

Cunliffe House Retirement Home 2006 Limited

Current Status: 12 December 2013

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 and NZS8134.3:2008) on the audit date(s) specified.

General overview

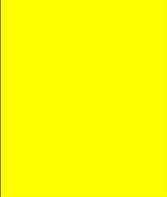
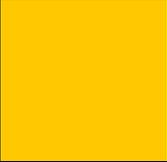
Cunliffe House Rest Home provides rest home level care for up to 23 residents. Occupancy during the audit was 21 rest home residents. Cunliffe House is managed by co-owners with many years' experience in aged care. Clinical oversight is provided by two registered nurses who are on call across 24 hours and provide between them 30 to 35 hours on site Monday to Friday. The service implements a quality system that is designed to monitor compliance and the quality of service delivery in the facility. Staff turnover is low.

This audit identified no areas requiring improvements.

Audit Summary as at 12 December 2013

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 |

Consumer Rights as at 12 December 2013

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| 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 as at 12 December 2013

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| 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 as at 12 December 2013

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| 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 as at 12 December 2013

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| 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 as at 12 December 2013

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| 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 as at 12 December 2013

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| Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme. | | Standards applicable to this service fully attained. |
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Audit Results as at 12 December 2013

Consumer Rights

Information about the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and services provided is fully available to residents and

family. There are policies to support rights such as culture, abuse / neglect, advocacy, privacy, dignity, informed consent, complaints and values and beliefs. Staff training takes place on an annual basis, reinforcing delivery of care based on the rights of the residents and their family/whanau and their freedom of choice. Complaints processes are implemented, complaints, and concerns are actively managed with evidence of resolution of issues raised. Residents and family interviewed praised the care provided at the service.

Organisational Management

Cunliffe House Rest Home has a quality and risk management systems implemented. There are policies and procedures with staff and resident meetings monthly to discuss quality improvement data including incidents, accidents, complaints, health and safety and hazards. Internal audits are completed as designated by the programme schedule with evidence of corrective action plans completed with resolution documented. Staff are orientated and there is a training plan implemented. There is a registered nurse on duty five days a week in the morning and on call. Staffing levels meet contractual requirements with two caregivers in the morning and afternoon and one overnight.

Continuum of Service Delivery

Residents are assessed prior to entry to the service and a baseline assessment is completed upon admission. There are entry and admission procedures in place. Residents and family members interviewed state that they are kept involved and informed about the resident's care. Care plans are developed by the registered nurses who also have the responsibility for maintaining and reviewing care plans. Care plans are individually developed with the resident and family/whanau involvement is included where appropriate and evaluated six monthly or more frequently when clinically indicated. Risk assessment tools and monitoring forms are available to assess effectively the level of risk and support required for residents.

The medication management system reflects the medicine care guides for residential aged care 2011. Staff responsible for medication administration are trained and monitored. Resident medications are reviewed by the residents' general practitioner at least three monthly.

A range of activities are available and residents provide feedback on the programme. Cunliffe House Rest Home has food policies/procedures for food services and menu planning appropriate for this type of service. Nutritional and Safe Food Management in-service is completed by staff. Dietitian input is obtained. Residents' food preferences are identified and this includes any particular dietary preferences or needs.

Safe and Appropriate Environment

Cunliffe House Rest Home has a current building certificate that expires on 1 July 2014. Emergency systems are checked monthly including call bells, emergency lighting and fire alarms. The service has a maintenance book, which identify that maintenance is carried out. Residents' rooms are of sufficient space to allow services to be provided and for the safe use and manoeuvring of mobility aids. Residents can and do bring in their own furnishings for their rooms. The service has two lounge areas and a separate dining area. Residents are able to access areas for privacy if required. Furniture is appropriate to the setting and arranged that enables residents to mobilise. There is a designated laundry, which includes the storage of cleaning and laundry chemicals. Hot water temperatures are monitored and recorded. The service has implemented

policies and procedures for civil defence and other emergencies. All staff have a current first aid certificate. There is an evacuation scheme approved by the New Zealand Fire Service dated 9 August 1995. Six monthly trial evacuations occur. Emergency lighting, gas heating, alternative cooking facilities are available in the event of a power failure. Communal living areas and resident rooms are appropriately heated and ventilated. Residents have access to natural light in their rooms and there is adequate external light in communal areas. External garden areas are available with suitable pathways, seating and shade provided.

Restraint Minimisation and Safe Practice

There is a documented definition of restraint and enablers. The restraint co-ordinator is a registered nurse. Assessments are based on information in the care plan, resident discussions and on observations of the staff, detailing de-escalation techniques that are specific to the individual resident. Cunliffe House Rest Home has maintained a restraint free environment.

Infection Prevention and Control

Cunliffe House Rest Home has an infection control programme, which is reviewed annually. The registered nurse is the infection control coordinator who is responsible with management support for implementation of the programme. The facility is supported by external provider infection control policies and procedures. The infection control programme, its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. This is linked into the quality/risk management system through the performance monitoring programme. There is a monthly staff meeting with infection control as a standing agenda item, there is discussion and reporting of infection control surveillance and issues, and implementation of strategies to improve practises. Minutes are available for staff.

HealthCERT Aged Residential Care Audit Report (version 3.91)

Introduction

This report records the results of an audit against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008) of an aged residential care service provider. The audit has been conducted by an auditing agency designated under the Health and Disability Services (Safety) Act 2001 for submission to the Ministry of Health.

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

It is important that auditors restrict their editing to the content controls in the document and do not delete any content controls or any text outside the content controls.

Audit Report

| | |
|---|---|
| Legal entity name: | Cunliffe House Retirement Home 2006 Limited |
| Certificate name: | Cunliffe House Rest Home |
| Designated Auditing Agency: | HDANZ |
| Types of audit: | Certification |
| Premises audited: | 7 Cunliffe Road, Redwood, Christchurch |
| Services audited: | Rest home |
| Dates of audit: | Start date: 12 December 2013 End date: 12 December 2013 |
| Proposed changes to current services (if any): | |
| Total beds occupied across all premises included in the audit on the first day of the audit: | 23 |

Audit Team

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|--------------------------|--------|----------------------------|---|-----------------------------|---|
| Lead Auditor | XXXXXX | Hours on site | 8 | Hours off site | 5 |
| Other Auditors | XXXXXX | Total hours on site | 8 | Total hours off site | 4 |
| Technical Experts | | Total hours on site | | Total hours off site | |
| Consumer Auditors | | Total hours on site | | Total hours off site | |
| Peer Reviewer | XXXXX | | | Hours | 2 |

Sample Totals

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|--|----|-----------------------------------|----|--------------------------------------|----|
| Total audit hours on site | 16 | Total audit hours off site | 11 | Total audit hours | 27 |
| Number of residents interviewed | 8 | Number of staff interviewed | 6 | Number of managers interviewed | 2 |
| Number of residents' records reviewed | 5 | Number of staff records reviewed | 5 | Total number of managers (headcount) | 2 |
| Number of medication records reviewed | 10 | Total number of staff (headcount) | 18 | Number of relatives interviewed | 3 |
| Number of residents' records reviewed using tracer methodology | 1 | | | Number of GPs interviewed | 1 |

Declaration

I, XXXXX, Director of Christchurch hereby submit this audit report pursuant to section 36 of the Health and Disability Services (Safety) Act 2001 on behalf of the Designated Auditing Agency named on page one of this report (the DAA), an auditing agency designated under section 32 of the Act.

I confirm that:

| | | |
|----|--|----------------|
| a) | I am a delegated authority of the DAA | Yes |
| b) | the DAA has in place effective arrangements to avoid or manage any conflicts of interest that may arise | Yes |
| c) | the DAA has developed the audit summary in this audit report in consultation with the provider | Yes |
| d) | this audit report has been approved by the lead auditor named above | Yes |
| e) | the peer reviewer named above has completed the peer review process in accordance with the DAA Handbook | Yes |
| f) | if this audit was unannounced, no member of the audit team has disclosed the timing of the audit to the provider | Not Applicable |
| g) | the DAA has provided all the information that is relevant to the audit | Yes |
| h) | the DAA has finished editing the document. | Yes |

Dated

Executive Summary of Audit

General Overview

Cunliffe House Rest Home provides rest home level care for up to 23 residents. Occupancy during the audit was 21 rest home residents. Cunliffe House is managed by co owners with many years' experience in aged care. Clinical oversight is provided by two registered nurses who are on call across 24 hours and provide between them 30 to 35 hours on site Monday to Friday. The service implements a quality system that is designed to monitor compliance and the quality of service delivery in the facility. Staff turnover is low. This audit identified no areas requiring improvements.

