimisation | FA | 0 | 1 | 0 | 0 | 0 | 6 |
| Standard 2.2.1 | Restraint approval and processes | Not Applicable | 0 | 0 | 0 | 0 | 0 | 3 |
| Standard 2.2.2 | Assessment | Not Applicable | 0 | 0 | 0 | 0 | 0 | 2 |
| Standard 2.2.3 | Safe restraint use | Not Applicable | 0 | 0 | 0 | 0 | 0 | 6 |
| Standard 2.2.4 | Evaluation | Not Applicable | 0 | 0 | 0 | 0 | 0 | 3 |
| Standard 2.2.5 | Restraint monitoring and quality review | Not Applicable | 0 | 0 | 0 | 0 | 0 | 1 |
| Standard 2.3.1 | Safe seclusion use |   | 0 | 0 | 0 | 0 | 0 | 5 |
| Standard 2.3.2 | Approved seclusion rooms |   | 0 | 0 | 0 | 0 | 0 | 4 |

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| Restraint Minimisation and Safe Practice Standards (of 6): N/A: 5 CI:0 FA: 1 PA Neg: 0 PA Low: 0 PA Mod: 0 PA High: 0 PA Crit: 0 UA Neg: 0 UA Low: 0 UA Mod: 0 UA High: 0 UA Crit: 0Criteria (of 21): CI:0 FA:1 PA:0 UA:0 NA: 0 |

1. Infection Prevention and Control

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Attainment** | **CI** | **FA** | **PA** | **UA** | **NA** | **of** |
| Standard 3.1 | Infection control management | FA | 0 | 3 | 0 | 0 | 0 | 9 |
| Standard 3.2 | Implementing the infection control programme | FA | 0 | 1 | 0 | 0 | 0 | 4 |
| Standard 3.3 | Policies and procedures | FA | 0 | 1 | 0 | 0 | 0 | 3 |
| Standard 3.4 | Education | FA | 0 | 2 | 0 | 0 | 0 | 5 |
| Standard 3.5 | Surveillance | FA | 0 | 2 | 0 | 0 | 0 | 8 |
| Standard 3.6 | Antimicrobial usage |   | 0 | 0 | 0 | 0 | 0 | 5 |

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| --- |
| Infection Prevention and Control Standards (of 5): N/A: 0 CI:0 FA: 5 PA Neg: 0 PA Low: 0 PA Mod: 0 PA High: 0 PA Crit: 0 UA Neg: 0 UA Low: 0 UA Mod: 0 UA High: 0 UA Crit: 0Criteria (of 29): CI:0 FA:9 PA:0 UA:0 NA: 0 |

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| --- |
| **Total Standards (of 50) N/A:** 5 **CI:** 0 **FA:** 45 **PA Neg:** 0 **PA Low:** 0 **PA Mod:** 0 **PA High:** 0 **PA Crit:** 0 **UA Neg:** 0 **UA Low:** 0 **UA Mod:** 0 **UA High:** 0 **UA Crit:** 0**Total Criteria (of 219) CI:** 0 **FA:** 93 **PA:** 0 **UA:** 0 **N/A:** 0 |

# Corrective Action Requests (CAR) Report

Provider Name: Good Future Auckland Ltd t/a New Windsor Aged Care

Type of Audit: Certification audit

Date(s) of Audit Report: Start Date:18-Sep-13 End Date: 19-Sep-13

DAA: HealthShare Limited

Lead Auditor: XXXXXXXX

# Continuous Improvement (CI) Report

Provider Name: Good Future Auckland Ltd t/a New Windsor Aged Care

Type of Audit: Certification audit

Date(s) of Audit Report: Start Date:18-Sep-13 End Date: 19-Sep-13

DAA: HealthShare Limited

Lead Auditor: XXXXXXXX

**1. HEALTH AND DISABILITY SERVICES (CORE) STANDARDS**

**OUTCOME 1.1 CONSUMER RIGHTS**

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, facilitates informed choice, minimises harm, and acknowledges cultural and individual values and beliefs.

**STANDARD 1.1.1 Consumer Rights During Service Delivery**

Consumers receive services in accordance with consumer rights legislation.

ARC D1.1c; D3.1a ARHSS D1.1c; D3.1a

Evaluation methods used: D 🗷 SI 🞏 STI 🗷 MI 🗷 CI 🗷 MaI 🞏 V 🗷 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🗷

**How is achievement of this standard met or not met? Attainment:** FA

Residents receive services that comply with residents rights legislation. The service is resident centred. Five of five staff interviewed (registered nurse, care staff (2), manager/cook and assistant manager) are aware and understand consumer rights and obligations and the requirements of the Health and Disability Commissioner Act 1994.

Four of four residents and two families interviewed confirm they are informed of their rights on admission to the service. The Code of Health and Disability Services Consumers` Rights (the Code) pamphlets are displayed in the entrance foyer, hallways, offices and is part of the information pack located in residents' rooms.

All residents at the rest home are of Chinese descent and the Code is available in a translated form for these residents.

The service meets the requirements of the ARC agreement.

**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.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.1.2 Consumer Rights During Service Delivery**

Consumers are informed of their rights.

ARC D6.1; D6.2; D16.1b.iii ARHSS D6.1; D6.2; D16.1b.iii

Evaluation methods used: D 🗷 SI 🞏 STI 🗷 MI 🗷 CI 🗷 MaI 🞏 V 🞏 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🗷

**How is achievement of this standard met or not met? Attainment:** FA

The RN and care staff interviewed confirm the Code of Rights is explained to all new residents and their families on admission to the service. The owners, manager and staff speak fluent mandarin and cantonese.

Four of four residents and two of two family members interviewed verify that they are made aware of the Code of Rights on admission. Resident choices are met through resident interview and resident satisfaction surveys completed annually.

There are appropriate policies and procedures on resident’s rights and responsibilities sighted in the policy manual. Education relating to the Code of Rights is provided to staff by the resthome education facilitator. Training last held (July 2013) included the Code of Rights (privacy, dignity, confidentiality and preventing abuse and neglect, reporting responsibility, institutional abuse, consent and informed consent, advocacy, and powers of attorney.

The admission agreement includes reference to the Code.

The service meets the requirements of the ARC agreement.

**Criterion 1.1.2.3 Opportunities are provided for explanations, discussion, and clarification about the Code with the consumer, family/whānau of choice where appropriate and/or their legal representative during contact with the service.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.1.2.4 Information about the Nationwide Health and Disability Advocacy Service is clearly displayed and easily accessible and should be brought to the attention of consumers.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.1.3 Independence, Personal Privacy, Dignity, And Respect**

Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.

ARC D3.1b; D3.1d; D3.1f; D3.1i; D3.1j; D4.1a; D14.4; E4.1a ARHSS D3.1b; D3.1d; D3.1f; D3.1i; D3.1j; D4.1b; D14.4

Evaluation methods used: D 🗷 SI 🞏 STI 🗷 MI 🗷 CI 🗷 MaI 🞏 V 🗷 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🗷

**How is achievement of this standard met or not met? Attainment:** FA

The service provider is respectful of residents' dignity, privacy and independence.

Five of five staff interviewed describe the skills necessary to understand and respect the rights of each resident and how the needs of each resident is met in a caring, comfortable, safe environment that maximises individuality, privacy and health potential.

The service ensures privacy is maintained at all times. There is a privacy policy and guidelines on privacy and practice is available to staff. Practice observed on both days demonstrates attention to maintaining privacy. Four of four residents interviewed confirm that staff maintain their privacy and are respectful at all times.

Each resident’s level of independence is assessed as part of the assessment process on admission to this service.

Five of five care plan records sampled contain clear strategies and interventions for maintaining safety and promoting independence.

There is a daily TaiChi exercise programme to encourage movement and mobility and when required residents are assessed for use of mobilisation equipment.

Residents have access to religious and cultural advisors. Two fo two family members interviewed identify that the resident is supported by the family to attend their chosen church meetings in the community. The spirituality policy and cultural policies are available and sighted.

There are two shared rooms that have married couples in them. Guidelines on intimacy and sexuality are available to staff. The guidelines describes how staff could demonstrate recognition and acknowledgement of residents individual intimacy and sexuality needs.

There is a policy available on abuse and neglect which outlines clear definitions of what constitutes abuse and neglect, appropriate definitions of abuse, describes signs of abuse and neglect, staff roles and responsibilities and prevention strategies.

Five of five staff interviewed demonstrate an understanding of how to report any incidences of abuse and neglect to the manager and to fill in an incident form in a timely manner. Education relating to this standard has been provided to all staff by the resthome education facilitator on 21 and 22 May 2013. This includes the aging process and quality of life, code of rights, confidentiality and report writing.

