

Muralz Limited

Current Status: 30 June 2014

The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Provisional 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

Hillcrest is certified to provide rest home level care for up to 20 residents. On the day of the audit there were 14 rest home residents. Hillcrest's manager and registered nurse are qualified for their roles. Staff turnover remains low.

There are improvements required around human resources, first aid training, documentation and medication management.

The prospective owner reported the current policies, systems and staff will remain in place following the purchase. The current owner will continue to provide support to the new owner until at least November. Additional support will be provided if required after this time.

HealthCERT Aged Residential Care Audit Report (version 3.92)

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:	Muralz Limited
Certificate name:	Muralz Limited
Designated Auditing Agency:	Health and Disability Auditing New Zealand Limited
Types of audit:	Provisional Audit
Premises audited:	Hillcrest Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 30 June 2014 End date: 30 June 2014
Proposed changes to current services (if any):	
Total beds occupied across all premises included in the audit on the first day of the audit:	14

Audit Team

Lead Auditor	XXXXXXXXXX	Hours on site	7	Hours off site	5
Other Auditors	XXXXXXXXXX	Total hours on site	7	Total hours off site	5
Technical Experts		Total hours on site		Total hours off site	
Consumer Auditors		Total hours on site		Total hours off site	
Peer Reviewer	XXXXXXXXXX			Hours	2

Sample Totals

Total audit hours on site	14	Total audit hours off site	12	Total audit hours	26
Number of residents interviewed	4	Number of staff interviewed	5	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)	14	Number of relatives interviewed	1
Number of residents' records reviewed using tracer methodology	1			Number of GPs interviewed	1

Declaration

I, XXXXXXXXX, 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 Monday, 21 July 2014

Executive Summary of Audit

General Overview

Hillcrest is certified to provide rest home level care for up to 20 residents. On the day of the audit there were 14 rest home residents. Hillcrest's manager and registered nurse are qualified for their roles. Staff turnover remains low.

There are improvements required around human resources, first aid training, documentation and medication management.

The prospective owner reported the current policies, systems and staff will remain in place following the purchase. The current owner will continue to provide support to the new owner until at least November. Additional support will be provided if required after this time.

Outcome 1.1: Consumer Rights

Hillcrest provides care in a way that focuses on the individual resident. There is a Maori Health Plan and cultural safety policy supporting practice. Cultural assessment is undertaken on admission and during the review processes. Policies are implemented to support individual rights such as privacy, dignity, abuse/neglect, culture, values and beliefs, complaints, advocacy and informed consent. The service functions in a way that complies with the Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code).

Information about the Code and related services is readily available to residents and families. Policies are implemented to support residents' rights. A staff training programme supports staff understanding of residents' rights. Care plans accommodate the choices of residents and/or their family. Complaints processes are implemented and complaints and concerns are managed and documented. Residents and family interviewed verified on-going involvement with community.

Outcome 1.2: Organisational Management

Hillcrest is implementing a quality and risk management system that supports the provision of clinical care. Key components of the quality system are taken to staff meetings including discussion about incidents, infections and internal audit results. Resident meetings are held monthly and an annual resident satisfaction survey is completed. There are human resources policies including recruitment, selection, orientation and staff training and development. The service has an orientation programme that provides new staff with relevant information for safe work practice. There is an in-service training programme covering relevant aspects of care and support and external training is supported. The staffing policy aligns with contractual requirements and includes skill mixes. There are improvements required around human resources, first aid training and documentation.

Outcome 1.3: Continuum of Service Delivery

Residents and family/whanau receive adequate information on entry to the service. Assessments, care plans and evaluations are completed by the registered nurse. Care plans are individualised and risk assessment tools and monitoring forms are available. Care plans demonstrate service integration and are evaluated six monthly. The resident and family confirm they are involved in the care planning process and are

complimentary about the staff and standard of care provided. Short term care plans are in use for changes in health status. The activity officer provides an activities programme for the rest home residents that is varied, interesting and involves outings and entertainment. There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration complete annual competencies and education. There is an improvement required around aspects of medicine management. The GP reviews the medication chart three monthly. Meals are prepared on site and the menu has been approved by a dietitian. Individual and special dietary needs are catered for. Residents interviewed responded favourably to the food that was provided.

Outcome 1.4: Safe and Appropriate Environment

Hillcrest rest home holds a current warrant of fitness. Chemicals are stored safely throughout the facility. There is sufficient space to allow the movement of residents around the facility using the mobility aids. The hallways are wide and have hand rails appropriately placed. Hot water temperature monitoring is conducted monthly. The outdoor areas are safe and easily accessible. There is outdoor seating and shade. There is an approved fire evacuation scheme. Fire equipment checks are conducted by an external fire safety contractor. There are six monthly fire drills. There is a first aider on site at all times. Staff maintain a clean and tidy environment and on-site laundry service.

Outcome 2: Restraint Minimisation and Safe Practice

The restraint policy and procedure has a clear definition of restraint and enablers and includes a philosophy of restraint minimisation. There are no residents requiring restraint or enablers. Staff receive education related to restraint minimisation during orientation and as part of the education programme. Documentation is in place for assessment, approval, monitoring, review and evaluation should restraint be required.

Outcome 3: Infection Prevention and Control

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control co-ordinator (registered nurse) is responsible for coordinating education and training for staff. There are a suite of infection control policies, standards and guidelines to support practice. Appropriate training of staff is included as part of the programme. The infection control co-ordinator uses the information obtained through surveillance to determine infection control activities and education needs within the facility. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. Staff receive on-going training in infection control.