Outcome 1.1: Consumer Rights

Information about the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and services provided, is fully available to residents and family. There are policies to support rights such as culture, abuse / neglect, advocacy, privacy, dignity, informed consent, complaints and values and beliefs. Staff training takes place on an annual basis, reinforcing delivery of care based on the rights of the residents and their family/whanau and their freedom of choice. Complaints processes are implemented, complaints, and concerns are actively managed with evidence of resolution of issues raised. Residents and family interviewed praised the care provided at the service.

Outcome 1.2: Organisational Management

Cunliffe House Rest Home has a quality and risk management systems implemented. There are policies and procedures with staff and resident meetings monthly to discuss quality improvement data including incidents, accidents, complaints, health and safety and hazards. Internal audits are completed as designated by the programme schedule with evidence of corrective action plans completed with resolution documented. Staff are orientated and there is a training plan implemented. There is a registered nurse on duty five days a week in the morning and on call. Staffing levels meet contractual requirements with two caregivers in the morning and afternoon and one overnight.

Outcome 1.3: Continuum of Service Delivery

Residents are assessed prior to entry to the service and a baseline assessment is completed upon admission. There are entry and admission procedures in place. Residents and family members interviewed state that they are kept involved and informed about the resident's care. Care plans are developed by the registered nurses who also has the responsibility for maintaining and reviewing care plans. Care plans are individually developed with the resident and family/whanau involvement is included where appropriate and evaluated six monthly or more frequently when clinically indicated. Risk assessment tools and monitoring forms are available to assess effectively the level of risk and support required for residents.

The medication management system reflects the medicine care guides for residential aged care 2011. Staff responsible for medication administration are trained and monitored. Resident medications are reviewed by the residents' general practitioner at least three monthly.

A range of activities are available and residents provide feedback on the programme. Cunliffe House Rest Home has food policies/procedures for food services and menu planning appropriate for this type of service. Nutritional and Safe Food Management in-service is completed by staff. Dietitian input is obtained. Residents' food preferences are identify and this includes any particular dietary preferences or needs.

Outcome 1.4: Safe and Appropriate Environment

Cunliffe House Rest Home has a current building certificate that expires on 1 July 2014. Emergency systems are checked monthly including call bells, emergency lighting and fire alarms. The service has a maintenance book, which identify that maintenance is carried out. Residents' rooms are of sufficient space to allow services to be provided and for the safe use and manoeuvring of mobility aids. Residents can and do bring in their own furnishings for their rooms. The service has two lounge areas and a separate dining area. Residents are able to access areas for privacy if required. Furniture is appropriate to the setting and arranged that enables residents to mobilise. There is a designated laundry, which includes the storage of cleaning and laundry chemicals. Hot water temperatures are monitored and recorded. The service has implemented policies and procedures for civil defence and other emergencies. All staff have a current first aid certificate. There is an evacuation scheme approved by the New Zealand Fire Service dated 9 August 1995. Six monthly trail evacuations occur. Emergency lighting, gas heating, alternative cooking facilities are available in the event of a power failure. Communal living areas and resident rooms are appropriately heated and ventilated. Residents have access to natural light in their rooms and there is adequate external light in communal areas. External garden areas are available with suitable pathways, seating and shade provided.

Outcome 2: Restraint Minimisation and Safe Practice

There is a documented definition of restraint and enablers which is congruent with the definition in NZS RMSP 2008. The restraint co-ordinator is a registered nurse. Assessments are based on information in the care plan, resident discussions and on observations of the staff, detailing de-escalation techniques that are specific to the individual resident. Cunliffe House Rest Home has maintained a restraint free environment.

Outcome 3: Infection Prevention and Control

Cunliffe House Rest Home has an infection control programme, which is reviewed annually. The registered nurse is the infection control coordinator who is responsible with management support for implementation of the programme. The facility is supported by external provider infection control policies and procedures. The infection control programme, its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. This is linked into the quality/risk management system through the performance monitoring programme. There is a monthly staff meeting with Infection control as a standing agenda item, there is discussion and reporting of infection control surveillance and issues, and implementation of strategies to improve practises. Minutes are available for staff.

Summary of Attainment

| | CI | FA | PA Negligible | PA Low | PA Moderate | PA High | PA Critical |
|-----------|----|----|---------------|--------|-------------|---------|-------------|
| Standards | 0 | 45 | 0 | 0 | 0 | 0 | 0 |
| Criteria | 0 | 93 | 0 | 0 | 0 | 0 | 0 |

| | UA Negligible | UA Low | UA Moderate | UA High | UA Critical | Not Applicable | Pending | Not Audited |
|-----------|---------------|--------|-------------|---------|-------------|----------------|---------|-------------|
| Standards | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 0 |
| Criteria | 0 | 0 | 0 | 0 | 0 | 8 | 0 | 0 |

Corrective Action Requests (CAR) Report

| Code | Name | Description | Attainment | Finding | Corrective Action | Timeframe (Days) |
|-------------|-------------|--------------------|-------------------|----------------|--------------------------|-------------------------|
| | | | | | | |

Continuous Improvement (CI) Report

| Code | Name | Description | Attainment | Finding |
|-------------|-------------|--------------------|-------------------|----------------|
| | | | | |

NZS 8134.1:2008: 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 (HDS(C)S.2008:1.1.1)

Consumers receive services in accordance with consumer rights legislation.

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

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| Attainment and Risk: FA |
| Evidence: Policies and procedures that adhere with the requirements of the Code of Health and Disability Services Consumer Rights are in place. The service provides families and residents with information on entry to the service and this information contains details relating to the Code. Staff receive training for rights at induction and on-going – last provided in February 2013 as part of the training around privacy and confidentiality and in August as part of the Aged Concern presentation around abuse and neglect. Staff have also had training from the Nationwide Health and Disability Advocacy Service in November 2012. Discussions with staff including two caregivers and two registered nurses show an understanding of the key principles for the Code in providing services. Eight of eight residents interviewed and three of three family interviewed state that their rights are upheld and staff treat them with respect and give dignity to them. |

Criterion 1.1.1.1 (HDS(C)S.2008:1.1.1.1)

Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice.

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.) |

Standard 1.1.2: Consumer Rights During Service Delivery (HDS(C)S.2008:1.1.2)

Consumers are informed of their rights.

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

Attainment and Risk: FA

Evidence:

There is a welcome information booklet/folder that includes information about the code of rights and there is opportunity to discuss this prior to entry and/or at admission with the resident, family and, as appropriate, their legal representative.

On-going opportunities occur via regular contact with family to discuss any issues as they arise.

Advocacy pamphlets are clearly displayed on the noticeboard and the hallway. Advocacy is brought to the attention of residents and families at admission and via the monthly resident meetings through discussion.

Interviews with eight of eight residents interviewed confirms that information has been provided around advocacy.

D6,2 and D16.1b.iii The information pack provided to residents on entry includes how to make a complaint, code of rights pamphlet, advocacy and Health and Disability Commission.