The service meets the requirements of the ARC agreement.

**Criterion 1.1.3.1 The service respects the physical, visual, auditory, and personal privacy of the consumer and their belongings at all times.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.1.3.2 Consumers receive services that are responsive to the needs, values, and beliefs of the cultural, religious, social, and/or ethnic group with which each consumer identifies.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.1.3.6 Services are provided in a manner that maximises each consumer's independence and reflects the wishes of the consumer.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.1.3.7 Consumers are kept safe and are not subjected to, or at risk of, abuse and/or neglect.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.1.4 Recognition Of Māori Values And Beliefs**

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.

ARC A3.1; A3.2; D20.1i ARHSS A3.1; A3.2; D20.1i

Evaluation methods used: D 🗷 SI 🞏 STI 🗷 MI 🗷 CI 🞏 MaI 🞏 V 🗷 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** FA

Cultural needs are assessed as part of the admission process. There are currently no Māori residents or staff that identify as Māori.

Policies and procedures on recognition of Māori values and beliefs are available to guide staff.

Tiriti o Waitangi information is displayed.

Access to Māori support/advocacy can be arranged through the services mentioned as per the Code of Rights.

Education has been provided to staff by the resthome education facilitator on 21 and 22 May 2013.

The service meets the requirements of the ARC agreement.

**Criterion 1.1.4.2 Māori consumers have access to appropriate services, and barriers to access within the control of the organisation are identified and eliminated.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.1.4.3 The organisation plans to ensure Māori receive services commensurate with their needs.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.1.4.5 The importance of whānau and their involvement with Māori consumers is recognised and supported by service providers.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.1.6 Recognition And Respect Of The Individual's Culture, Values, And Beliefs**

Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.

ARC D3.1g; D4.1c ARHSS D3.1g; D4.1d

Evaluation methods used: D 🗷 SI 🞏 STI 🗷 MI 🞏 CI 🞏 MaI 🞏 V 🗷 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** FA

Systems are in place to ensure residents receive culturally safe services that recognise and respect their ethnic, cultural, spiritual values and beliefs. Cultural and individual beliefs are taken into consideration on admission and this is evident with the five of five resident files randomly reviewed.

The information documented ensures the residents values and beliefs are addressed appropriately to meet service expectations for meeting cultural and individual values and beliefs. The RN and two of two care staff interviewed confirm they respect each resident’s expressed culture, values and beliefs.

The service meets the requirements of the ARC agreement.

**Criterion 1.1.6.2 The consumer and when appropriate and requested by the consumer the family/whānau of choice or other representatives, are consulted on their individual values and beliefs.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.1.7 Discrimination**

Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.

ARHSS D16.5e

Evaluation methods used: D 🗷 SI 🞏 STI 🗷 MI 🞏 CI 🞏 MaI 🞏 V 🞏 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** FA

A discrimination policy states that all residents will be free from discrimination, coercion, harassment, sexual, financial or other exploitation.

Staff orientation (21 and 22 May 2013) and in-service education (annual) is provided on discrimination.

The job descriptions reviewed outline staff work rules and individual employment agreements outline staff practice.

The registered nurse interviewed acknowleged the expectation to abide by the Nursing Council New Zealand code of practice as a requirement of maintaining a practising certificate.

**Criterion 1.1.7.3 Service providers maintain professional boundaries and refrain from acts or behaviours which could benefit the provider at the expense or well-being of the consumer.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.1.8 Good Practice**

Consumers receive services of an appropriate standard.

ARC A1.7b; A2.2; D1.3; D17.2; D17.7c ARHSS A2.2; D1.3; D17.2; D17.10c

Evaluation methods used: D 🗷 SI 🞏 STI 🗷 MI 🗷 CI 🗷 MaI 🞏 V 🞏 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** FA

Policies and procedures are developed and implemented. Systems are in place to ensure residents receive services of an appropriate standard. These systems promote good practice within the facility. The RN and assistant manager interviewed state guidelines are readily available to guide staff.

Service review meetings are held three monthly to reflect good practice and the service provider benchmarks with other like services.

A consultant is contracted for professional networking, reviewing the policies and procedures for the organisation and providing educational opportunities for staff.

The service provider supports and funds staff to access education through external courses or through the in-service programme.

Four of four residents and two family members interviewed state they are happy with the service provided.

The service meets the requirements of the ARC agreement.

**Criterion 1.1.8.1 The service provides an environment that encourages good practice, which should include evidence-based practice.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.1.9 Communication**

Service providers communicate effectively with consumers and provide an environment conducive to effective communication.

ARC A13.1; A13.2; A14.1; D11.3; D12.1; D12.3a; D12.4; D12.5; D16.1b.ii; D16.4b; D16.5e.iii; D20.3 ARHSS A13.1; A13.2; A14.1; D11.3; D12.1; D12.3a; D12.4; D12.5; D16.1bii; D16.4b; D16.53i.i.3.iii; D20.3

Evaluation methods used: D 🗷 SI 🞏 STI 🗷 MI 🗷 CI 🗷 MaI 🞏 V 🗷 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🗷

**How is achievement of this standard met or not met? Attainment:** FA

There is an open disclosure policy and procedure in place to ensure staff maintain open, transparent communication with residents.

Residents state they are able to identify staff involved in their care. Staff are identified by uniform and name badge.

Access to interpreter services is available through staff and external services.

There is a residential agreement that describes funded and unfunded services.

New residents and their families are fully orientated to the facility.

Five of five staff interviewed state residents' cares are discussed, documented and shared with the resident and family as appropriate.

Two of two families interviewed confirm that they are advised immediately if there is a change in the resident’s health status.

The service meets the requirements of the ARC agreement.

**Criterion 1.1.9.1 Consumers have a right to full and frank information and open disclosure from service providers.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.1.9.4 Wherever necessary and reasonably practicable, interpreter services are provided.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.1.10 Informed Consent**

Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.

ARC D3.1d; D11.3; D12.2; D13.1 ARHSS D3.1d; D11.3; D12.2; D13.1

Evaluation methods used: D 🗷 SI 🞏 STI 🗷 MI 🗷 CI 🗷 MaI 🞏 V 🞏 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🗷

**How is achievement of this standard met or not met? Attainment:** FA

Systems are in place to ensure residents, and where appropriate their family are being provided with appropriate information to assist them to make informed choices and give informed consent.

Policies provide guidelines on when written consent is required.

Residents and family members interviewed confirm that information on the service is discussed on admission.

The owners, manager and staff speak fluent mandarin and Cantonese.

Residents' choices and decisions are identified through the consent and assessment process and recorded on their consent forms and in their care plan.

Signed consent forms are evident in all five resident files reviewed. This includes consent to sharing and collecting of information, care and treatment, transport and outings. The consent forms are reviewed annually.

Staff interviewed have a good understanding of informed consent processes and consumers rights. The orientation programme includes training in the principles of informed consent. Ongoing training on informed consent (Code of Rights) is provided to staff annually.

Interviews with the RN, manager, two caregivers and the activities coordinator confirm access to resident files and they are aware of residents' choices and decisions.

Two of two families interviewed confirm that staff provide information to them in order that they may make informed decisions. The RN interviewed, explained that information relating to an advanced directive is discussed on admission.

Five of five residents have an advanced directive in place. These are signed and dated by the resident and GP.

The service meets the requirements of the ARC agreement.

**Criterion 1.1.10.2 Service providers demonstrate their ability to provide the information that consumers need to have, to be actively involved in their recovery, care, treatment, and support as well as for decision-making.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.1.10.4 The service is able to demonstrate that written consent is obtained where required.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.1.10.7 Advance directives that are made available to service providers are acted on where valid.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.1.11 Advocacy And Support**

Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.

ARC D4.1d; D4.1e ARHSS D4.1e; D4.1f

Evaluation methods used: D 🗷 SI 🞏 STI 🗷 MI 🗷 CI 🞏 MaI 🗷 V 🗷 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** FA

The service recognises the right of residents to access advocacy or support services of their choice.

There is an advocacy and support policy in place. This policy provides guidelines on the appropriateness of what is involved in decisions affecting the resident’s life and acknowledges the significance of each resident’s family or chosen support network.

Advocates can be accessed through the Nationwide Health and Disability Advocacy Service or through the District Health Board if required.

Information on how to contact advocacy services is clearly accessible to residents.

Where residents do not speak or read English, the information is translated by staff or family on admission and any other time appropriate.

Ongoing training on advocacy and support (Code of Rights) is provided to staff annually.

The service meets the requirements of the ARC agreement.