Summary of Attainment

	CI	FA	PA Negligible	PA Low	PA Moderate	PA High	PA Critical
Standards	0	42	0	2	1	0	0
Criteria	0	89	0	3	1	0	0

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

Corrective Action Requests (CAR) Report

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)
HDS(C)S.2008	Standard 1.2.7: Human Resource Management	Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.	PA Low			
HDS(C)S.2008	Criterion 1.2.7.3	The appointment of appropriate service providers to safely meet the needs of consumers.	PA Low	Performance appraisals are current in all files reviewed except the manager, and there is no restraint responsibilities included in the registered nurses job description. There are no restraints or enablers in use at the service.	A performance appraisal is completed for the manager. The registered nurse, who is the restraint coordinator, has responsibilities for the role outlined in relevant documents, noting there are no restraints or enablers in use at the service.	90
HDS(C)S.2008	Criterion 1.2.7.5	A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.	PA Low	The registered nurse, who is the infection control and restraint coordinator for the service has not had recent training on these topics in order to fulfil roles, in addition the registered nurses medication	The registered nurse completed training that is sufficient to undertake the roles of infection control and restraint coordinators. The activities coordinator completes a first aid update is	60

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)
				competency has not been completed by a peer (was completed by the non-clinical manager). The activities coordinator does not have a current first aid certificate, and takes residents on outings on her own.	she is to continue to escort residents unaccompanied on outings.	
HDS(C)S.2008	Standard 1.2.9: Consumer Information Management Systems	Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.	PA Low			
HDS(C)S.2008	Criterion 1.2.9.9	All records are legible and the name and designation of the service provider is identifiable.	PA Low	In the five files reviewed staff use 'am', 'pm' and 'nt' to record time of entry.	Record the time of entry in the resident progress notes.	90
HDS(C)S.2008	Standard 1.3.12: Medicine Management	Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	PA Moderate			
HDS(C)S.2008	Criterion 1.3.12.1	A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.	PA Moderate	1) Six out of 10 medication charts did not include an indication for use of PRN medications (frusemide, diazepam, domperidone, risperidone); 2) One caregiver signs for the administration of controlled drugs where an RN is not available; 3) The controlled drugs are kept in the locked medication trolley which is taken into communal areas for medication rounds.	1) Ensure PRN medications have an indication for use; 2) Two medication competent caregivers are to sign for the administration of controlled drugs; 3) Ensure controlled drugs are stored in locked drugs safe/cupboard.	30

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

Attainment and Risk: FA

Evidence:

Hillcrest has policies and procedures that align with the requirements of the Code of Health and Disability Services Consumer Rights (the Code). Families and residents are provided with information on admission which includes the Code. Staff receive in-service that includes residents rights and the Code, at orientation and as part of the in-service programme. Interview with three caregivers (including one who oversees the flats, a health and safety rep and cook) demonstrate an understanding of the Code. Residents interviewed (four) and one relative confirm staff respect privacy, and support residents in making choice where able.

Interview with the prospective owner confirmed support would be provided by the current owner up until November (2014), including implementation of the Code.

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.

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 an admission pack that includes information about the Code and with the opportunity to discuss prior to, and during the admission process with the resident and family. Large print posters of the Code and advocacy information are displayed through the facility. The monthly resident meetings also provide the opportunity for residents to raise issues (minutes sighted). Four residents and one relative interviewed inform information has been provided around the Code. The manager informs an open door policy for concerns or complaints.

D6.2 and D16.1b.iii The information pack provided to residents on entry includes how to make a complaint, CoR pamphlet, advocacy and Health & Disability Commission. The registered nurse and manager describe discussing the information pack with residents/relatives on admission.

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:

Finding:

Corrective Action:

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

Standard 1.1.3: 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

Attainment and Risk: FA

Evidence:

There are policies in place to guide practice in respect of independence, privacy and respect. A tour of the facility confirms there is the ability to support personal privacy for residents. Staff were observed to be respectful of residents' personal privacy by knocking on doors prior to entering resident rooms during the audit. Resident files are stored out of sight. Staff could describe aspects of resident's rights and are required to complete an annual questionnaire that includes resident rights. One relative interviewed stated that the care provided is very good and staff are respectful. A resident satisfaction survey is completed annually (November 2013). The November survey informed residents were satisfied with the service.

D3.1b, d, f, i The service has a philosophy that promotes quality of life, involves residents in decisions about their care, respects their rights and maintains privacy and individuality. Resident preferences are identified during the admission and care planning process with family involvement. The service actively encourages residents to have choices and this includes voluntary participation in daily activities. Interview with three caregivers describe how choice is incorporated into resident cares. Interview with four residents and one relative inform staff are respectful. There is an abuse and neglect policy being implemented and staff attend in-service (February 2013). Interviews with residents and family members were extremely positive about the care provided.

D4.1a Five resident files reviewed identified that cultural and /or spiritual values, individual preferences are identified on admission with family involvement and integrated with the residents' care plan. This includes cultural, religious, social and ethnic needs. Interviews with residents confirm their values and beliefs were considered.

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.

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 1.1.3.2 (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.

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 1.1.3.6 (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.

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 1.1.3.7 (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.