Criterion 1.1.2.3 (HDS(C)S.2008:1.1.2.3)

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.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.1.2.4 (HDS(C)S.2008:1.1.2.4)

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

Attainment and Risk: FA

Evidence:

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| Finding: |
| Corrective Action: |
| Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i> |

Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect (HDS(C)S.2008:1.1.3)

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

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| Attainment and Risk: FA |
| <p>Evidence:</p> <p>The facility provides physical, visual, auditory and personal privacy for residents. Residents sharing rooms have a curtain that goes right around so that they can still have privacy and files reviewed where residents share a room (two reviewed) have a consent form signed.</p> <p>During the visit, staff demonstrated gaining permission prior to entering resident bedrooms. Two caregivers and two registered nurses interviewed describe ensuring privacy by knocking before entering.</p> <p>The service has a policy in place that includes that personal belongings are not used as communal property. The welcome pack given to residents and family also includes a house policy for identification of safekeeping, storage and maintenance of personal belongings.</p> <p>Values, beliefs information, and resident preferences are gathered on admission with family involvement and is integrated with the residents' care plans. This includes cultural, religious, social and ethnic needs. Interviews with two caregivers identifies how they get to know resident values, beliefs and cultural differences through resident files and through talking with residents and family.</p> <p>Three of three family interviewed confirm that the privacy and dignity of their family member is upheld and independence encouraged.</p> <p>There are at least monthly church services with a visiting minister who can provide support when requested. Residents are also invited to attend a local church and are transported there and back.</p> <p>Interviews with eight residents confirms that the service actively encourages them to have choice and this includes voluntary involvement in daily activities. Two caregivers describe providing choice including what to wear, food choices, how often they want to shower, activities and whether they want to be involved in activities.</p> <p>There is an abuse and neglect policy that is implemented and staff are required to complete abuse and neglect training. Abuse and neglect training was last delivered in August 2013 and staff interviewed including the two registered nurses, two caregivers and the GP confirm that there is no evidence of abuse and neglect.</p> |

Criterion 1.1.3.1 (HDS(C)S.2008:1.1.3.1)

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

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i> |

Criterion 1.1.3.2 (HDS(C)S.2008:1.1.3.2)

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.

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i> |

Criterion 1.1.3.6 (HDS(C)S.2008:1.1.3.6)

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

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |

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| Corrective Action: |
| Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i> |

Criterion 1.1.3.7 (HDS(C)S.2008:1.1.3.7)

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

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i> |

Standard 1.1.4: Recognition Of Māori Values And Beliefs (HDS(C)S.2008:1.1.4)

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

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| Attainment and Risk: FA |
| Evidence: <p>There are policies that acknowledge the Treaty of Waitangi, provide recognition of Māori values and beliefs and identify culturally safe practices for Māori. Staff receive cultural training in May and October 2013. Cultural needs and support is identified in five of five care plans.</p> <p>A3.2 There is a Maori health plan includes a description of how they will achieve the requirements set out in A3.1 (a) to (e).</p> <p>D20.1i The service has developed a link with the Canterbury District Health Board for cultural support when needed.</p> <p>The policies for Māori identify the importance of whānau and two caregivers and two registered nurses interviewed discussed the importance of family involvement.</p> <p>Discussion with three family members confirm that they are regularly involved.</p> <p>Interviews with the co-owner/managers, two registered nurses and two caregivers confirm that they understand support for residents identifying cultural needs.</p> <p>There are two staff employed who are learning te reo.</p> <p>A file for a Maori resident reviewed identifies iwi affiliation and cultural needs. The service has brought in kapa haka groups and taken Maori residents out</p> |

to kapa haka groups throughout the year. Staff including the cook also describe cooking boil ups and will cook food brought in by the family.

Criterion 1.1.4.2 (HDS(C)S.2008:1.1.4.2)

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

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.) |

Criterion 1.1.4.3 (HDS(C)S.2008:1.1.4.3)

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

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.) |

Criterion 1.1.4.5 (HDS(C)S.2008:1.1.4.5)

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

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.) |

Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs (HDS(C)S.2008:1.1.6)

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

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| Attainment and Risk: FA |
| Evidence: <p>The service implements policies about recognition of individual values and beliefs. This includes cultural, religious, social and ethnic needs. Staff recognise and respond to values, beliefs, cultural differences, and two caregivers can describe how they manage resident individual needs.</p> <p>D3.1g The service provides a culturally appropriate service by asking residents and family members what their cultural needs are at each assessment and including any needs in the plan and review. Values and beliefs information is gathered on admission with family involvement and is integrated into residents' care plans (sighted in five of five resident care plans).</p> <p>D4.1c During the admission process, a registered nurse along with the resident and family whenever possible complete the documentation and this includes recognition of the resident culture, values and beliefs.</p> <p>Five of five files reviewed include the resident's social, spiritual, cultural and recreational needs. All eight residents and three family also noted that on the whole staff are supportive and caring.</p> <p>Interpreting services can be accessed as describe by the registered nurse, however there are no residents requiring interpreting services.</p> |

Criterion 1.1.6.2 (HDS(C)S.2008:1.1.6.2)

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.

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.) |

Standard 1.1.7: Discrimination (HDS(C)S.2008:1.1.7)

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

ARHSS D16.5e

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| Attainment and Risk: FA |
| Evidence: Staff employment policies/procedures include guidelines around receiving gifts, confidentiality and staff expectations. Policies also include respect for personal belongings. Two registered nurses and the co-owners/manager interviewed are able to describe appropriate boundaries between staff and residents and their families. Eight of eight residents interviewed did not identify any incidents related to discrimination and there are no incidents citing discrimination noted on review of the incident forms and incident data for 2013 (12 incident forms reviewed). Care plans reviewed (five of five) include the residents social, spiritual, cultural and recreational needs. |

Criterion 1.1.7.3 (HDS(C)S.2008:1.1.7.3)

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.

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| Attainment and Risk: FA |
| Evidence: |

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| Finding: |
| Corrective Action: |
| Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i> |

Standard 1.1.8: Good Practice (HDS(C)S.2008:1.1.8)

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

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| Attainment and Risk: FA |
| <p>Evidence:</p> <p>A2.2 Services are provided at Cunliffe House Rest Home that adhere to the health and disability services standards. There is an implemented quality improvement programmes that includes performance monitoring. Comprehensive policy/procedures are documented by an external consultant and the reviews are completed by the co-owners/managers and the registered nurses with oversight from the consultant. There is a strong commitment to staff development by way of education and in-service training. Eight of eight residents and three of three family interviewed praised the service for the support provided. The management team including the two registered nurses and co-owners/managers describe ways to improve the service through the quality and risk management programme and there is a focus on providing a ‘family’ home. D17.7c There are implemented competencies for caregivers and registered nurses. There are clear ethical and professional standards and boundaries within job descriptions.</p> |

Criterion 1.1.8.1 (HDS(C)S.2008:1.1.8.1)

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

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.1.9: Communication (HDS(C)S.2008:1.1.9)

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

Attainment and Risk: FA

Evidence:

D16.4b Full information is provided at entry to residents and family/representatives. Families are involved in the initial care planning and in on-going care. Regular contact is maintained with family including if an incident or care/medical issues arise as confirmed by three of three family interviewed.

D12.1 Non-Subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so.

D16.1b.ii The residents and family are informed prior to entry of the scope of services and any items they have to pay that is not covered by the agreement.

D11.3 The information pack is available in large print and advised that this can be read to residents.

Policies and training support staff in providing care and support so that residents can make choices and be involved in the service.

Interviews with two caregivers identifies that consents are sought in the delivery of personal cares and this is confirmed by eight of eight residents.

Incident forms reviewed indicate that family are informed following an incident as documented in seven of 12 incident forms and for others in the progress notes.

There are no residents currently who identify as requiring an interpreter however the staff are able to describe how an interpreter would be accessed including through the DHB, Hearing Association and the Blind Foundation.

Criterion 1.1.9.1 (HDS(C)S.2008:1.1.9.1)

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.1.9.4 (HDS(C)S.2008:1.1.9.4)

Wherever necessary and reasonably practicable, interpreter services are provided.

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i> |

Standard 1.1.10: Informed Consent (HDS(C)S.2008:1.1.10)

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

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| Attainment and Risk: FA |
| Evidence: <p>There is an informed consent and open disclosure policy. Information on informed consent is included in the information pack and discussed with residents and families and admission. A review of a sample of five files identify that informed consent is collected for photos, health information and outings as part of the admission agreement. There is a resuscitation form and process. Five files reviewed had advanced directive forms (DNR forms) appropriately completed and signed by resident. There is a consent to share a room policy. There are five double rooms, four of which are currently shared, all eight residents have completed a consent to share form.</p> <p>Two caregivers and two registered nurses interviewed showed an understanding of the key principles for the Code of Consumer Rights and informed consent. Two caregivers described the principles of informed consent including verbal consent for daily cares.</p> <p>Code of rights, advocacy, informed consent training was provided to staff November 2012.</p> <p>D13.1 There are five signed admission agreements sighted in resident files reviewed.</p> <p>D3.1.d Discussion with three family identify that the service actively involves them in decisions that affect their relatives lives.</p> |

Criterion 1.1.10.2 (HDS(C)S.2008:1.1.10.2)

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.