**Criterion 1.1.11.1 Consumers are informed of their rights to an independent advocate, how to access them, and their right to have a support person/s of their choice present.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.1.12 Links With Family/Whānau And Other Community Resources**

Consumers are able to maintain links with their family/whānau and their community.

ARC D3.1h; D3.1e ARHSS D3.1h; D3.1e; D16.5f

Evaluation methods used: D 🗷 SI 🞏 STI 🗷 MI 🗷 CI 🗷 MaI 🞏 V 🗷 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🗷

**How is achievement of this standard met or not met? Attainment:** FA

Residents and families interviewed confirm their ability to maintain links and to access community services as required and/or visit at any time. Individual residents are encouraged to maximise their potential for self-help and to be involved in the wider community.

Residents have free access to community support/interest groups if they wish.

The rest home car is available for transportation for activities or appointments as confirmed at resident and family interviews.

The activities co-ordinator provides information that assists residents in remaining aware of current affairs and other news.

The Chinese news television channel was on in the lounge area most of the day.

The activities plans sampled identified visits from outside entertainers and outings in the community.

Four of four residents interviewed confirm they have access to visitors of their choice.

Two of two families interviewed confirmed they are always welcomed by staff and may visit at anytime.

The service acknowledges, values and encourages the involvement of families in the provision of care and by documenting each contact with the family.

The service meets the requirements of the ARC agreement.

**Criterion 1.1.12.1 Consumers have access to visitors of their choice.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.1.12.2 Consumers are supported to access services within the community when appropriate.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.1.13 Complaints Management**

The right of the consumer to make a complaint is understood, respected, and upheld.

ARC D6.2; D13.3h; E4.1biii.3 ARHSS D6.2; D13.3g

Evaluation methods used: D 🗷 SI 🗷 STI 🞏 MI 🗷 CI 🗷 MaI 🞏 V 🗷 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** FA

A policy and procedure on complaints, suggestions and compliments is available.

The policy sighted defines a definition of a complaint and notes the right of the resident to make a complaint and that any complaints will be understood, respected and investigated and utilised for quality improvement.

The complaints forms and process are located at reception and can be accessed for residents and families. The families interviewed understood the complaints procedure and how to access the appropriate forms if required.

Advocacy details are clearly documented for this service.

Interpreter services can be arranged through Middlemore Hospital`s twenty four hour service (eighty two languages) can be accessed through this service. The complaints process is clearly documented in Chinese and Cantonese in the resident`s information folder in each individual resident`s room. The process is fair and complies with Right 10 of the Code.

The complaints register/log is maintained by the manager. Two minor complaints have been addressed and closed out effectively.

The service meets the requirements of the ARC agreement.

**Criterion 1.1.13.1 The service has an easily accessed, responsive, and fair complaints process, which is documented and complies with Right 10 of the Code.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.1.13.3 An up-to-date complaints register is maintained that includes all complaints, dates, and actions taken.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**OUTCOME 1.2 ORGANISATIONAL MANAGEMENT**

Consumers receive services that comply with legislation and are managed in a safe, efficient, and effective manner.

**STANDARD 1.2.1 Governance**

The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.

ARC A2.1; A18.1; A27.1; A30.1; D5.1; D5.2; D5.3; D17.3d; D17.4b; D17.5; E1.1; E2.1 ARHSS A2.1; A18.1; A27.1; A30.1; D5.1; D5.2; D5.3; D17.5

Evaluation methods used: D 🗷 SI 🗷 STI 🗷 MI 🞏 CI 🞏 MaI 🞏 V 🗷 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** FA

The purpose, values, scope, proposed direction and the objectives of this service are clearly documented in the strategic & business plan 2013-2015 document sighted. The values/goals/objectives/vision statement is displayed in the entrance to the facility. The plan has been provided by a quality consultant but personalised for this service. The service contracts a consultant from Healthcare Help HH to provide documentation and guidance for the business management of this service. A consultant has had input on two occasions since the service commenced in May this year and the meeting minutes reviewed evidence that these meetings occurred on 13 August 13 and 04 September 13. The accident and incident, falls risk system and hazard controls were discussed. The consultant will visit three monthly now to undertake a service review and to assist with organisational planning, quality and risk management. At the most recent meeting online benchmarking was introduced and the first report has been sent to HH.

The registered nurse RN is available and is present for this audit. The RN initially commenced employment working four and a half hours and is increasing the hours as the number of residents increases. The registered nurse also works at another aged care service in Auckland for twenty four hours per week and is very experienced in the aged care sector. There is a casual registered nurse who will be available for annual leave and sick leave cover. The two annual practising certificates are monitored by the manager, sighted for this audit and are valid. The current (APCs) for the two contracted general practitioners and the pharmacist are available and sighted. The organisation is managed by a manager with approximately twenty years’ experience in the aged care sector and management of facilities. Management training with Healthcare Help was completed 06 May 2010. Ongoing training has been attended relevant to this role when the owner was manager of another facility.

The service meets the requirements of the ARC agreement.

**Criterion 1.2.1.1 The purpose, values, scope, direction, and goals of the organisation are clearly identified and regularly reviewed.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.2.1.3 The organisation is managed by a suitably qualified and/or experienced person with authority, accountability, and responsibility for the provision of services.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.2.2 Service Management**

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.

ARC D3.1; D19.1a; E3.3a ARHSS D3.1; D4.1a; D19.1a

Evaluation methods used: D 🗷 SI 🞏 STI 🞏 MI 🗷 CI 🞏 MaI 🞏 V 🗷 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** FA

The 'Business Risk Management Plan' clearly outlines the roles and responsibilities of each of the two owner/directors. The assistant manager who is very experienced with a Bachelor of Business Studies and has two years’ experience working in aged care assists the manager on a day to day basis. The assistant manager`s record was sighted. The assistant manager has education and certificates to evidence attendance at relevant managerial training sessions and has a current first aid certificate. The assistant manager will be responsible for covering the service in the temporary absence of the manager. The service provides rest home level of care for the eleven residents. The service has an agreement with Auckland District Health Board (ADHB) and each page of the agreement has been signed and dated the 30 July 13. Both managers interviewed understand the obligations of the service agreement, quality and risk, health and safety and infection prevention and control management.

The service meets the requirements of the ARC agreement.

**Criterion 1.2.2.1 During a temporary absence a suitably qualified and/or experienced person performs the manager's role.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.2.3 Quality And Risk Management Systems**

The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.

ARC A4.1; D1.1; D1.2; D5.4; D10.1; D17.7a; D17.7b; D17.7e; D19.1b; D19.2; D19.3a.i-v; D19.4; D19.5 ARHSS A4.1; D1.1; D1.2; D5.4; D10.1; D16.6; D17.10a; D17.10b; D17.10e; D19.1b; D19.2; D19.3a-iv; D19.4; D19.5

Evaluation methods used: D 🗷 SI 🗷 STI 🗷 MI 🗷 CI 🞏 MaI 🞏 V 🗷 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** FA

The quality and risk management plan has been developed and is being implemented over the four months since the service commenced. The plan includes and has identified risks related to business management, clinical management and human resource management. The plan identifies the risks concerned for each area of service delivery and the potential consequences and severity, preventative actions and the measureable outcomes. There is a health and safety hazard register.

The two managers interviewed and the registered nurse has a good understanding of the quality and risk management system in place despite the short time the service has been operating.

The quality manual is accessible for the staff and is linked to current accepted practice.

Some policies and procedures eg the complaints process is documented in Chinese and Cantonese as well as English. Most of the staff speak English but can speak Cantonese and mandarin. The cook is the only staff member requiring translation of policies and procedures. The HH consultant will visit quarterly and attend the service review meetings. A reference list of all guidelines, standards and legislative requirements to meet is available to guide the managers. The meeting minutes evidence that the key components are linked to the quality management programme inclusive of, event reporting, complaints management, infection control, health and safety and restraint minimisation. Benchmarking is in place and the first report has been completed. The audit review calendar/schedule is developed and is being implemented accordingly. An infection control/housekeeping/laundry audit was performed 30 Aug 13 and the health and safety 02 Sept 13. There is a document review process and provision is arranged for archiving obsolete records in due course.

The service meets the requirements of the ARC agreement.

**Criterion 1.2.3.1 The organisation has a quality and risk management system which is understood and implemented by service providers.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.2.3.3 The service develops and implements policies and procedures that are aligned with current good practice and service delivery, meet the requirements of legislation, and are reviewed at regular intervals as defined by policy.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.2.3.4 There is a document control system to manage the policies and procedures. This system shall ensure documents are approved, up to date, available to service providers and managed to preclude the use of obsolete documents.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.2.3.5 Key components of service delivery shall be explicitly linked to the quality management system.**

 This shall include, but is not limited to:

 (a) Event reporting;

 (b) Complaints management;

 (c) Infection control;

 (d) Health and safety;

 (e) Restraint minimisation.