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

Attainment and Risk: FA
Evidence: A3.2 Hillcrest has a Maori health plan that includes a description of how they will achieve the requirements set out in A3.1 (a) to (e). There is a cultural safety policy to guide practice including recognition of Māori values and beliefs and identify culturally safe practices for Māori. Family/whanau involvement is encouraged in assessment and care planning and visiting is encouraged. Links are established with community representative groups as requested by the resident/family. Cultural needs are addressed in the care plan. The service has recently had a cultural week (5-9 May) which was themed around Maori which was well received by residents. D20.1i There are policies being implemented that guide staff in cultural safety. Special events and occasions are celebrated and this could be described by staff.

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.

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.

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.

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

Attainment and Risk: FA

Evidence:

The resident and family are invited to be involved in care planning. It is at this time that any beliefs or values are further discussed and incorporated into the care plan. Six monthly reviews are scheduled and occur to assess if needs are being met. Family are invited to attend. Discussion with one relative inform values and beliefs are considered. Discussion with four residents confirm that staff take into account their culture and values.

D3.1g The service provides a culturally appropriate service by ensuring it understands each resident's preferences and where appropriate their family/whānau.

D4.1c Care plans reviewed included the residents' social, spiritual, cultural and recreational needs.

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.

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

Attainment and Risk: FA

Evidence:

Job descriptions include responsibilities of the position and signed copies of all employment documents are included in staff files. Staff meetings occur monthly and include discussions on professional concerns as they arise (minutes sighted). Management provide guidelines and mentoring for specific situations. Interviews with the manager and registered nurse confirm an awareness of professional boundaries. Interview with three caregivers could discuss professional boundaries in respect of gifts.

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.

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 1.1.8: 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

Attainment and Risk: FA

Evidence:

Hillcrest has a suite of appropriate policies and procedures that are updated as necessary. There is a quality improvement programme that includes performance monitoring against prescribed indicators. Interview with the prospective owner and current owner confirms the performance monitoring programme will continue following the sale. The current owner will remain to mentor the new owner into the role.

There is ongoing staff development occurring that is appropriate to the size and scope of the service. This is delivered both at Hillcrest and at another local facility. There is evidence of education being provided by external experts.

ARC A2.2 Services are provided at Hillcrest that adhere to the health & disability services standards.

ARC D1.3 all approved service standards are adhered to.

ARC D17.7c There are implemented competencies for caregivers including medication management. The registered nurse (RN) has access to external training.

Discussions with four residents and one relative were positive about the care they receive. Interview with three caregivers inform they are well supported by the RN and management team.

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.

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; D16.1bij; D16.4b; D16.53i.i.3.iii; D20.3

Attainment and Risk: FA

Evidence:

There is a policy to guide staff on the process around open disclosure and accessing interpreter services. Accident/incident forms have a section to indicate if family have been informed (or not) of an accident/incident. The service has a low incident rate (two recorded in both April and May, and two in January), four forms were reviewed (April and May) and family notification has been recorded. Interview with three caregivers and the RN inform family are kept informed. Four residents interviewed inform their family are notified if their health status changes.

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. The Ministry of Health “Long-term Residential Care in a Rest Home or Hospital – what you need to know” is provided to residents on entry
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.
D16.4b one relative stated that they are informed when their family members health status changes.
D11.3 The information pack is available in large print and this can be read to residents.

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.

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 1.1.10: 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

Attainment and Risk: FA

Evidence:

The informed consent policy includes responsibilities and procedures for staff. Informed consent information is provided to residents and their families on admission. This is also discussed with residents and their families during the admission process. Three caregivers interviewed are familiar with the code of rights and informed consent when delivering resident cares. There are written general consents in the resident files for photo, collection and release of information, minor treatments, outings and appointments. Patient authorisation and resident advanced care instructions are appropriately signed in five of five resident files. The service acknowledges the resident is for resuscitation in the absence of a signed directive by the resident.

D3.1.d Discussion with one family member and four residents identifies that the service actively involves them in health care decisions.

D13.1 there are five signed admission agreements sighted.

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.

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.

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.

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 1.1.11: 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

Attainment and Risk: FA

Evidence:

Residents are provided with a copy of the Code of Health and Disability Services Consumer Rights and Advocacy pamphlets on entry. Interviews with the manager, and registered nurse confirm practice. Interviews with four residents confirm that they are aware of their right to access advocacy.

D4.1d; Discussions with one family member confirms the service provides opportunities for the family/EPOA to be involved in decisions

ARC D4.1e. The resident files include information on residents' family/whānau and chosen social networks.

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.

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 1.1.12: 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:

D3.1h: Interview with four residents and one relative confirm relatives and friends can visit at any time and are encouraged to be involved with the service and care. Visitors were observed coming and going at all times of the day during the audit. Maintaining links with the community is encouraged. Activities programmes include opportunities to attend events outside of the facility. Interviews with four residents confirm the activity staff help them access the community such as going shopping, going on site seeing

tours, and going to church.

D3.1.e Discussion with three caregivers, the activities coordinator, one relative and four residents confirm residents are supported and encouraged to remain involved in the community and external groups.

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.

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 1.1.13: 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

Attainment and Risk: FA

Evidence:

The complaints policy guides practice. The manager and (current) owner lead the investigation and management of complaints (verbal and written). There is a complaints register that records activity in an on-going fashion. Complaints are discussed at the monthly staff meeting and the monthly quality and risk management (QRM) meeting. There have been two complaints during the 2014 year – one March and one April. The former was received from the Health & Disability Advocacy service. The two 2014 complaints have been investigated and outcome reported to the complainant/s. Email notification from the advocacy service was received 9 May informing the matter raised was now closed. Discussion with four residents and one relative confirm they are aware of how to make a complaint. D13.3h. a complaints procedure is provided to residents within the information pack at entry

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.