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.) |

Criterion 1.1.10.4 (HDS(C)S.2008:1.1.10.4)

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

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.) |

Criterion 1.1.10.7 (HDS(C)S.2008:1.1.10.7)

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

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| Attainment and Risk: FA |
| Evidence: |

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| Finding: |
| Corrective Action: |
| Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i> |

Standard 1.1.11: Advocacy And Support (HDS(C)S.2008:1.1.11)

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

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| Attainment and Risk: FA |
| Evidence: Advocacy information is part of the service entry package and is on display in the foyer and on the noticeboard in the foyer. The right to have an advocate is discussed with residents and their family during the entry process and relative or nominated advocate is documented on the front page of the resident file as confirmed by the residents and family interviewed. D4.1d; Discussion with three of three family interviewed identifies that the service provides opportunities for the family/EPOA to be involved in decisions. ARC D4.1e: The resident file includes information on resident's family/whanau and chosen social networks as sighted in five of five files reviewed. |

Criterion 1.1.11.1 (HDS(C)S.2008:1.1.11.1)

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.

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i> |

Standard 1.1.12: Links With Family/Whānau And Other Community Resources (HDS(C)S.2008:1.1.12)

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

Attainment and Risk: FA

Evidence:

The service has visiting arrangements that are suitable to residents and family. Families and friends are able to visit at times that meet their needs.

Residents are supported to access the community as required and the service maintains key linkages with other community organisations.

D3.1: Discussion with three of three families indicates that they are encouraged to be involved with the service and care including being informed of care planning reviews with an invitation to participate.

D3.1.e: Discussion with staff and relatives indicates that they are supported and encouraged to remain involved in the community and external groups such as church, shopping, events in the community, visits to a local club.

Visiting in the service can occur at any reasonable time. Interviews with eight residents and three relatives confirm that visitors are welcomed, are included in discussions, asked if they would like a cup of tea and visitors are sighted coming and going on the days of the audit and engaging in activities with the resident.

Criterion 1.1.12.1 (HDS(C)S.2008:1.1.12.1)

Consumers have access to visitors of their choice.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.1.12.2 (HDS(C)S.2008:1.1.12.2)

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

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i> |

Standard 1.1.13: Complaints Management (HDS(C)S.2008:1.1.13)

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

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| Attainment and Risk: FA |
| Evidence: <p>D13.3h. The service has in place complaint management policies and procedures that are aligned with Code 10 of the Code of Rights. A complaints register/folder is in place that documents complaints. The complaint process is in a format that is readily understood and accessible to residents/family/whanau as state by eight residents interviewed and three families interviewed.</p> <p>The entry pack includes a summary of the complaints procedure.</p> <p>The complaints register is maintained and shows investigation of all complaints, dates and actions taken for resolution.</p> <p>The last complaint was documented in 2011 and staff and the co-owner/managers state that any concerns are dealt with at a low level prior to these escalating.</p> <p>Eight of eight residents interviewed and three of three family interviewed state that they have no reason to complain.</p> <p>All of the complaints have documentation and management of a full investigation, follow ups and resolution including communication with complainants.</p> <p>There are no complaints with the Health and Disability Commissioner, DHB or MoH.</p> |

Criterion 1.1.13.1 (HDS(C)S.2008:1.1.13.1)

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

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i> |

Criterion 1.1.13.3 (HDS(C)S.2008:1.1.13.3)

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

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i> |

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 (HDS(C)S.2008:1.2.1)

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

Attainment and Risk: FA

Evidence:

Cunliffe House Rest Home provides residential care for up to 23 residents with 21 occupied beds on the day of the audit including three residents currently relocated temporarily by the Earthquake Commission. One resident is under 65 years and is under a (Young Person Disability) YPD contract. One registered nurse describes a link to a community dietician if required. The service accesses a doctor from Christchurch who visits once a week and is on the end of a phone if required. There are links to speech language, podiatrist, physiotherapist and public hospital. There is a documented service philosophy, mission and vision and a strategic plan June 2013. Cunliffe House Rest Home is managed by co owners with many years' experience in aged care. Clinical oversight is provided by two registered nurses who are on call 24/7 and provide between them 30 to 35 hours on site Monday to Friday. ARC,D17.3di (rest home): The co-owners/managers have maintained at least eight hours annually of professional development activities related to managing a rest home. This includes attendance at the aged care conference and the managers and provider (DHB) forums quarterly in 2013. They also own another rest home facility. There are four directors in total.

Criterion 1.2.1.1 (HDS(C)S.2008:1.2.1.1)

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.2.1.3 (HDS(C)S.2008:1.2.1.3)

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

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i> |

Standard 1.2.2: Service Management (HDS(C)S.2008:1.2.2)

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

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| Attainment and Risk: FA |
| Evidence: D19.1a; A review of the documentation, policies and procedures and from discussion with staff identifies that the service operational management strategies, quality and risk management programme which includes culturally appropriate care, is to minimise risk of unwanted events and enhance quality of service delivery for residents and other stakeholders. In the temporary absence of the co-owner/manager, the two other directors fulfil the manager role. The registered nurses cover for each other when away. |

Criterion 1.2.2.1 (HDS(C)S.2008:1.2.2.1)

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

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.2.3: Quality And Risk Management Systems (HDS(C)S.2008:1.2.3)

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

Attainment and Risk: FA

Evidence:

Cunliffe House Rest Home has a quality and risk management system that is overseen by the co-owners/managers and registered nurses.

D5.4 Service appropriate management systems, policies, and procedures are developed, implemented and regularly reviewed for the sector standards and contractual requirements.

D5.4: There are adequate clinical policies and procedures to rest home and hospital level care including pain management, continence, personal grooming, skin integrity, wound management.

The quality and risk system is documented and links with associated policies/procedures. Policies are reviewed by the co-owners/managers with an external consultant providing oversight. There is a document control process in place.

The quality programme includes review of complaints incidents, accidents and implementation of an internal audit programme. Action plans are completed with evidence that suggestions and concerns are addressed.

The monthly and annual reviews of the quality and risk management programme reflect the service's on-going progress around quality improvement.

D17.10e: There are procedures to guide staff in managing clinical and non-clinical emergencies.

D19.3 There are implemented risk management, and health and safety policies and procedures in place including accident and hazard management.

Health and safety policies are implemented and monitored through the monthly staff meetings. Risk management, hazard control and emergency policies and procedures are in place.

Discussions with two registered nurses, two caregivers, the cook, co-owners/managers, activities coordinator and review of staff meeting minutes demonstrate their involvement in quality and risk activities.

Annual relative and food satisfaction surveys are completed with positive feedback provided. The co-owners/managers state that as the acuity of residents has risen and there are few who respond to satisfaction surveys. The service is small and there is a lot of informal feedback.

There is an implemented internal audit schedule that is completed in a timely manner. Corrective action plans are routinely raised with evidence of resolution of issues.

The hazard register and the maintenance folder indicates that there is resolution of issues identify.

D19.2g Falls prevention strategies such as use of increased observation of residents, falls assessment, GP review, moving of a resident to a different room, use of hospital beds as sighted in one file reviewed.

Criterion 1.2.3.1 (HDS(C)S.2008:1.2.3.1)

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

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i> |

Criterion 1.2.3.3 (HDS(C)S.2008:1.2.3.3)

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.

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i> |

Criterion 1.2.3.4 (HDS(C)S.2008:1.2.3.4)

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.

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| Attainment and Risk: FA |
| Evidence: |

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| Finding: |
| Corrective Action: |
| Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i> |

Criterion 1.2.3.5 (HDS(C)S.2008:1.2.3.5)

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

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i> |

Criterion 1.2.3.6 (HDS(C)S.2008:1.2.3.6)

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

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i> |

Criterion 1.2.3.7 (HDS(C)S.2008:1.2.3.7)

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

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i> |

Criterion 1.2.3.8 (HDS(C)S.2008:1.2.3.8)

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

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i> |

Criterion 1.2.3.9 (HDS(C)S.2008:1.2.3.9)

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.