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.2.3.6 Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.2.3.7 A process to measure achievement against the quality and risk management plan is implemented.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.2.3.8 A corrective action plan addressing areas requiring improvement in order to meet the specified Standard or requirements is developed and implemented.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.2.3.9 Actual and potential risks are identified, documented and where appropriate communicated to consumers, their family/whānau of choice, visitors, and those commonly associated with providing services. This shall include:**

 (a) Identified risks are monitored, analysed, evaluated, and reviewed at a frequency determined by the severity of the risk and the probability of change in the status of that risk;

 (b) A process that addresses/treats the risks associated with service provision is developed and implemented.

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.2.4 Adverse Event Reporting**

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.

ARC D19.3a.vi.; D19.3b; D19.3c ARHSS D19.3a.vi.; D19.3b; D19.3c

Evaluation methods used: D 🗷 SI 🞏 STI 🗷 MI 🗷 CI 🞏 MaI 🞏 V 🗷 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** FA

The adverse event reporting system is developed and implemented.

There is a list of guidelines available to guide staff located in the front of the exception reporting accident and incident folder (RED INDEX) which covers injury staff/visitor/resident, falls, medication, infections, challenging behaviour, complaints register and hospital admission due to serious incident. There is a website contact to access on how to access forms required for occupational safety and health (OSH). Essential notification is clearly documented and contact details of who to contact is documented. For example the Medical Officer of Health, OSH, Healthcert and ADHB. An action flowchart is available for each type of injury to guide staff. Staff interviews two caregivers and one registered nurse evidence that staff understand their responsibilities for completing incident forms when incidents occur. The manager interviewed reviews all completed incident forms. Healthcare Help benchmarking is maintained and data is provided on any incidents to the consultant.

The service meets the requirements of the ARC agreement.

**Criterion 1.2.4.2 The service provider understands their statutory and/or regulatory obligations in relation to essential notification reporting and the correct authority is notified where required.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.2.4.3 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.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.2.7 Human Resource Management**

Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.

ARC D17.6; D17.7; D17.8; E4.5d; E4.5e; E4.5f; E4.5g; E4.5h ARHSS D17.7, D17.9, D17.10, D17.11

Evaluation methods used: D 🗷 SI 🞏 STI 🗷 MI 🞏 CI 🗷 MaI 🞏 V 🗷 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** FA

Job descriptions are verified at the on-site audit. The contents page of the human resource policies and procedures was reviewed and the staff orientation programme sighted. All of the five of nine staff files sighted evidence full orientation has been provided to all staff. Orientation booklets completed are retained in the individual staff files and an orientation checklist is used to ensure all components of the programme are completed. The cleaner only commenced two days ago so is working through the required orientation.

The practicing certificates with New Zealand Nursing Council for the two registered nurses employed are sighted. In addition to this the APCs of the three general practitioners, the podiatrist, the physiotherapist and the pharmacist contracted to this service have been verified for registration and scopes of practice. All staff have completed a first aid certificate. All five of nine staff files reviewed evidence signed employment agreements and there is evidence of police checking.

The current staff for eleven residents consists of two managers, one cook, seven caregivers, one registered nurse and one casual registered nurse, one cleaner/laundry staff members. The caregivers have all completed medication competencies. An education programme for this year is available and completed orientation is recorded by the manager and is documented in each individual staff members records to verify attendance.

The service meets the requirements of the ARC agreement.

**Criterion 1.2.7.2 Professional qualifications are validated, including evidence of registration and scope of practice for service providers.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.2.7.3 The appointment of appropriate service providers to safely meet the needs of consumers.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.2.7.4 New service providers receive an orientation/induction programme that covers the essential components of the service provided.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.2.7.5 A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.2.8 Service Provider Availability**

Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.

ARC D17.1; D17.3a; D17.3 b; D17.3c; D17.3e; D17.3f; D17.3g; D17.4a; D17.4c; D17.4d; E4.5 a; E4.5 b; E4.5c ARHSS D17.1; D17.3; D17.4; D17.6; D17.8

Evaluation methods used: D 🗷 SI 🞏 STI 🗷 MI 🗷 CI 🞏 MaI 🞏 V 🗷 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** FA

The 'human resource management policy' reviewed now includes and is much clearer in regards to the staffing rationale to cover this service and to meet the ADHB ARC contract. The roster sighted is adequate to cover the service presently with eleven residents. The eleventh resident is being admitted today. The skill mix is appropriate. There is a senior caregiver on each shift to cover the twenty four hour period (eight hour shifts), the cleaner (employed two days ago) covers four hours per day, the two managers (full time), the cook (divided shifts) and the registered nurse is currently working longer hours to prepare for this audit but is employed initially for four and a half hours per week increasing to twenty hours per week as the number of residents increases. The care staff will increase as over ten residents from today. The laundry is completed by the staff presently. The caregivers will also increase as the number of resident admissions occur.

The service meets the requirement of the ARC agreement.

**Criterion 1.2.8.1 There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.2.9 Consumer Information Management Systems**

Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.

ARC A15.1; D7.1; D8.1; D22; E5.1 ARHSS A15.1; D7.1; D8.1; D22

Evaluation methods used: D 🗷 SI 🞏 STI 🗷 MI 🗷 CI 🞏 MaI 🞏 V 🗷 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** FA

Resident records are well maintained. Five of eleven resident records sighted are maintained by the managers and staff to a high standard. All residents have individual records each with dividers and integrated records. A contents checklist is available at the commencement of the file. All records evidence dates, signatures and designations of staff and contractors. Signature lists are available. Confidential is documented on each individual record on the outside cover. The resident register is maintained by management. Resident records are stored in a locked cupboard at the nurses’ station not publicly accessible. The fire evacuation resident list is kept in the manager’s office and at reception but not in public view. Resident names are not on the individual room doors though residents can choose to display their name or not.

The service meets the requirements of the ARC agreement.

**Criterion 1.2.9.1 Information is entered into the consumer information management system in an accurate and timely manner, appropriate to the service type and setting.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.2.9.7 Information of a private or personal nature is maintained in a secure manner that is not publicly accessible or observable.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.2.9.9 All records are legible and the name and designation of the service provider is identifiable.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.2.9.10 All records pertaining to individual consumer service delivery are integrated.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**OUTCOME 1.3 CONTINUUM OF SERVICE DELIVERY**

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.

**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.

ARC A13.2d; D11.1; D11.2; D13.3; D13.4; D14.1; D14.2; E3.1; E4.1b ARHSS A13.2d; D11.1; D11.2; D13.3; D13.4; D14.1; D14.2

Evaluation methods used: D 🗷 SI 🞏 STI 🗷 MI 🗷 CI 🗷 MaI 🞏 V 🞏 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🗷

**How is achievement of this standard met or not met? Attainment:** FA

The provider has a documented entry criteria which is communicated to residents and family. Service brochures document entry criteria and access processes and are provided to prospective residents and families that can speak and read English. The manager verbally explains (in Mandarin) the entry process and criteria to people who cannot understand English and are enquiring about the service. The NASC is informed of the level of service delivery available at this facility and relevant community agencies and medical general practitioner practices are also informed. Five of five resident files reviewed include a NASC assessment indicating all residents are approved for rest home level care. Four of four residents and two of two families interviewed confirm that they are provided with information about entry processes and how to access the service, including the requirement for a needs assessment at the point of their first enquiry to the service. The facility operates 24 hours a day seven days a week. The RN and manager are on call for any staff requirements.

The service meets the requirements of the ARC agreement.

**Criterion 1.3.1.4 Entry criteria, assessment, and entry screening processes are documented and clearly communicated to consumers, their family/whānau of choice where appropriate, local communities, and referral agencies.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.3.2 Declining Referral/Entry To Services**

Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.

ARHSS D4.2

Evaluation methods used: D 🗷 SI 🞏 STI 🗷 MI 🗷 CI 🞏 MaI 🞏 V 🞏 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** FA

The service provides aged care residential service at resthome level of care. Declining entry to the service does not occur often due to the referral process and known entry criteria requirements. The RN and assistant manager stated that the only reason for a potential resident being declined entry is if the facility is full, or if the resident has been assessed as requiring care at a level higher than rest home care. The RN reports that should a prospective resident not be suitable for the facility, the RN would inform the referrer and the resident and their family of the outcome and the reasons why and would assist them in accessing alternative services.

**Criterion 1.3.2.2 When entry to the service has been declined, the consumers and where appropriate their family/whānau of choice are informed of the reason for this and of other options or alternative services.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.3.3 Service Provision Requirements**

Consumers receive timely, competent, and appropriate services in order to meet their assessed needs and desired outcome/goals.