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

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

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.)

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:

Hillcrest provides care for up to 20 rest home level residents. On the day of audit there were 14 rest home residents. This included one resident who was living in one of two flats on the property (interviewed). Not included in this total is a resident who receives an ACC package of care and lives in the second (of two) flat. The caregivers providing care for this resident are part of the Hillcrest team (and roster), but are supernumerary to the rest home staffing numbers.

Hillcrest is currently owned by Aslaug Limited. The service has a fulltime manager, who has been in this role approximately eight years, and was previously a caregiver at the service. The manager lives onsite. The owner lives locally and reports she and the manager work in partnership to provide the services. There is an RN (who commenced in February 2014) and works 16 hours/week. The manager and owner are on-call. If both are absent a senior caregiver and the registered nurse provide afterhours cover.

Interview with the new owner (and current owner) inform the current systems and documentation will remain in place following the sale. Tentative sale date 1 August (2014). There will be ongoing support up until November (2014) which can be extended if required. The new owner has a business (non-health) background and informed the service will remain unchanged including staff.

ARC,D17.3di (rest home), the manager has maintained at least eight hours annually of professional development activities related to managing a rest home.

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.

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 1.2.2: 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

Attainment and Risk: FA

Evidence:

During a temporary absence of the manager, the (current) owner covers the manager's role (and vice versa). In the absence of both the manager and (current) owner a senior caregiver and the registered nurse provide cover. Interview with the new owner and current management, informed that current arrangements will essentially remain – ie. The manager will escalate to the new owner, and if required the new owner will seek support from the current owner.

D19.1a; a review of the documentation, policies and procedures and from discussion with staff identified that the service operational management strategies, QI programme which includes culturally appropriate care, to minimise risk of unwanted events and enhance quality.

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.

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:

Hillcrest is implementing a quality and risk management system. There are policies and procedures being implemented to provide assurance that the service is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. Policies are reviewed on a regular basis. The content of policy and procedures are detailed to allow implementation by staff.

Quality matters are taken to the monthly QRM and then onto monthly staff meetings. Staff and QRM meeting minutes demonstrate key aspects of the quality management system are discussed including audit, complaints, infection control, incidents, training and health and safety. Monthly data is provided around accident/incident reports and infections. The staff meeting minutes provide the record that the in-service training has been delivered, and verified during interview with three caregivers. There is a health and safety committee (rep interviewed) that meet three monthly.

Resident meetings are held monthly and minutes demonstrate issues raised are followed up.

Hillcrest is implementing an internal audit programme and corrective action plans are developed when necessary and the closure of corrective actions were recorded.

D19.3: There is a H&S and risk management programme in place including policies to guide practice. A caregiver is the health and safety rep, working in conjunction with the manager and current owner. This team monitor staff accidents and incidents.

D19.2g Falls prevention strategies are in place that includes the analysis of falls incidents and the identification of interventions on a case by case basis to minimise future falls.

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.

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 1.2.3.3 (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.

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 1.2.3.4 (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.

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

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

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 1.2.3.6 (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.

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

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

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 1.2.3.8 (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.

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 1.2.3.9 (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.

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 1.2.4: 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

Attainment and Risk: FA

Evidence:

D19.3c: The service collects incident and accident data and reports monthly to the staff meeting. Incident forms are completed by staff, the resident is reviewed by the most senior staff member at the time (ie caregiver, registered nurse) and the form is signed off by the registered nurse. Family notification is recorded on the incident form and on the communications sheet in the resident file. Four incident forms were reviewed (from January to date) and seen to have been completed as required (noting the service has a low number of incidents, four reported across April and May, and nil in February and March). The three caregivers and registered nurse could discuss the incident reporting process.

D19.3b; The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made. Trending data is considered.

Discussions with service management, confirm an awareness of the requirement to notify relevant authorities in relation to essential notifications.

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.

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 1.2.4.3 (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.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): 90 (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

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

Attainment and Risk: PA Low

Evidence:

There are human resources policies to support recruitment practices. The registered nurses practising certificate is current. Five staff files were reviewed (manager, registered nurse, two caregivers – one is the cook, activities coordinator) and all had relevant documentation relating to employment. Performance appraisals are current in all files reviewed except the manager, and there is no restraint responsibilities included in the registered nurses job description and this is an area for improvement.

The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme includes documented checklists (sighted in files of newly appointed staff). Staff interviewed (three caregivers, manager, registered nurse) were able to describe the orientation process and believed new staff were adequately orientated to the service.

There is an education plan being implemented that includes all required education as part of these standards. There is evidence that additional inservice opportunities are offered to staff. Interview with three care givers confirm inservice education is provided as part of the staff meetings and/or at another local facility. The registered nurse, who is the infection control and restraint coordinator for the service has not had recent training on these topics in order to fulfil roles, in addition the registered nurses medication competency has not been completed by a peer (was completed by the non-clinical manager), and this is an area for improvement. Caregivers administering medications have completed a competency signed by the registered nurse.

There is a first aid trained staff member on site at all times. The activities coordinator does not have a current first aid certificate, and takes residents on outings on her own, this is an area for improvement.

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.

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

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

Attainment and Risk: PA Low

Evidence:

There are human resources policies to support recruitment practices. The registered nurses practising certificate is current. Five staff files were reviewed (manager, registered nurse, two caregivers – one is the cook, activities coordinator) and all had relevant documentation relating to employment.