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i> |

Standard 1.2.4: Adverse Event Reporting (HDS(C)S.2008:1.2.4)

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

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| Attainment and Risk: FA |
| Evidence: D19.3b; There is an incident reporting policy that includes definitions, and outlines responsibilities including immediate action, reporting, monitoring and corrective action to minimise and debriefing. The co-owner/managers are able to identify that the following situations would be reported to statutory authorities: notifiable infectious diseases; serious accidents to the Department of Labour; unexpected death; specific situations to the MoH, changes in managers. The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made. Monthly incident reports are completed and any follow up action required. The data is tabled at the staff meeting. A review of 12 incident/accident forms identifies that all are fully completed and include follow-up. Three of three family interviewed confirm that they are informed of incidents as these occur. |

Criterion 1.2.4.2 (HDS(C)S.2008:1.2.4.2)

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

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i> |

Criterion 1.2.4.3 (HDS(C)S.2008:1.2.4.3)

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.

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i> |

Standard 1.2.7: Human Resource Management (HDS(C)S.2008:1.2.7)

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

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| Attainment and Risk: FA |
| Evidence: Policies related to HR are documented including credentialing, orientation, performance and development reviews, performance management and |

recruitment, selection and appointment. These are implemented.

The registered nurses and other health professionals linked to the service have current practising certificates.

Job descriptions describe the key accountabilities, reporting line and performance measures for each role within the organisation.

An orientation process is completed for each employee. One new staff member interviewed can describe the orientation and five of five staff files reviewed include an orientation checklist completed.

An in-service training plan notes the training required and attendance records are documented. Attendance records show that staff participate.

A review of five of five staff files (including two registered nurses, two caregivers, activities coordinator) confirms that each employee has a current annual performance appraisal.

Family and residents state that staff are knowledgeable and the two caregivers and registered nurses are able to describe care and support required as per care plans.

D17.7d: There are implemented competencies for registered nurses related to medication competencies.

Five of the nine caregivers have completed the national certificate in care of the elderly and one other is registered as a nurse in another country.

Criterion 1.2.7.2 (HDS(C)S.2008:1.2.7.2)

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

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i> |

Criterion 1.2.7.3 (HDS(C)S.2008:1.2.7.3)

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

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.2.7.4 (HDS(C)S.2008:1.2.7.4)

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.2.7.5 (HDS(C)S.2008:1.2.7.5)

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.2.8: Service Provider Availability (HDS(C)S.2008:1.2.8)

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

Attainment and Risk: FA

Evidence:

There are a total of 18 staff including two co-owners/managers, two registered nurses, nine caregivers, two cooks, maintenance, one activities coordinator, one cleaner.

There is a facility staffing and skill mix policy that aligns with contractual requirements. Rosters sighted note the skill mix and clinical oversight is appropriate for the size and complexity of the facility.

There are two co-owner/managers who provide on-site support.

There are two registered nurses who cover five days a week for 30 to 35 hours a week with on call 24/7

Two caregivers are on site in the morning and afternoon (one short and one long shift on each) with one caregiver overnight. The two caregivers interviewed state that they can access on call staff when needed.

The activities coordinator provides 20 hours week with activities provided seven days a week. The caregivers provide activities on the seventh day.

Caregiver's complete laundry, cleaning and food services in the evening noting that there is one cleaner also employed.

Residents interviewed and family members interviewed report there are adequate staff numbers.

Criterion 1.2.8.1 (HDS(C)S.2008:1.2.8.1)

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.2.9: Consumer Information Management Systems (HDS(C)S.2008:1.2.9)

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

Attainment and Risk: FA

Evidence:

The resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time.

Policies outline security of records. Files are kept securely in a cupboard in the dining room.

D7.1 Entries are legible, dated and signed by the relevant staff member.

Each resident has an individual file that includes all relevant information.

Medication files are kept in a separate folder and this is appropriate to the service. The medication files are located in locked cupboard. When medication is taken out to administer, the folders are kept on the trolley in sight of the registered nurse or caregiver – observed to occur in the rest home with the trolley chained to the wall.

Criterion 1.2.9.1 (HDS(C)S.2008:1.2.9.1)

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.2.9.7 (HDS(C)S.2008:1.2.9.7)

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

Attainment and Risk: FA

Evidence:

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| Finding: |
| Corrective Action: |
| Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i> |

Criterion 1.2.9.9 (HDS(C)S.2008:1.2.9.9)

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

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i> |

Criterion 1.2.9.10 (HDS(C)S.2008:1.2.9.10)

All records pertaining to individual consumer service delivery are integrated.

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i> |

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 (HDS(C)S.2008:1.3.1)

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

Attainment and Risk: FA

Evidence:

Residents are assessed prior to entry to the service and a baseline assessment is completed. The service liaises with assessment services and service coordinators as required. There are entry and admission procedures in place. The service has specific information available for residents/families/whānau at entry and it includes associated information such as the Health and Disability Code of Rights.

Comprehensive pre-admission information is made available at entry to the resident and family/whānau.

D13.3 The admission agreement reviewed aligns with a) -k) of the ARC contract

D14.1 exclusions from the service are included in the admission agreement.

D14.2 the information provided at entry includes examples of how services can be accessed that are not included in the agreement.

An admission audit is completed – last in February, June and October 2013.

Criterion 1.3.1.4 (HDS(C)S.2008:1.3.1.4)

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.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.3.2: Declining Referral/Entry To Services (HDS(C)S.2008:1.3.2)

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

Attainment and Risk: FA

Evidence:

The service has a process for declining entry should that occur. This includes informing persons and referrers (as applicable) the reasons why the service has been declined. The reason for declining service entry to residents is recorded and communicated to the resident/family/whanau.

Criterion 1.3.2.2 (HDS(C)S.2008:1.3.2.2)

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.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.3.3: Service Provision Requirements (HDS(C)S.2008:1.3.3)

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

Attainment and Risk: FA

Evidence:

Care plans are developed by the registered nurses who also have the responsibility for maintaining and reviewing care plans. An initial assessment and the beginning of the development of the residents care plan is expected to occur during admission. The full care plan is developed within three weeks. Care plans are developed in consultation with other relevant people including residents and where appropriate family/whanau. There was evidence of other allied health services input at the admission process i.e. general practitioner, physiotherapy and speech language therapist. Three family members interviewed confirmed their involvement in the admission process.

A review of five resident files indicated that these time frames are worked within. Caregivers complete progress notes at the end of the morning shift daily, documenting on afternoon and night shift if anything exceptional occurs. Registered nurses document any specific nursing interventions and outcomes. A short term care plan is completed by the registered nurse for changes in health status. There is an appropriate hand-over briefing between shifts that staff are able to fully describe.

D16.2, 3, 4: The five files reviewed are: 1) resident who is a frequent faller; 2) resident of Maori descent; 3) resident with a wound; 4) resident with speech language input; 5) resident with diabetes. It is identify in all five files an assessment was completed within 24 hours and all five files identify that the long term care plan is completed within three weeks. There is documented evidence that the care plan is reviewed by a registered nurse and amended when current health changes. All five care plans evidence evaluations completed at least six monthly.

D16.5e: Five resident files reviewed identify that the general practitioner has seen the resident within two working days. It is noted in four resident files reviewed that the GP has assessed the resident as stable and are to be seen three monthly. One file identify that the general practitioner has assessed the resident as requiring monthly visits, with these occurring.

A range of assessment tools are completed in resident files on admission and completed at least six monthly including (but not limited to); a) braden pressure area assessment, b) coombes falls risk assessment, c) nutritional needs assessment, d) continence assessment, and e) pain assessment.

Tracer Methodology:

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

Criterion 1.3.3.1 (HDS(C)S.2008:1.3.3.1)

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.

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.) |

Criterion 1.3.3.3 (HDS(C)S.2008:1.3.3.3)

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.