ARC D3.1c; D9.1; D9.2; D16.3a; D16.3e; D16.3l; D16.5b; D16.5ci; D16.5c.ii; D16.5e ARHSS D3.1c; D9.1; D9.2; D16.3a; D16.3d; D16.5b; D16.5d; D16.5e; D16.5i

Evaluation methods used: D 🗷 SI 🞏 STI 🗷 MI 🗷 CI 🗷 MaI 🞏 V 🞏 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🗷

**How is achievement of this standard met or not met? Attainment:** FA

Assessment, planning, evaluation, review and exit are undertaken by the RN with input from the caregivers. Service delivery is primarily undertaken by care giving staff under the guidance of the RN. There is adequate staff education which is related to the care of older people and an ongoing programme of staff development. The two caregivers and RN interviewed expressed confidence in their own ability and that of their colleagues to provide a competent service. The GP, four residents and two of two family members interviewed all expressed confidence in the skills of staff. Practicing certificates were sighted for the RN, GPs and Pharmacist.

The assessment procedure and care planning policies outline appropriate time frames for each stage of service delivery. All five resident files reviewed identified that initial assessments, care plan development and evaluations are performed within the timeframes required of the ARC agreement.

All five resident files reviewed identified that the GP had seen the resident within two working days of admission and then ongoing medical reviews for the residents is on a monthly to three monthly basis. Residents' progress notes are updated each shift and these are readily available for all staff, GP and allied health professionals to view. Staff participate in a verbal handover between each shift. The after hours is managed by the RN and manager who is available at any time. The contracted GPs work closely with the staff at this facility to ensure the residents' needs are met. There is evidence of support by the Healthcare Help Consultant. All five resident files reviewed recorded resident and/or family involvement and contact. This contact is documented in the progress notes of the individual resident and in the care plan. Two of two families interviewed confirmed involvement in their relatives care.

The service meets the requirements of the ARC agreement.

Tracer Methodology: Rest Home Resident

    *XXXXXX This information has been deleted as it is specific to the health care of a resident.*

**Criterion 1.3.3.1 Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is undertaken by suitably qualified and/or experienced service providers who are competent to perform the function.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.3.3.3 Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.3.3.4 The service is coordinated in a manner that promotes continuity in service delivery and promotes a team approach where appropriate.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.3.4 Assessment**

Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.

ARC D16.2; E4.2 ARHSS D16.2; D16.3d; D16.5g.ii

Evaluation methods used: D 🗷 SI 🞏 STI 🗷 MI 🗷 CI 🗷 MaI 🞏 V 🞏 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🗷

**How is achievement of this standard met or not met? Attainment:** FA

All clinical assessments are performed by the RN. Assessment information is gathered from a variety of sources, including the resident, their family, and allied health professionals NASC, GP, specialist and hospital notes. There is sufficient evidence of recognised assessment tools being implemented during the admission assessment process that are incorporated into the care planning for individual residents with any risks identified. The assessment process allows for the provision of individualised goals and objectives to meet the resident’s needs. Resident goals include retaining and developing as much independence as possible. Five of five resident files reviewed identified that an initial assessment was completed within 24 hours of admission. Five of five resident files reviewed identified that the GP had seen the resident within two working days of admission and monthly to three monthly thereafter. All files have current assessments which have been updated as required. Four of four residents and two of two families interviewed indicate that they are involved in the assessment, care planning and evaluation process.

The service meets the requirements of the ARC agreement.

**Criterion 1.3.4.2 The needs, outcomes, and/or goals of consumers are identified via the assessment process and are documented to serve as the basis for service delivery planning.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.3.5 Planning**

Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.

ARC D16.3b; D16.3f; D16.3g; D16.3h; D16.3i; D16.3j; D16.3k; E4.3 ARHSS D16.3b; D16.3d; D16.3e; D16.3f; D16.3g

Evaluation methods used: D 🗷 SI 🞏 STI 🗷 MI 🗷 CI 🗷 MaI 🞏 V 🞏 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🗷

**How is achievement of this standard met or not met? Attainment:** FA

The providers initial nursing assessment and supporting assessments (NASC assessment, GP medical assessment, hospital discharge documents, specialist notes) are used as the basis for the long term care planning for the resident. Care planning covers all aspects of a resident's care provision. The RN completes the care plan template document and enters the assessment outcome information to individualise the care plan for each resident. Five of five care plans reviewed include resident goals and the interventions related to meeting these goals. The care plans are accurate and up to date. The long term care plans describe the residents' current abilities, level of independence and identifies their needs/deficits and takes into account their personal preferences. Short term care plans together with planned interventions are recorded for the residents' acute care needs. Two of two caregivers interviewed report they use handover, the care plan, progress notes and communication book to ensure continuity of care delivery is maintained. The caregivers confirm that when changes are required, these are reported during handover and recorded in the communication book and progress notes to initiate RN follow-up and assessment. The RN is responsible for updating the care plan. Residents' files contain medical information including medication review details, laboratory reports and referral information and response. Four of four residents and two of two families interviewed all confirm that care delivery and support by staff is consistent with their expectations. Two of two caregivers report that care plans describe interventions that they understand and are able to follow, and that they are accurate for each resident.

The service meets the requirements of the ARC agreement.

**Criterion 1.3.5.2 Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.3.5.3 Service delivery plans demonstrate service integration.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.3.6 Service Delivery/Interventions**

Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.

ARC D16.1a; D16.1b.i; D16.5a; D18.3; D18.4; E4.4 ARHSS D16.1a; D16.1b.i; D16.5a; D16.5c; D16.5f; D16.5g.i; D16.6; D18.3; D18.4

Evaluation methods used: D 🗷 SI 🞏 STI 🗷 MI 🗷 CI 🗷 MaI 🞏 V 🞏 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🗷

**How is achievement of this standard met or not met? Attainment:** FA

Policies and procedures (and associated processes and tools) direct the service to ensure compliance with current accepted good practice standards and legislation. Residents receive adequate and appropriate care from trained and competent staff to meet their assessed needs. Services are delivered in a respectful and culturally appropriate manner. Two of two care staff interviewed report they are well informed of all care plan issues at hand over and have relevant in-service education if required. Five of five resident files reviewed evidence interventions being documented to meet the resident's assessed needs and desired outcomes. Appropriate referrals are sighted in four of five resident files reviewed. There are links with other services as required for individual residents' for example: specialist and acute services, hospital services, NASC, podiatrist, dietician, GP and practice staff, interpreter services, WINZ. There is adequate continence and dressing supplies and the RN confirmed that the family are not charged for any extra supplies needed for the resident. Two of two families interviewed confirm they are satisfied that their relative’s needs are being effectively met.

The service meets the requirements of the ARC agreement.

**Criterion 1.3.6.1 The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**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.

ARC D16.5c.iii; D16.5d ARHSS D16.5g.iii; D16.5g.iv; D16.5h

Evaluation methods used: D 🗷 SI 🞏 STI 🗷 MI 🗷 CI 🗷 MaI 🞏 V 🗷 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🗷

**How is achievement of this standard met or not met? Attainment:** FA

The activities are planned approximately one month in advance and are displayed on a notice board in the facility. The programme is implemented every day from 10am to 12am and approximately for 40mins each afternoon time flexible. Planned activities reflect ordinary patterns of life and include daily exercises (TaiChi), walks, games, mahjong, news, music, prayers, singing, visiting musicians and dancing group and monthly resident meetings, occasional van outings and visiting to the local shops and church services. The activities provided are in keeping with the strengths and interests identified in the resident's activities plan and include group activities and one-on-one activities for residents who have needs which cannot be met in a group setting. The residents have the opportunity to go on outings and attend activities with friends or family as they wish. Residents have input into activity planning including types of activities (for example cognitive or physical) and outings. Residents input is received directly by the activities coordinator or at the monthly resident meeting. Four of four residents and two of two families interviewed report they enjoy the activities programme.

An activities coordinator delivers the activities programme with support of care staff. One owner assists transporting resident on outings. The activities coordinator is responsible for the planning, implementation, review and evaluation of the activities programme. Care staff record the residents attendance. Residents have an individual activities assessment completed by the activities co-ordinator. Shortly after admission an activities assessment and care plan is completed for each resident in consultation with the resident and their family. This plan includes information on all aspects of a resident's past lifestyle and interests, stated preferences and level of ability. The assessment and plan was sighted for five of five resident files sampled.

The service meets the requirements of the ARC agreement.

**Criterion 1.3.7.1 Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.3.8 Evaluation**

Consumers' service delivery plans are evaluated in a comprehensive and timely manner.