Finding:

Performance appraisals are current in all files reviewed except the manager, and there is no restraint responsibilities included in the registered nurses job description. There are no restraints or enablers in use at the service.

Corrective Action:

A performance appraisal is completed for the manager. The registered nurse, who is the restraint coordinator, has responsibilities for the role outlined in relevant documents, noting there are no restraints or enablers in use at the service.

Timeframe (days): 90 (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: PA Low

Evidence:

The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme includes documented checklists (sighted in files of newly appointed staff). Staff interviewed (three caregivers, manager, registered nurse) were able to describe the orientation process and believed new staff were adequately orientated to the service. There is a two yearly education plan being implemented that includes all required education as part of these standards. There is evidence that additional inservice opportunities are offered to staff. Interview with three care givers confirm inservice education is provided as part of the staff meetings and/or at another local facility. Caregivers administering medications have completed a competency signed by the registered nurse. There is a first aid trained staff member on site at all times.

Finding:

The registered nurse, who is the infection control and restraint coordinator for the service has not had recent training on these topics in order to fulfil roles, in addition the registered nurses medication competency has not been completed by a peer (was completed by the non-clinical manager). The activities coordinator does not have a current first aid certificate, and takes residents on outings on her own.

Corrective Action:

The registered nurse completed training that is sufficient to undertake the roles of infection control and restraint coordinators. The activities coordinator completes a first aid update is she is to continue to escort residents unaccompanied on outings.

Timeframe (days): 60 (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:

The human resources policy determines staffing levels and skill mixes for safe service delivery. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. Staffing is as follows: three caregivers in the morning, two caregivers in the afternoon and two overnight. These numbers include the caregiver allocated to the ACC funded resident living in one of the two flats. The manager lives onsite. The activities coordinator works 24 hours per week. The caregivers, residents and relatives interviewed inform there are sufficient staff on duty at all times.

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: PA Low

Evidence:

The resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within required timeframes into the resident's individual record. An initial care plan is also developed in this time. Information containing personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Resident files are protected from unauthorised access by being held in a locked staff area. Care plans and notes are legible. All

resident records contain the name of resident and the person completing. Individual resident files demonstrate service integration including records from allied health professionals and specialists involved in the care of the resident. D7.1 Entries are legible, dated and signed by the relevant caregiver or registered nurse including designation. In five (of five) files reviewed staff are not recording the time of entry in the notes and this is an area of improvement. Policies contain service name.

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:

Finding:

Corrective Action:

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

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

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

<p>Attainment and Risk: PA Low</p> <p>Evidence:</p> <p>All resident records contain the name of resident and the person completing. Individual resident files demonstrate service integration including records from allied health professionals and specialists involved in the care of the resident. Entries are legible, dated and signed by the relevant caregiver or registered nurse including designation</p> <p>Finding:</p> <p>In the five files reviewed staff use 'am', 'pm' and 'nt' to record time of entry.</p> <p>Corrective Action:</p> <p>Record the time of entry in the resident progress notes.</p> <p>Timeframe (days): 90 (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</p>

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

All records pertaining to individual consumer service delivery are integrated.

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

Prior to entry all potential residents have a needs assessment completed by the needs assessment and co-ordination service to assess suitability for rest home care. The service has an admission policy, admission agreement and a resident information booklet is given to residents/families at or prior to entry. The information pack includes all relevant aspects of service and residents and/or family are provided with associated information such as the health and disability code of rights, how to access advocacy and the complaints process. Residents/families receive an orientation to the service. Four residents (rest home) and one family/whānau member (rest home) confirm they had received all relevant information prior to or on admission. The manager and registered nurse (RN) screen potential clients ensuring the service can meet the needs of assessed level of care. The GP is notified of an impending admission and an admission visit is arranged within 48 hours of the resident entry to services.

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

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.

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 admission policy describes the declined entry to services process. Hillcrest rest home records the reason for declining service entry to residents should this occur and communicates this to residents/family/whānau and refers the resident/family/whānau back to the referral agency. The reason for declining entry would be if the service could not provide the assessed level of care. There are no declined entries recorded.

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:

There is a policy and process that describe resident's admission and assessment procedures.

D16.2, 3, 4 The RN is on duty Tuesdays and Fridays and is available at other times for admissions to the service. The RN undertakes the assessments on admission, with the initial care plan completed within 24 hours of admission. Within three weeks the long term care plan is developed in the five of five resident files sampled.

In all files sampled the initial admission assessment, initial care plans and long term care plans are completed and signed off by the registered nurse. Four of five long term care plans have been reviewed six monthly. One rest home resident has not been at the service long enough for a care plan review. All care plans and assessments are paper based. The RN is scheduled to attend InterRAI training in August 2014.

There is evidence of resident and/or family/whanau/EPOA involvement in the care planning process as evidenced by signature on the front page of the care plan. A resident lifestyle/leisure profile is completed on admission with resident/family/whanau input. The activity officer completes an activity assessment and activity plan. Care plans are used by care staff and to ensure care delivery meets the residents assessed needs. There is a verbal and written handover for staff at the beginning of each shift and any resident concerns or events are communicated to the oncoming staff. Progress notes are completed by the caregivers on each shift. The RN make entries including (but not limited to) GP visits, significant events and assessments completed. All five files identified integration of allied health including general practitioner, needs assessment services for the older person, podiatrist and wound nurse.