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i> |

Criterion 1.3.3.4 (HDS(C)S.2008:1.3.3.4)

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

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i> |

Standard 1.3.4: Assessment (HDS(C)S.2008:1.3.4)

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

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| Attainment and Risk: FA |
| Evidence: Resident files include care needs assessments, completed by the needs assessment team, which are used in establishing a plan of care. The service completes an initial assessment (on day of entry to the service) and the information gathered at assessment is used to set care plan goals and objectives for residents. All equipment required is assessed on the initial assessment and as required thereafter. |

Initial resident assessments are very comprehensive and also include assessment tools; a) braden pressure area assessment, b) coombes falls risk assessment, c) nutritional needs assessment, d) continence assessment, and e) pain assessment. This is an improvement since the last audit. The following personal needs information is gathered during assessment: a) personal and identification , b) culture and values, c) current and previous health and/or disability conditions, d) medication and allergies, e) activities of daily living, f) equipment needs, g) family/whanau support, and h) activities preferences. General practitioner completes medical admission with two working days and documents medical progress notes. Other service provider's records i.e. physiotherapy, speech language therapy and podiatrist are contained in resident files. Families/residents confirmed their involvement. These assessments are completed in the privacy of the residents bedroom.

Criterion 1.3.4.2 (HDS(C)S.2008:1.3.4.2)

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.

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i> |

Standard 1.3.5: Planning (HDS(C)S.2008:1.3.5)

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

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| Attainment and Risk: FA |
| Evidence: <p>Care plans are individually developed with the resident and family/whanau involvement is included where appropriate. Three families interviewed are supportive of the services provided and the needs of their family member being met. The care being provided is individualised and consistent with the needs of residents as demonstrated by the overview of the care plans and discussion with family, caregivers, registered nurses and management. Medical and allied health notes are included in the individual file. Activities information is maintained by the activity therapist in the resident file. Care plan includes, a) mobility, b) grooming ,c) medication, d) continence, e) diet, f) pscyo-social, g) pain management, h) wound/skin management, i) respiratory, j) sensory, k) sleep/comfort, l) special needs, m) memory loss, n) behaviour management, and o) injury potential. Short term care plans are completed following admission and are used in conjunction with long term care plans whenever an acute phase of illness or changes to routine give rise to temporary changes in care.</p> |

Audits are completed to monitor care and these include a continence management audit- September 2013; care plan audit-July 2013; wound management audit –November 2013.

D16.3k Short term care plans are in use for changes in health status e.g. chest infections, wounds, falls, minor surgery and urinary infections. This is an improvement since the previous audit.

D16.3f Five resident files reviewed identify that family are involved.

Criterion 1.3.5.2 (HDS(C)S.2008:1.3.5.2)

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

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.) |

Criterion 1.3.5.3 (HDS(C)S.2008:1.3.5.3)

Service delivery plans demonstrate service integration.

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.) |

Standard 1.3.6: Service Delivery/Interventions (HDS(C)S.2008:1.3.6)

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

Attainment and Risk: FA

Evidence:

Two registered nurses are employed by the service working a combined total of 35 hours a week. A record of all health practitioners practicing certificates is kept. Needs are assessed using pre admission documentation; doctors notes, and the assessment tools which are completed by a registered nurse. The service being provided is consistent with the needs of residents as demonstrated on the overview of the care plans and discussion with care givers, registered nurse, residents, families, general practitioner and management. Care plans are goal orientated and reviewed at six monthly intervals and more frequently if required. During the tour of facility it is noted that all staff treated residents with respect and dignity, residents and families are able to confirm this observation.

Short term care plans are in use for changes in health status (link #1.3.5)

Two caregivers interviewed state that they have all the equipment referred to in care plans and necessary to provide care, including wheelchairs, lifting belts, continence supplies, dressing supplies and any miscellaneous items.

D18.3 and 4 Dressing supplies are available and a treatment room is stocked for use.

Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identify for day use, night use, and other management.

Continence management in-service November 2013 and wound management in-service June 2013 have been provided.

There was a wound care assessment, management plan, evaluation and progress notes in place for two residents with wounds. Neither wounds are pressure related. The general practitioner has had input into the care of these wounds.

The registered nurses interviewed described the referral process and related form should they require assistance from a wound specialist or continence nurse. Staff are provided with current training practises and this involves external in-service opportunities.

Criterion 1.3.6.1 (HDS(C)S.2008:1.3.6.1)

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.3.7: Planned Activities (HDS(C)S.2008:1.3.7)

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

Attainment and Risk: FA

Evidence:

The activities coordinator works Monday to Friday, approximately twenty hours a week. She has been employed by the service for three years. Activities are provided Monday to Friday, plus entertainment on Saturdays and videos on Sundays.

There is a monthly activity planner, posted on noticeboards in corridor and lounge/dining rooms. A range of activities are available and these include the involvement of the residents into the community.

The programme reflects resident's interest in the environment and they have choice in their level of participation. One on one time is spent with residents, especially with those who do not like or unable to participate in group activities. Discussion with residents and relatives all confirmed that there is variety of activities and the programme is enjoyable.

Eight residents interviewed said they enjoy the activities.

The resident activities assessment form includes skills, interests and involvements in community activities. Each activities care plan includes; a) preferred activities, b) goals and objectives for physical, sensory, cognitive / intellectual and social, religious / spiritual / cultural, and c) suggested individual diversional activities. An attendance record is kept. The activities coordinator state at interview that residents are asked frequently to give verbal feedback and asked for suggestions.

D16.5d Resident files reviewed identify that the individual activity plan is reviewed when at care plan review.

Criterion 1.3.7.1 (HDS(C)S.2008:1.3.7.1)

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.3.8: Evaluation (HDS(C)S.2008:1.3.8)

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

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

Attainment and Risk: FA

Evidence:

D16.4a Care plans are evaluated six monthly and more frequently when clinically indicated.

D16.3c: All five initial care plans are evaluated by the registered nurses within three weeks of admission, forming the long term care plan.

The general practitioner reviews residents medical condition and medication charts every three months. The general practitioner interviewed states that the communication from the service is appropriate and in a timely fashion. The service carries out his instructions, giving him full confidence in the care that is being delivered.

Criterion 1.3.8.2 (HDS(C)S.2008:1.3.8.2)

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.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.3.8.3 (HDS(C)S.2008:1.3.8.3)

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) (HDS(C)S.2008:1.3.9)

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

Attainment and Risk: FA

Evidence:

The service facilitates access to other services (medical and non-medical) and where access occurs referral documentation is maintained. Residents' and or their family/whanau are involved as appropriate when referral to another service occurs. In managing the referral process the service provides: a) appropriate transfer of relevant information, and b) follow-up occurs where appropriate.

D16.4c; The service provided an example of where a residents condition had changed and the resident was reassessed for a higher level of care.

D 20.1 Discussions with the registered nurses identify that the service has access to wound specialist, dietitian, continence nurse, physiotherapist, speech language therapy and other departments of the public hospital in Christchurch.

Criterion 1.3.9.1 (HDS(C)S.2008:1.3.9.1)

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.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.3.10: Transition, Exit, Discharge, Or Transfer (HDS(C)S.2008:1.3.10)

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

ARC D21 ARHSS D21

Attainment and Risk: FA

Evidence:

There is a transfer plan policy, which describes guidelines for death, discharge, transfer, documentation and follows up. All relevant information is documented and communicated to the receiving health provider or service.

A record is kept and a copy of which is kept on the resident's file procedures include a transfer/discharge form and the completed form is placed on file and retained as part of the archived resident records. There is transfer information available in one of the files reviewed which was noted to be complete, appropriate and fully documented communicated to support health care staff to meet the needs of the transferring resident. Family notification of transfer was confirmed at interview.

Criterion 1.3.10.2 (HDS(C)S.2008:1.3.10.2)

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.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.3.12: Medicine Management (HDS(C)S.2008:1.3.12)

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

Attainment and Risk: FA

Evidence:

The medication management system includes a medication policy and procedures that follows recognised standards and guidelines for safe medicine

management practice in accord with the guideline: 2011 Medicines Care Guides for Residential Aged Care. Medication management policies include (but not limited to), a) Administration of medication policy, and procedure, b) responsibilities of staff, c) obtaining medication, storage of medication/ medication reconciliation, d) insulin injections, e) injections, f) medication errors, g) self-medicating residents, h) hygiene and safety during administration of medication, i) controlled drugs, j) topical applications, k) verbal orders, l) household remedies- standing orders, m) disposal of medication, n) drug reactions and o) prn medication.