ARC D16.3c; D16.3d; D16.4a ARHSS D16.3c; D16.4a

Evaluation methods used: D 🗷 SI 🞏 STI 🗷 MI 🗷 CI 🗷 MaI 🞏 V 🞏 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🗷

**How is achievement of this standard met or not met? Attainment:** FA

The resident's initial care plan is evaluated by the RN within the first three weeks of admission, from which a long term care plan is then developed. Care plan evaluations occur six monthly or sooner if there is a change in the resident's needs or if it clinically indicated. Medical reviews occur three monthly for residents assessed as stable by the GP, or sooner if medically or clinically indicated. The GP, the RN, the resident, the family, caregivers and any allied health professionals involved with the resident, provides input into the evaluations.

Residents' health status is evaluated by caregivers each shift. Any changes to a residents' health status is recorded in the communication book and reported directly to the RN, manager or senior staff member. Timely reporting of changes is evident in the progress notes, staff handover and the communication book. When there is an acute change to the resident's condition or the care required, a short term care plan is developed by the RN. Two of two families interviewed confirmed that they are kept up to date when changes occur. The service meets the requirements of the ARC agreement.

**Criterion 1.3.8.2 Evaluations are documented, consumer-focused, indicate the degree of achievement or response to the support and/or intervention, and progress towards meeting the desired outcome.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.3.8.3 Where progress is different from expected, the service responds by initiating changes to the service delivery plan.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**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.

ARC D16.4c; D16.4d; D20.1; D20.4 ARHSS D16.4c; D16.4d; D20.1; D20.4

Evaluation methods used: D 🗷 SI 🞏 STI 🗷 MI 🗷 CI 🗷 MaI 🞏 V 🞏 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🗷

**How is achievement of this standard met or not met? Attainment:** FA

Residents are informed of their options to access other health and disability services and are supported through the process. Discussion with RN identifies that the service has access to specialist medical and practice nurse services, laboratory and radiological services, rehabilitation services, DHB services including gerontology nurse and geriatricians, wound care and continence nurse specialists, podiatry services, dietician and advocacy services. Referrals sighted included NASC, gerontology, radiology, DHB specialist and out-patient referrals, diabetic clinic and ophthalmology. Consultation letters verifying the referred service appointments are attended were sighted in the residents' files. The service accesses NASC as required to ensure residents' needs are clearly identified. Four of four residents and two of two interviewed stated that they are aware of their options to access other health and disability services and are supported through this process. All confirm information and advice is provided by the facility.

The service meets the requirements of the ARC agreement.

**Criterion 1.3.9.1 Consumers are given the choice and advised of their options to access other health and disability services where indicated or requested. A record of this process is maintained.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.3.10 Transition, Exit, Discharge, Or Transfer**

Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.

ARC D21 ARHSS D21

Evaluation methods used: D 🗷 SI 🞏 STI 🗷 MI 🗷 CI 🞏 MaI 🞏 V 🞏 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🗷

**How is achievement of this standard met or not met? Attainment:** FA

Exit, transfer and discharge are managed and co-ordinated by the facility. Policy and procedures guide staff through the process of discharge, exit or transfer. All relevant forms are utilised. Risks are identified and minimized. The specific forms used for transfer and discharge from the service identify any known risks and concerns. Two of two families interviewed confirm that they are kept informed during all aspects of care and were confident that this would include transfer, exit and discharge.

The service meets the requirements of the ARC agreement.

**Criterion 1.3.10.2 Service providers identify, document, and minimise risks associated with each consumer's transition, exit, discharge, or transfer, including expressed concerns of the consumer and, if appropriate, family/whānau of choice or other representatives.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.3.12 Medicine Management**

Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.

ARC D1.1g; D15.3c; D16.5e.i.2; D18.2; D19.2d ARHSS D1.1g; D15.3g; D16.5i..i.2; D18.2; D19.2d

Evaluation methods used: D 🗷 SI 🞏 STI 🗷 MI 🞏 CI 🗷 MaI 🞏 V 🞏 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🗷

**How is achievement of this standard met or not met? Attainment:** FA

Service provider policies and procedures cover all aspects of safe medicine practice relevant to the service level. Medicines are securely stored in the medicine trolley in the locked medications room or in the refrigerators when refrigeration is required. Controlled drugs are stored in a secure safe in the nurses’ station. A controlled hard copy controlled drugs register is available. There were no controlled drugs in use on the day of audit. Staff interviewed understand the requirements relating to the safe management of controlled drugs.

Medicines are dispensed and delivered by the pharmacy in the blister pack delivery system. The received medicines are checked by the RN for accuracy when the packs or medicines are delivered. Each resident has an individual medicines profile and medicine prescription form, an individually dispensed blister pack for their medicines and a medicine signing sheet. One signing sheet is used for non-packed items, PRN medicines and short course medicines. Eleven residents medicine charts are reviewed. Medicines are prescribed and individually signed by the GP and reviewed three monthly. Signing charts are correctly documented by staff after each administration. Allergies and sensitivities are clearly identified. Photo identification is sighted in all medication files. There are implemented medicine management policies and procedures to guide staff who have been assessed as competent in the administration of medicines. The RN is responsible for the training and supervision of care staff administering medications. All care givers administering medication have been assessed as competent to do so by the RN. A formal review of medicine management competencies is scheduled for staff annually. There is a system implemented that ensures the safe, self-administration of medicines for residents. Two residents are assessed as being competent to self-medicate (eyedrops, creams). Reassessment for safety is ongoing by the RN and is also reviewed at the residents three monthly medical review. Unused or expired medicines are returned to the pharmacy.

The service meets the requirements of the ARC agreement.

**Criterion 1.3.12.1 A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.3.12.3 Service providers responsible for medicine management are competent to perform the function for each stage they manage.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.3.12.5 The facilitation of safe self-administration of medicines by consumers where appropriate.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.3.12.6 Medicine management information is recorded to a level of detail, and communicated to consumers at a frequency and detail to comply with legislation and guidelines.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.3.13 Nutrition, Safe Food, And Fluid Management**

A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.

ARC D1.1a; D15.2b; D19.2c; E3.3f ARHSS D1.1a; D15.2b; D15.2f; D19.2c

Evaluation methods used: D 🗷 SI 🞏 STI 🗷 MI 🗷 CI 🗷 MaI 🞏 V 🗷 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** FA

Policies on food service are developed and implemented. These policies and practices meet the requirements of the Food Hygiene Regulations 1974. Residents' nutritional needs are assessed on admission and likes, dislikes and allergies are communicated to the kitchen staff. Residents' nutritional needs are provided by kitchen staff trained in food safety. Five of five residents' files reviewed demonstrate regular monthly weighing and monitoring of individual’s resident’s weight and nutritional needs. The dietary profile sheets completed on admission and reviewed six monthly thereafter are held in a folder in the kitchen and reviewed during this audit. Residents care plans identify nutritional needs and interventions are documented. The Chinese menu is reviewed by a dietician. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs are being met. Four of four residents interviewed confirm that meals are enjoyable and adequate fluids are provided and snacks are available between meals. Visual inspection of the kitchen and food areas evidences the areas are maintained and cleaned to a high standard, and fridge and freezer and food temperatures are monitored daily. All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. The service meets the requirements of the ARC agreement.

**Criterion 1.3.13.1 Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer group.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.3.13.2 Consumers who have additional or modified nutritional requirements or special diets have these needs met.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.3.13.5 All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**OUTCOME 1.4 SAFE AND APPROPRIATE ENVIRONMENT**

Services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensures 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.

These requirements are superseded, when a consumer is in seclusion as provided for by of NZS 8134.2.3.

**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.

ARC D19.3c.v; ARHSS D19.3c.v

Evaluation methods used: D 🗷 SI 🞏 STI 🗷 MI 🗷 CI 🞏 MaI 🞏 V 🗷 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** FA

There are documented processes for the management of waste and hazardous substances in place and staff are required to report any incidents. Kemsol (Diversey) products are utilised and material safety data sheets and a tool kit are displayed. Training is available and has been provided by the representative of this company and is included in the orientation programme. The cleaner has recently been employed two days ago and products used by this service have been discussed. The cleaner/laundry employee’s orientation is still ongoing. The education records and orientation programmes sighted completed include this topic. The rubbish bins are collected Thursday and Friday each week by the Auckland City Council. Yellow medical waste containers for eg syringes/sharpes are collected by a contracted company when containers require replacing.

Visual inspection of the facility evidences the availability of personal protective clothing and equipment that is appropriate to the risks associated with waste and hazardous substances handled at this rest home. Staff are observed using gloves and the cook is using the disposable hats. Hand basins are in all toilets and service areas with flowing soap and paper hand towel dispensers are evident. The cleaner has a trolley and all products are clearly labelled.