Medical assessments are completed within 48 hours of admission by the GP in five of five resident files sampled. The service has an attending general practitioner (GP) based at a local practice. The GP (interviewed) visits twice weekly to complete three monthly reviews and see any residents of concern. Residents may retain their own GP however there are no problems enrolling new residents with the practice. The GP is notified by fax communication for any concerns (faxes sighted) and by phone for more urgent concerns. The GP practice operates from 8am to 8pm and then calls are diverted to the health line. The GP is available 24/7 for palliative care residents and he will meet with families as needed. A GP is provided to cover GP leave. The GP is complimentary of the service commenting on the caring staff and smaller home like environment being beneficial in helping residents to settle into a rest home environment.

Residents (four) and family/whanau (one) interviewed are positive and complimentary about the staff, clinical and medical care provided.

Five rest home residents files were sampled

Tracer Methodology: Rest home resident.

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

Criterion 1.3.3.1 (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.

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

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

<p>Attainment and Risk: FA</p> <p>Evidence:</p>

Finding:

Corrective Action:

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

Standard 1.3.4: 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

Attainment and Risk: FA

Evidence:

Admission documentation obtained on interview with resident/relative or advocate includes (but not limited to): personal and next of kin identification, ethnicity and religion, current and previous health and/or disability conditions, medication and allergies, activities of daily living, mobility status, equipment needs, dietary needs, activities preferences, spiritual, cultural and social needs. Information in discharge summaries, referral letters, medical notes and nursing care discharge summaries received from referring agencies is gathered by the RN to develop the initial assessment and the first resident care plan within the required timeframes. All resident files sampled evidenced an initial assessment and care plan with reference to the information gathered on admission. Relatives (one) and residents (four) advised on interview that assessments are completed in the privacy of their single room. A range of assessment tools available for completion on admission are (but not limited to); a) resident diet profile b) braden pressure area risk assessment, c) continence assessment d) falls risk assessment e) pain assessment and abey pain scale and f) wound assessment.

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.

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 1.3.5: 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

Attainment and Risk: FA

Evidence:

An initial assessment forms the basis of an initial care plan within the first 48 hours to guide staff in the safe delivery of care during the first three weeks of their admission. The RN develops the long term care plan from information gathered over the first three weeks of admission. There is documented evidence in five of five files sampled that care planning involves the resident and family as appropriate. There is evidence of six monthly review and written evaluation in four of five resident files which is signed by a registered nurse. One resident has not been at the service six months. Other allied health care professionals providing input such as the GP, wound care nurse, physiotherapist and podiatrist are involved in evaluations as required. The integrated resident file also contains admission documents, informed consent forms, care documents, risk assessments dietary profile and reviews, medical documentation, test results (laboratory and radiology), allied health notes, referrals and other relevant health information, associated assessments such as activities, recordings (weight, pulse, blood pressure, blood sugar levels), incidents and accidents and any correspondence. Short term support needs forms are sighted in place with interventions, management and evaluations of short term needs such as wounds, hydration, falls, and skin tear. All are evaluated, signed off when resolved or added to the long term care plan if an ongoing problem. Notes by the GP and allied health professionals are evidenced.

D16.3f: Five of five resident files reviewed identified that family were involved.

D16.3k: Short term care plans are in use for changes in health status.

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.

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.

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:

The service provides services for residents requiring rest home care. Individualised care plans are completed by the registered nurse. When a resident's condition alters, the registered nurse initiates a review and if required, GP consultation or visit. Wound management charts (includes wound assessment, referrals, investigations and results), assessment of wound status and dressing care plans are in place three wounds. The GP has been notified for each wound. Evaluations and dressing changes are carried out as per the required frequency. There is evidence of wound nurse and wound clinic involvement in wound management.

Continence products are readily available and resident files include a continence assessment identifying products for day and night use. There are adequate supplies of continent products sighted.

Resident weight is recorded on admission and monitored monthly. Weight loss interventions are documented on a short term care plan (sighted) such as a review of the dietary profile, weekly weighing, dietary supplements (as assessed), GP notification, dietitian referral or speech language referral for swallowing difficulties.

The one family/whanau advised on interview that they are involved in the development of the care plan and kept well informed of changes to care or health status and support by staff is consistent with their expectations. There is evidence on the record of family/whanau contact form in the resident file of notification regarding changes of health status, infections, incidents, accidents, GP visits and review of care plan changes.

D18.3 and 4; Dressing supplies are available and there are adequate supplies of wound care products, blood glucose monitoring equipment and other medical equipment.

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 service employs an activity officer for 12 hours a week (four hours on three days a week), who is undertaking diversional therapy (DT) training. The activity officer receives regular DT newsletters and has the opportunity to attend workshops. The activity officer attends all on-site in-service however is required to complete a first aid certificate (link 1.2.7). The programme is planned a week ahead with input from the residents and includes (but not limited to); quizzes, music, floor games, housie, cooking, crafts and discussion groups. Outings to community functions such as concerts, country and western music events, are arranged and transport is by taxi or bus trips. There are bimonthly cultural weeks with Matariki recently celebrated. The men viewed carvings at the library and the women enjoyed a social outing. Festive occasions and birthdays are celebrated. Daily contact with one on one time is spent with residents who choose not to participate in the group programme or stay in their rooms. The activity officer maintains individual records of resident participation in activities and writes up a weekly summary. The resident lifestyle/leisure profile and activity plan is in the integrated resident record. There is a library area available, piano and activity resources readily available for residents. The activity officer has a Lay readers certificate and takes the church services on-site. Residents are encouraged to attend their church services as desired. Resident meetings are held six weekly which includes discussion on activities. Four residents interviewed enjoy the outings and entertainment. D16.5d. The activity and care plan reviews are completed at the same time.