The service has in place policies and procedures for ensuring all medicine related recording and documentation is: a) legible, b) signed and dated, and c) meets acceptable good practice standards.

All residents have individual medication charts with photo identification, allergies listed, with three monthly reviews of medication occurring by general practitioner. Signing sheets are in place for packed medication, short term, and prn medication. The medications are stored in a in a locked trolley, which is chained to the wall when not in use.

Controlled drugs are stored in a locked safe in a locked cupboard in the dining room area. Only the registered nurse and medication competent care givers have access to controlled drugs. There is a controlled drug register, with weekly stock takes by the registered nurse.

Registered nurses and caregivers who have been assessed as being medication competent administer medications.

Medication training was provided in January 2013. Registered nurses complete peer review around medications annually. There is a list of specimen signatures at the front of the medication folder.

The service has adequate information and supervises the self-administration of medicines. Advised that self-administered medications would be securely stored in locked drawers in the resident's room. Advised there are no residents currently self-medicating.

On all ten medication charts, allergies or no known allergy is recorded. This is an improvement since the last audit.

There is a medication error procedure in place. There is a staff signature identification sheet in the front of the medication folders.

Cunliffe House Rest Home uses the Webster pack system of four weekly blister packs; verification is completed by the registered nurse against the drug chart on arrival from the pharmacy.

A medication audit was completed - August and December 2013.

D16.5.e.i.2; Nine of the ten medication charts reviewed identify that the general practitioner has seen the reviewed the resident three monthly and the medication chart was signed. One chart has been reviewed monthly due to the unstable medical condition of the resident.

Criterion 1.3.12.1 (HDS(C)S.2008:1.3.12.1)

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.

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.) |

Criterion 1.3.12.3 (HDS(C)S.2008:1.3.12.3)

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

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i> |

Criterion 1.3.12.5 (HDS(C)S.2008:1.3.12.5)

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

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i> |

Criterion 1.3.12.6 (HDS(C)S.2008:1.3.12.6)

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.

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| Attainment and Risk: FA |
| Evidence: |

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| Finding: |
| Corrective Action: |
| Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i> |

Standard 1.3.13: Nutrition, Safe Food, And Fluid Management (HDS(C)S.2008:1.3.13)

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

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| Attainment and Risk: FA |
| <p>Evidence:</p> <p>Cunliffe House Rest Home has food policies/procedures for food services and menu planning appropriate for this type of service. The service has a modern workable kitchen the kitchen was observed to be exceptionally clean. It contains freezer and fridge, microwave, commercial oven and hot plates. There is a chest freezer located in the staff room upstairs.</p> <p>There is a cleaning schedule. Kitchen fridge, food and freezer temperatures are monitored and documented daily. Food in the kitchen and storage areas are dated, labelled and rotated.</p> <p>The service has four week cyclic summer and winter menus, designed and audited by a registered dietitian – November 2013. Diets are modified as required and the cook was able to discuss the individual menu needs of residents.</p> <p>The residents have a nutritional profile developed on admission which identifies dietary requirements and likes and dislikes. This nutritional profile is kept in the kitchen. This is reviewed six monthly as part of the care plan review. Changes to residents' dietary needs are communicated to the kitchen. Current diets being catered include diabetic meals.</p> <p>Food is discussed at resident meetings. Special equipment was available as required. This includes cups, straws, modified cutlery/crockery etc. The need for supervision, assistance or special equipment is documented in the nutritional assessments and in the resident care plan.</p> <p>There are adequate supplies available should an emergency occur including extra supply of water.</p> <p>D19.2 staff have been trained in safe food handling. There are two cooks employed by the service.</p> |

Criterion 1.3.13.1 (HDS(C)S.2008:1.3.13.1)

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

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| Attainment and Risk: FA |
| Evidence: |

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| Finding: |
| Corrective Action: |
| Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i> |

Criterion 1.3.13.2 (HDS(C)S.2008:1.3.13.2)

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

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i> |

Criterion 1.3.13.5 (HDS(C)S.2008:1.3.13.5)

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

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i> |

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.

Standard 1.4.1: Management Of Waste And Hazardous Substances (HDS(C)S.2008:1.4.1)

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

Attainment and Risk: FA

Evidence:

Cunliffe rest home has waste management policies and procedures for the safe disposal of waste and hazardous substances. Environment and equipment audit last –December 2013. Cunliffe has a system for investigating, recording and reporting; a) spills of biological material, b) needle stick injuries and similar blood/body substance exposures, c) contaminations, and d) managing hazardous waste. Chemicals are stored securely and are labelled. The service has material safety data sheets available. Protective equipment and clothing e.g. gloves, aprons and goggles are available as required by staff. Chemical safety training was provided in December 2013.

Criterion 1.4.1.1 (HDS(C)S.2008:1.4.1.1)

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.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.4.1.6 (HDS(C)S.2008:1.4.1.6)

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

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i> |

Standard 1.4.2: Facility Specifications (HDS(C)S.2008:1.4.2)

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

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| Attainment and Risk: FA |
| Evidence: <p>The building holds a current warrant of fitness which expires on 1 July 2014. Emergency systems are checked monthly including call bells, emergency lighting and fire alarms. Electrical equipment was last checked 18 May 2012. The internal lift has an annual inspection expiry date 20 May 2014. Maintenance is undertaken as required. Furniture and fittings are selected with consideration to residents' abilities and functioning. Residents and family members confirm that they are able to personalise their rooms with furnishings and possessions of their preference. There is enough room throughout the service for residents to mobilise safely. There is sufficient space to allow the safe use of mobility equipment, should it be required. Hand rails are appropriately located in the hallways.</p> <p>The facility has a well maintained garden and paved area accessible from the decking outside the front door. There is a ramp with safety rails leading to the garden area. There is a large garden with an aviary, water feature, flower garden, pathways and shaded seating areas. The facility has it's own van for transport, the van wof expires 12 December 2014.</p> <p>D15.3; The following equipment is available: spenco mattress, shower chairs, wheelchairs and lifting aids.</p> |

Criterion 1.4.2.1 (HDS(C)S.2008:1.4.2.1)

All buildings, plant, and equipment comply with legislation.

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i> |

Criterion 1.4.2.4 (HDS(C)S.2008:1.4.2.4)

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

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i> |

Criterion 1.4.2.6 (HDS(C)S.2008:1.4.2.6)

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

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.4.3: Toilet, Shower, And Bathing Facilities (HDS(C)S.2008:1.4.3)

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

Attainment and Risk: FA

Evidence:

There are adequate numbers of toilets and showers with access to a hand basin and paper towels. Water from hot taps is monitored and documented at 43-45 degrees Celsius. Fixtures, fittings, and floor and wall surfaces appear to be made of accepted materials for this environment. Communal toilets and showers are well signed and identifiable. They are lockable with locks that can be opened in case of emergency. They each have a call bell readily accessible. Alcohol hand cleaner is available throughout the facility and at the front door for visitors.

Criterion 1.4.3.1 (HDS(C)S.2008:1.4.3.1)

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.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.4.4: Personal Space/Bed Areas (HDS(C)S.2008:1.4.4)

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

Attainment and Risk: FA

Evidence:

Residents rooms are small, but have sufficient space to allow care to be provided and for the safe use of mobility aids. Staff and residents confirmed that the smallness of the bedroom doesn't prevent the delivery of the level of care required. The bedroom doors are wide enough for wheel chair/walking frame access. Hallways and communal areas allow wheelchair access. Transporting residents between rooms in their bed is not necessary. Movement of residents can be made by wheelchair or ambulance stretcher if necessary. The service has five double rooms, with each resident sharing a room having a shared room agreement in their resident files.

Criterion 1.4.4.1 (HDS(C)S.2008:1.4.4.1)

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.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining (HDS(C)S.2008:1.4.5)

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

Attainment and Risk: FA

Evidence:

There is a single dining room and two adjoining lounges for residents use. Residents are able to access areas for privacy if required. Furniture is appropriate to the setting and arranged that enables residents to mobilise. Activities can occur in either of the lounge areas.