The service meets the requirements of the ARC agreement.

**Criterion 1.4.1.1 Service providers follow a documented process for the safe and appropriate storage and disposal of waste, infectious or hazardous substances that complies with current legislation and territorial authority requirements.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.4.1.6 Protective equipment and clothing appropriate to the risks involved when handling waste or hazardous substances is provided and used by service providers.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.4.2 Facility Specifications**

Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.

ARC D4.1b; D15.1; D15.2a; D15.2e; D15.3; D20.2; D20.3; D20.4; E3.2; E3.3e; E3.4a; E3.4c; E3.4d ARHSS D4.1c; D15.1; D15.2a; D15.2e; D15.2g; D15.3a; D15.3b; D15.3c; D15.3e; D15.3f; D15.3g; D15.3h; D15.3i; D20.2; D20.3; D20.4

Evaluation methods used: D 🗷 SI 🗷 STI 🞏 MI 🗷 CI 🞏 MaI 🞏 V 🗷 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** FA

The facility, previously a rest home has been totally refurbished including being painted throughout, new drapes, bedding and furniture. Appropriate carpet and vinyl in the bathrooms and kitchen has been laid. Electrical wiring has been replaced and new plumbing in the hand-basins and bathrooms. The kitchen is newly installed and is functional in close proximity to the large open plan dining/lounge area. There are no steps or uneven surfaces observed in the tour of the facility. Most bedrooms are adequately set up for occupancy. Eleven of twenty seven beds are currently occupied. Occupied rooms have been personalised by the residents and their families. There is a building current warrant of fitness dated expiry 07 May 2014 which is sighted and displayed in the entrance to the facility.

On visual inspection the service provides evidence that there are appropriate systems in place to ensure that the resident`s physical environment is safe and fit for their purpose. There is a maintenance programme in place to ensure the facility, plant and equipment is maintained to an adequate standard at all times. The documentation and visual inspection verifies this occurs. All equipment is new and has been checked and tagged on the 1 August 13 inclusive of all electrical adapters, photocopier and other electrical resources. The corridors to both wings are adequate in width for residents to move freely and safely with walkers or other walking aides. Rails are in place. There are two external areas that are safely maintained and are appropriate for the resident group and setting. Outdoor furniture is being purchased which is suitable for the elderly and/or disabled. The areas are not accessed readily by residents due to the present weather. The property is adequately fenced off for privacy and safety of residents. The gardens are being developed to ensure a pleasant homely environment. The two family members and residents when interviewed are pleased with the services and the facility appearance.

The service meets the requirements of the ARC agreement.

**Criterion 1.4.2.1 All buildings, plant, and equipment comply with legislation.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.4.2.4 The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.4.2.6 Consumers are provided with safe and accessible external areas that meet their needs.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.4.3 Toilet, Shower, And Bathing Facilities**

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.

ARC E3.3d ARHSS D15.3c

Evaluation methods used: D 🞏 SI 🗷 STI 🞏 MI 🗷 CI 🞏 MaI 🞏 V 🗷 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** FA

There are three double rooms with attached toilets used by couples. Two rooms are occupied with couples. Several resident rooms have toilets and those that do not have, have toilets in close proximity to their bedroom. There are adequate showers and toilet facilities for the size of this rest home to meet the needs of the residents. Privacy is maintained. The fixtures, fittings, floors and wall surfaces are easily able to be cleaned. These areas are identifiable with names on the doors. A visitor/staff toilets are available. Handrails are provided in the toilet/showers areas and toilet and shower chairs are available to maximise and promote resident independence at all times. Two caregivers interviewed clearly understand about privacy and maintaining safety for residents.

The service meets the requirements of the ARC agreement.

**Criterion 1.4.3.1 There are adequate numbers of accessible toilets/showers/bathing facilities conveniently located and in close proximity to each service area to meet the needs of consumers. This excludes any toilets/showers/bathing facilities designated for service providers or visitor use.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.4.4 Personal Space/Bed Areas**

Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.

ARC E3.3b; E3.3c ARHSS D15.2e; D16.6b.ii

Evaluation methods used: D 🞏 SI 🞏 STI 🞏 MI 🗷 CI 🗷 MaI 🞏 V 🗷 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** FA

The residents occupied rooms (eleven presently) sighted evidence that the rooms have been personalised. Four of four residents interviewed are settled into their rooms. The rooms vary in size but all resident rooms’ evidence that they can walk around safely with or without walking aides. A site facility plan was available for the audit and explained by the manager.

The service meets the requirements of the ARC agreement.

**Criterion 1.4.4.1 Adequate space is provided to allow the consumer and service provider to move safely around their personal space/bed area. Consumers who use mobility aids shall be able to safely maneuvers with the assistance of their aid within their personal space/bed area.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.4.5 Communal Areas For Entertainment, Recreation, And Dining**

Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.

ARC E3.4b ARHSS D15.3d

Evaluation methods used: D 🞏 SI 🗷 STI 🞏 MI 🗷 CI 🞏 MaI 🞏 V 🗷 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** FA

The residents are provided with safe, adequate, age appropriate and accessible areas to meet their relaxation, activity and dining needs. The large lounge is open plan. Residents are observed moving freely around the facility. Comfortable lounge chairs are evident and in the dining room sturdy dining room chairs are utilized. There is adequate seating and more can be provided as resident numbers increase. Activities are in progress during the site inspection with residents doing Tai Chi. The lounge is sunny and appropriately designed for this purpose.

The service meets the requirements of the ARC agreement.

**Criterion 1.4.5.1 Adequate access is provided where appropriate to lounge, playroom, visitor, and dining facilities to meet the needs of consumers.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.4.6 Cleaning And Laundry Services**

Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.

ARC D15.2c; D15.2d; D19.2e ARHSS D15.2c; D15.2d; D19.2e

Evaluation methods used: D 🗷 SI 🞏 STI 🗷 MI 🗷 CI 🞏 MaI 🞏 V 🗷 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** FA

The laundry and cleaning services are up and running effectively. The recent employment of the cleaner two days ago was discussed with the manager and the cleaner was visible and undertaking these duties during the audit. Orientation is being provided. The caregivers have been undertaking the cleaning and laundry duties up until this time. The designated cleaning/laundry staff member has access to two washing machines and one clothes drier for the laundry and a cleaner’s trolley is provided. There is appropriate outside areas for drying clothes as well. Personal clothing is all named and clean and dirty areas are designated in the laundry sighted. A wash hand basin, laundry tubs and adequate space is available in the laundry. An audit of linen has been completed 06 Aug 13 and Kemsol products are utilised for both the laundry and cleaning systems. The company representative for Kemsol Diversey products provided education for all staff at the orientation days prior to the opening. Training is included in the education programme. Cleaning and laundry is clearly documented on the internal audit schedule to ensure materials used for cleaning and laundry processes are monitored for effectiveness. All products are stored safely and appropriately in a locked cupboard in the laundry. Goggles and personal protective equipment and resources are readily available.

The service meets the requirements of the ARC agreement.

**Criterion 1.4.6.2 The methods, frequency, and materials used for cleaning and laundry processes are monitored for effectiveness.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.4.6.3 Service providers have access to designated areas for the safe and hygienic storage of cleaning/laundry equipment and chemicals.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.4.7 Essential, Emergency, And Security Systems**

Consumers receive an appropriate and timely response during emergency and security situations.

ARC D15.3e; D19.6 ARHSS D15.3i; D19.6

Evaluation methods used: D 🗷 SI 🗷 STI 🞏 MI 🗷 CI 🞏 MaI 🞏 V 🗷 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** FA

There are documented systems in place for essential, emergency and security services. The New Zealand Fire Service approval letter for the evacuation scheme is dated the 04 April 2013. Fire training was provided at the two day orientation prior to opening of the facility and a fire drill is arranged for November 2013, six months after opening this facility. There are two emergency boxes with resources in preparedness for an infection control outbreak and for any emergency situation inclusive of resources such as torches, batteries, disposable plates, cups, fuel canisters, radio and other resources. Food supplies are available and checklists are completed monthly. Two large water tanks have been installed since the provisional audit which will provide 2000 litres of water for any emergency situation. Emergency lighting, torches, barbecue for cooking and blankets and cell phones are available.

All staff except the newly employed cleaner/laundry person has a current first aid certificate. Processes are in place to meet the requirements for the 'major incident and health emergency plan' in the service agreement. A list of emergency providers to contact is available and accessible for staff and management. The nurse call system has been upgraded and a wireless system is available. On visual inspection there are call bells in each resident`s individual rooms, toilet/shower and living areas. Staff respond to call bells in a timely manner and this was observed during the audit. The registered nurse and the two caregivers interviewed understand emergency procedures should there be an emergency situation after hours.