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: All initial assessments and initial care plans are developed by a RN within 48 hours of admission. The long term care plan is developed within three weeks of admission and evaluated at least six monthly or if there is a change in health status. The RN involves the activity officer, key worker and resident/family in the review of the care plan. There is a three monthly review by the GP. There is documented evidence that care plan evaluations are up to date in five of six resident files sampled. One rest home resident has not been at the service long enough for a six monthly evaluation. Written evaluations identify any changes to care. Care plan reviews are signed as completed by an RN. Short term care plans are evaluated and resolved or added to the long term care plan if the problem is on-going as sighted in resident files sampled. D16.4a; Care plans are evaluated six monthly more frequently when clinically indicated. ARC: D16.3c; All initial care plans were evaluated by the RN within three weeks of admission

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 RN is able to describe the referral process to other medical and non-medical services. Referral documentation is maintained on resident files. Residents (four) and one family interviewed confirmed they are consulted regarding referrals and offered a choice of treatment.

D16.4c: The service initiates a re-assessment should residents require a higher level of care. Currently there are no residents requiring a higher level of care.

D 20.1; Discussions with the RN identified that the service has access to wound care nurse specialist, incontinence specialist, podiatrist, dietitian and physiotherapist as required.

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 are policies to describe guidelines for death, discharge, transfer, documentation and follow up. There is an associated form for staff to complete. A record is kept and a copy of details is kept on the resident's file. All relevant information is documented and communicated to the receiving health provider or service. A transfer form accompanies residents to receiving facilities. Follow up occurs to check that the resident is settled, or in the case of death, communication with the family is made and this is documented. Family/whānau contact records document (where applicable) communication with family/EPOA regarding transfers and updates on residents' condition.

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: PA Moderate

Evidence:

There are policies and processes that describe medication management that align with accepted guidelines. The supplying pharmacy is contracted to provide the regular and PRN medication blister packs and other pharmaceuticals. The RN checks and signs the blister pack and signing sheet to declare medications are checked on delivery against the medication charts. PRN medications have the expiry dates checked weekly. Medications are stored in a central locked medication room. There are no self-medicating residents. The RN, manager (qualified caregiver) and caregivers administer medications. Staff complete medication competency (June 2014) and annual education. The RN is required to complete a medication competency signed off by another RN (link 1.2.7). There is one resident on controlled drugs that are blister packed and stored in the locked medication trolley. Storage of controlled drugs is an area for improvement. There are weekly controlled drug checks signed by two persons in the controlled drug register. The pharmacy has completed a six monthly pharmacy audit (June 2014). There is separate medication fridge if required for medications. All eye drops are dated on opening. There is emergency oxygen available.

Staff signatures are sighted on the medication sheet signature register. Two medication competent staff sign for the administering of warfarin. There is a requirement for two staff to sign for the administration of controlled drugs where an RN is not on duty. Ten medication charts sampled identified all medication charts had photo identification and allergies/adverse reactions noted. Medications charts are legible and prescribing meets the legislative requirements for regular and short course medication. There is an improvement required around the prescribing or PRN medications to include an indication for use.

D16.5.e.i.2; Ten out of 10 medication charts reviewed identified that the GP had seen and reviewed the resident three monthly and the medication chart was signed.

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.

Attainment and Risk: PA Moderate

Evidence:

Ten medication charts sampled identified all medication charts had photo identification and allergies/adverse reactions noted. Medications charts are legible and prescribing meets the legislative requirements for regular and short course medication. Ten out of 10 medication charts reviewed identified that the GP had seen and reviewed the

resident three monthly and the medication chart was signed. There is one resident on controlled drugs that are blister packed and stored in the locked medication trolley. There are weekly controlled drug checks signed by two persons in the controlled drug register. The pharmacy has completed a six monthly pharmacy audit (June 2014).

Finding:

1) Six out of 10 medication charts did not include an indication for use of PRN medications (frusemide, diazepam, domperidone, risperidone); 2) One caregiver signs for the administration of controlled drugs where an RN is not available; 3) The controlled drugs are kept in the locked medication trolley which is taken into communal areas for medication rounds.

Corrective Action:

1) Ensure PRN medications have an indication for use; 2) Two medication competent caregivers are to sign for the administration of controlled drugs; 3) Ensure controlled drugs are stored in locked drugs safe/cupboard.

Timeframe (days): 30 (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.

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

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

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 1.3.12.6 (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.

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 1.3.13: 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

Attainment and Risk: FA

Evidence:

There are food policies/procedures for food services and menu planning appropriate for the service. The service employs a cook from 8am to 2pm daily. The caregivers prepare and serve breakfast. There is a four week winter menu in place that has been reviewed by a dietitian August 2013. Resident profiles (including dislikes) on admission are forwarded to the cook. Reviews and dietary requirements are known to the cook. The cook is able to describe high calorie foods including powdered milk in custards for the management of weight loss as instructed by the RN. Variations to the menu are recorded in the diary.

The main meal is at midday. Plated meals are delivered to the dining room. Hot food temperatures (end cooked) are recorded at every meal. All foods sighted in fridges and freezers are dated. Dry goods in the pantry are sealed, dated, labelled and off the floor. Fridge and freezer temperatures are recorded weekly. Kitchen equipment has been tested and tagged June 2014.