Criterion 1.4.5.1 (HDS(C)S.2008:1.4.5.1)

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

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.) |

Standard 1.4.6: Cleaning And Laundry Services (HDS(C)S.2008:1.4.6)

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

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| Attainment and Risk: FA |
| Evidence: There is a small but functional designated laundry area as all laundry is done on site. There is a clean linen storage area. Policies reflect current practice. Policies include laundry policy, safe storage of chemicals and cleaning procedures. Material safety data information sheets are available. There is a dirty/ clean flow around the laundry. There is a designated area for the secure storage of cleaning and laundry chemicals. Laundry and cleaning processes are monitored for effectiveness - laundry and cleaning audit July 2013 and room clean audit October 2013. Checklists for cleaning completed occurs on a daily basis. |

Criterion 1.4.6.2 (HDS(C)S.2008:1.4.6.2)

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

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.4.6.3 (HDS(C)S.2008:1.4.6.3)

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.4.7: Essential, Emergency, And Security Systems (HDS(C)S.2008:1.4.7)

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

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

Attainment and Risk: FA

Evidence:

D19.6: There is a civil defence manual and emergency procedures manual in place. Civil defence kit is readily accessible in a storage cupboard this includes and up to date register of all residents details. All staff have a current first aid certificate. There is an evacuation scheme approved by the New Zealand Fire Service dated 9 August 1995. Six monthly trail evacuations occur. Last Evacuation trial with NZFS occurred 10 December 2013. A portable gas heater and gas barbeque is available. A battery backup supplies power to the emergency lighting an call system. Staff state that there are plenty of spare blankets available also. Call bells are evident in resident's rooms', lounge, and toilets/bathrooms. Call bells are observed to be ansared appropriately on day of audit. Security procedures are established. Residents individual planning identifies additional needs as required. Contractors and visitors to Cunliffe Rest Home are required to identify themselves and sign visitors book.

Criterion 1.4.7.1 (HDS(C)S.2008:1.4.7.1)

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

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.) |

Criterion 1.4.7.3 (HDS(C)S.2008:1.4.7.3)

Where required by legislation there is an approved evacuation plan.

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.) |

Criterion 1.4.7.4 (HDS(C)S.2008:1.4.7.4)

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

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| Attainment and Risk: FA |
| Evidence: |

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| Finding: |
| Corrective Action: |
| Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i> |

Criterion 1.4.7.5 (HDS(C)S.2008:1.4.7.5)

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

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i> |

Criterion 1.4.7.6 (HDS(C)S.2008:1.4.7.6)

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

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i> |

Standard 1.4.8: Natural Light, Ventilation, And Heating (HDS(C)S.2008:1.4.8)

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

Attainment and Risk: FA

Evidence:

General living areas and resident rooms are appropriately heated and ventilated. Residents have access to natural light in their rooms and there is adequate external light in communal areas. Smoking is only permitted in designated areas outside away from the building. Electric heaters and night stores are appropriately placed for warmth of the facility.

Criterion 1.4.8.1 (HDS(C)S.2008:1.4.8.1)

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.4.8.2 (HDS(C)S.2008:1.4.8.2)

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

NZS 8134.2:2008: Health and Disability Services (Restraint Minimisation and Safe Practice) Standards

Outcome 2.1: Restraint Minimisation

Services demonstrate that the use of restraint is actively minimised.

Standard 2.1.1: Restraint minimisation (HDS(RMSP)S.2008:2.1.1)

Services demonstrate that the use of restraint is actively minimised.

ARC E4.4a ARHSS D16.6

Attainment and Risk: FA

Evidence:

Restraint minimisation and safe practice policy and procedure includes definitions of an enabler and restraint. The service has a restraint free philosophy and there are no enablers or restraint. Cunliffe House Rest Home has an assessment and care planning process that includes interventions for calming and de-escalation, to minimise the need for any restraint interventions. There is a documented definition of restraint and enablers which is congruent with the definition in NZS RMSP 2008. Restraint competencies are completed on a regular basis. There are currently no residents at Cunliffe House Rest Home requiring restraint or using an enabler. Restraint is an agenda item at monthly staff meetings. Restraint training has occurred October 2013.

Criterion 2.1.1.4 (HDS(RMSP)S.2008:2.1.1.4)

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.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

NZS 8134.3:2008: Health and Disability Services (Infection Prevention and Control) Standards

Standard 3.1: Infection control management (HDS(IPC)S.2008:3.1)

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

Attainment and Risk: FA

Evidence:

Cunliffe House Rest Home has an established infection control programme.

The facility is supported by external provider infection control (IC) policies and procedures.

The IC programmes its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service and is linked into the incident reporting system.

The programme is reviewed annually by the Infection control nurse specialist Med Lab.

The facility has access to professional advice from an infection control consultant and has links with the general practitioners, Med Lab, the infection control and public health departments at Canterbury DHB.

The facility has signage at the entrance asking visitors not to enter if they have contracted or been in contact with an infectious disease.

Communal toilets/bathrooms have hand hygiene notices.

There is a staff health policy.

Criterion 3.1.1 (HDS(IPC)S.2008:3.1.1)

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.

Attainment and Risk: FA

Evidence:

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| Finding: |
| Corrective Action: |
| Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i> |

Criterion 3.1.3 (HDS(IPC)S.2008:3.1.3)

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

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i> |

Criterion 3.1.9 (HDS(IPC)S.2008:3.1.9)

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.

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i> |

Standard 3.2: Implementing the infection control programme (HDS(IPC)S.2008:3.2)

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

Attainment and Risk: FA

Evidence:

The infection control policy states the infection control coordinator (registered nurse) and staff work in liaison with health and safety and these are combined with the staff meetings. All staff are involved in the implementation of the infection control and prevention programme with management support. The facility also has access to an external infection control specialist, public health services, Med Lab infection control specialist and general practitioners.

The infection control coordinator can describe accessing the public health service and Bug Control for advice.

Criterion 3.2.1 (HDS(IPC)S.2008:3.2.1)

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.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 3.3: Policies and procedures (HDS(IPC)S.2008:3.3)

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

Attainment and Risk: FA

Evidence:

The infection control manual is developed by an external provider and provides a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team, training and education of staff,

Policies include (but not limited to) a) definition of infection for surveillance, b) infection control programme description, c) standards for infection control practice – cleaning, food service, linen service, waste management, d) policy and guidelines for antimicrobial usage, e) standard precautions, f) risk management of blood, g) hand hygiene, h) hand care procedures, i) UTI's, j) clinical indicators of infection, k) Hepatitis A & B & C, l) inoculation/contamination emergency response, m) risk assessment plan, n) accidental needle stick blood exposure, o) TB, p) MRSA, q) documentation of suspected and actual infections, r) isolation, s) disinfection, t) outbreak procedure, u) cleaning, disinfection and sterilisation guidelines, v) single use equipment, w) waste disposal policy, and x) notification of diseases.

Criterion 3.3.1 (HDS(IPC)S.2008:3.3.1)

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

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i> |

Standard 3.4: Education (HDS(IPC)S.2008:3.4)

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

ARC D5.4e ARHSS D5.4e

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| Attainment and Risk: FA |
| Evidence: The infection control coordinator, who is the registered nurse is responsible for providing education and training to staff in conjunction with an infection control specialist and Bug control. Infection control is included in the staff orientation. Infection control coordinator has attended external education with Bug Control in 2013. Infection control education was provided to staff in November 2013 by infection control specialist. Attendance records are maintained in individual staff files. |

Criterion 3.4.1 (HDS(IPC)S.2008:3.4.1)

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

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i> |

Criterion 3.4.5 (HDS(IPC)S.2008:3.4.5)

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.

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i> |

Standard 3.5: Surveillance (HDS(IPC)S.2008:3.5)

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

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| Attainment and Risk: FA |
| Evidence: The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections, which are appropriate to the size and complexity of the facility. The registered nurse uses the information obtained through surveillance to determine infection control activities, resources, and |

education needs within the facility. There is close liaison with the GP's and Med lab that advise and provide feedback /information to the service.

Criterion 3.5.1 (HDS(IPC)S.2008:3.5.1)

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.

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.) |

Criterion 3.5.7 (HDS(IPC)S.2008:3.5.7)

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.

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| Attainment and Risk: FA |
| Evidence: |
| Finding: |
| Corrective Action: |
| Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.) |