The evening a night caregivers are responsible for ensuring the rest home is locked and outside night lights are turned on for security reasons. The Police can be contacted if staff are concerned and or the manager on call.

The service meets the requirements of the ARC agreement.

**Criterion 1.4.7.1 Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.4.7.3 Where required by legislation there is an approved evacuation plan.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.4.7.4 Alternative energy and utility sources are available in the event of the main supplies failing.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.4.7.5 An appropriate 'call system' is available to summon assistance when required.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.4.7.6 The organisation identifies and implements appropriate security arrangements relevant to the consumer group and the setting.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.4.8 Natural Light, Ventilation, And Heating**

Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.

ARC D15.2f ARHSS D15.2g

Evaluation methods used: D 🗷 SI 🞏 STI 🞏 MI 🗷 CI 🞏 MaI 🞏 V 🗷 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** FA

The manager provided a tour of the facility. There is adequate heating for this rest home sighted on visual inspection of the facility. There are three heat pumps available within the facility and each resident`s room has a heater mounted to the wall. The rest home is maintained at a warm and comfortable temperature. There is ample natural light and each resident`s room has an external window which can open out safely to ventilate the room as required. The resident`s lounge is bright and sunny and windows are able to be opened if required.

The service meets the requirements of the ARC agreement.

**Criterion 1.4.8.1 Areas used by consumers and service providers are ventilated and heated appropriately.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.4.8.2 All consumer-designated rooms (personal/living areas) have at least one external window of normal proportions to provide natural light.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**2. HEALTH AND DISABILITY SERVICES (RESTRAINT MINIMISATION AND SAFE PRACTICE) STANDARDS**

**OUTCOME 2.1 RESTRAINT MINIMISATION**

**STANDARD 2.1.1 Restraint minimisation**

Services demonstrate that the use of restraint is actively minimised.

ARC E4.4a ARHSS D16.6

Evaluation methods used: D 🗷 SI 🞏 STI 🗷 MI 🗷 CI 🞏 MaI 🞏 V 🗷 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** FA

A comprehensive policy on restraint minimisation and safe practice covers the use of enablers. Definitions are acknowledged and documented to ensure they are consistent and to ensure they are both congruent with the definition contained within NZS 8134.2. There is no evidence of restraint or enablers being used at this facility due to the nature of this service being a rest home with eleven residents currently. Restraint minimisation training for staff was discussed at the orientation day prior to the service opening. De-escalation will be covered as part of ongoing training and is evident in the training schedule for this year. The manager, assistant manager and the clinical staff interviewed two caregivers and a registered nurse all have a good understanding of enabler use being a voluntary and least restrictive option to meet the needs of a resident with the intention of promoting safety or maintaining a residents independence and clearly understood responsiblilities when and if restraint is used.

The service meets the requirements of the ARC agreement.

**Criterion 2.1.1.4 The use of enablers shall be voluntary and the least restrictive option to meet the needs of the consumer with the intention of promoting or maintaining consumer independence and safety.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**3. HEALTH AND DISABILITY SERVICES (INFECTION PREVENTION AND CONTROL) STANDARDS**

**STANDARD 3.1 Infection control management**

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.

ARC D5.4e ARHSS D5.4e

Evaluation methods used: D 🗷 SI 🞏 STI 🗷 MI 🗷 CI 🞏 MaI 🞏 V 🗷 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🗷

**How is achievement of this standard met or not met? Attainment:** FA

Healthcare Help infection control management systems are in place at the facility. The infection control programme implemented meets the needs of the organisation and provides information and resources to inform the service providers on infection prevention and control. Care staff interviewed confirm the infection control policies and procedures provide them with adequate guidance. The delegation of infection control matters throughout the organization is clearly documented along with an IC co-ordinator job description. The RN is the IC co-ordinator, and the job description for IC co-ordinator sighted and outlines the responsibilities. The RN interviewed confirms input into infection control management and describes review of infection control matters at the facility. The RN confirms the governing body receives regular reports on infection related issues by regular reporting systems. The IC co-ordinator advises there have been no 'outbreaks' of infections. Visual inspection provides evidence that staff provide infection management precautions.

The service meets the requirements of the ARC agreement.

**Criterion 3.1.1 The responsibility for infection control is clearly defined and there are clear lines of accountability for infection control matters in the organisation leading to the governing body and/or senior management.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 3.1.3 The organisation has a clearly defined and documented infection control programme that is reviewed at least annually.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 3.1.9 Service providers and/or consumers and visitors suffering from, or exposed to and susceptible to, infectious diseases should be prevented from exposing others while infectious.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 3.2 Implementing the infection control programme**

There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.

ARC D5.4e ARHSS D5.4e

Evaluation methods used: D 🗷 SI 🞏 STI 🗷 MI 🗷 CI 🞏 MaI 🞏 V 🗷 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** FA

The infection control programme meets the needs of the organisation and provides information and resources to inform and guide staff. The IC co-ordinator / RN is a qualified health professional with the relevant skills and resources necessary to achieve the requirements of this standard. During interview the IC co-ordinator/RN report they are able to access to the HH consultant, lab personnel, GPs and other health care professionals for infection control advice as required. Management and staff have access to relevant and current information, which is appropriate to the size and complexity of the organization. The IC co-ordinator/RN and care staff receive training in infection control during orientation and then annually thereafter. Care staff interviewed confirm RN availability for management of infection control issues or advice as required.

The service meets the requirements of the ARC agreement.

**Criterion 3.2.1 The infection control team/personnel and/or committee shall comprise, or have access to, persons with the range of skills, expertise, and resources necessary to achieve the requirements of this Standard.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 3.3 Policies and procedures**

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.

ARC D5.4e, D19.2a ARHSS D5.4e, D19.2a

Evaluation methods used: D 🗷 SI 🞏 STI 🗷 MI 🗷 CI 🞏 MaI 🞏 V 🗷 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** FA

Healthcare Help quality and risk management systems, including infection control management systems, are in place at the facility.

The infection prevention and control manual includes a comprehensive set of policies and procedures that cover all main aspects of infection prevention and control in all service areas. The policies and procedures have been developed based on current best practice guidelines, the Health and Disability Services Standards and all legislative requirements. Expert advice has been obtained from the Healthcare Help consultant. Care staff interviewed confirm there are infection control policies and procedures available to provide them with adequate guidance. Visual inspection provides evidence staff provide infection management precautions.

The service meets the requirements of the ARC agreement.

**Criterion 3.3.1 There are written policies and procedures for the prevention and control of infection which comply with relevant legislation and current accepted good practice.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 3.4 Education**

The organisation provides relevant education on infection control to all service providers, support staff, and consumers.

ARC D5.4e ARHSS D5.4e

Evaluation methods used: D 🗷 SI 🞏 STI 🗷 MI 🗷 CI 🞏 MaI 🞏 V 🞏 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** FA

The IC co-ordinator last attended education on Infection control in June 2013. Infection control education for staff is provided during orientation and annually by the Healthcare Help consultant. Care staff confirm attendance at this education and that they receive infection control education as part of their orientation (staff training records and attendance sheets sighted). Review of The IC Co-ordinator/RN advises infection control education is provided for residents and family on an as needed basis. An interpreter (staff member) supports this process.

The service meets the requirements of the ARC agreement.

**Criterion 3.4.1 Infection control education is provided by a suitably qualified person who maintains their knowledge of current practice.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 3.4.5 Consumer education occurs in a manner that recognises and meets the communication method, style, and preference of the consumer. Where applicable a record of this education should be kept.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 3.5 Surveillance**

Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.

Evaluation methods used: D 🗷 SI 🞏 STI 🗷 MI 🗷 CI 🞏 MaI 🞏 V 🞏 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** FA

An infection report is completed for every infection and a copy is retained in the resident's file. Infections are also recorded on an register for each infection. Results of surveillance are collated each month and the number of infections and recommendations are reported at the staff meetings each month. Copies of meeting minutes were sighted. Online benchmarking is undertaken with other facilities (like with like) and quarterly graphs sighted. IC audits are completed as part of the internal audit programme and last completed on August 2013. Staff interviewed report they are made aware of any infections of individual residents by way of feedback from the RN and manager, and daily handovers.

The service meets the requirements of the ARC agreement.

**Criterion 3.5.1 The organisation, through its infection control committee/infection control expert, determines the type of surveillance required and the frequency with which it is undertaken. This shall be appropriate to the size and complexity of the organisation.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 3.5.7 Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to relevant personnel and management in a timely manner.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**