Staff are observed wearing correct protective wear, hats, aprons and gloves. There are cleaning schedules in place. Chemicals are stored safely. There are screens on the external door.

Residents have the opportunity to provide feedback and suggestions on the menu through resident meetings and surveys.

D19.2; the main cook (also a health and safety representative) has completed NZQA unit standards and has provided on-site education for staff April 2014.

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.

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

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

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 1.3.13.5 (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.

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.)*

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:

The service has waste management policies and procedures for the safe disposal of waste and hazardous substances. These include (but are not limited to): needles and sharps policy; chemical storage policy; waste disposal policy. There is an incident reporting system that includes investigation of incidents. Chemicals are labelled and there is appropriate protective equipment and clothing for staff. Safety data sheets are readily accessible to staff. The hazard register identifies hazardous substance and staff indicated a clear understanding of processes and protocols. Infection control policies state specific tasks and duties for which protective equipment is to be worn. Chemicals are evidenced stored safely in the laundry, sluice and kitchen areas. There is a designated external locked room for the storage of chemicals. Six staff attended chemical safety March 2013. Approved containers are used for the safe disposal of sharps. Waste management bins and recycling bins are collected twice weekly by a contractor.

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.

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 1.4.2: 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

Attainment and Risk: FA

Evidence:

The facility holds a current warrant of fitness which expires on 1 January 2015. Hillcrest is single story building with safe internal access between the bedrooms and communal areas. The corridors (with handrails) are sufficiently wide enough to allow residents to mobilise with the aid of walking frames safely and other mobility aids. There is ramp access to the outdoor areas with seating and shaded areas. There is a designated outdoor smoking area.

Reactive and preventative maintenance occurs. Contractors carry out internal maintenance and repairs and maintain the grounds. Electrical testing has been completed June 2014. All clinical equipment is checked and calibrated. Hot water temperature in each resident wing is monitored monthly and stable between 43 and 45 degrees Celsius. Preferred supplies are available 24/7.

ARC D15.3; There is adequate equipment available for the rest home. The three caregivers and one RN interviewed state they have all the equipment referred to in long and short term care plans necessary to provide care, pressure relieving mattresses and cushions, shower stools, transfer belts, wheelchairs, walking frames, mobility aids, an electric bed and floor scales (calibrated June 2014), gloves, aprons and masks.

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

All buildings, plant, and equipment comply with legislation.

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 1.4.2.4 (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.

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

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

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 for each wing. All bedrooms have hand basins. There is safe flooring, seating and hand rails appropriately placed in the shower rooms. Fixtures, fittings and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. There are privacy slide signs on the doors. Residents interviewed (four) confirmed that staff provide the resident with privacy when attending to personal hygiene cares.

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:

All bedrooms are single. There is a men's wing of five bedrooms. Residents and family/whanau are encouraged to personalise their bedrooms. On the day of audit it was observed that walking frames, and other mobility equipment can be manoeuvred around the residents' personal space. Bedroom doors are wide enough for the transfer of

residents in a wheelchair if required. Relatives/whanau (one) and residents (four) interviewed confirm their bedrooms are of adequate size and they can personalise them as they like. Bedrooms are carpeted.

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:

The lounge, dining room and other communal areas such as the library are accessible to all residents. There are seating alcoves and conservatory spaces available to residents. Residents are able to move freely and furniture is well arranged to facilitate this. Residents are seen to be moving freely both with and without assistance throughout the audit and residents interviewed report they can move around the facility and staff assist them if required.

D15.3d; Seating and space is arranged to allow both individual and group activities to occur.

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.

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

Attainment and Risk: FA
Evidence: There is an external laundry room with a defined clean/dirty area. There are two commercial washing machines (with auto feed chemicals) and dryers. The caregivers carry out laundry duties. There is adequate personal protective clothing and staff are observed wearing protective clothing appropriately when carrying out laundry and cleaning duties. There is a weekend cleaner who cleans the bedrooms and caregivers (including nightshift) carry out cleaning duties during the week. All bedrooms, hallways and communal areas are clean and tidy in appearance. Residents (four) and relative (one) expressed satisfaction with cleaning and laundry services.

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.

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 D15.3j; D19.6

Attainment and Risk: FA

Evidence:

Appropriate training, information, and equipment for responding to emergencies is provided. There is an approved evacuation plan (2 February 2012) and fire evacuations are completed six monthly (actual drill 29/4/14). Following this drill an inservice was held in May. There is a first aid trained staff member at the facility at all times (link 1.2.7). There is a civil defence and emergency plan in place. The civil defence kit is readily accessible. The facility has emergency lighting, a store of emergency water and a gas BBQ for alternative heating and cooking. Emergency food supplies sufficient for three days are kept in the kitchen. Oxygen cylinders are available. At least three days stock of other products such as incontinence products and PPE are kept. There is a store cupboard of supplies necessary to manage a pandemic. The front door is locked and a keypad code is prominently displayed for residents and visitors to exit freely. The call bell system is available in all areas. During the tour of the facility residents were observed to have access to the telephone call system and residents interviewed stated their calls were overall answered in a timely manner. D19.6: There are emergency management plans in place to ensure health, civil defence and other emergencies are included.

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.

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.

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.

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

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

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

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

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 1.4.8: 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:

All bedrooms and communal areas have large windows allowing adequate natural light. Rooms are well ventilated and windows provide natural light. There is radiator heating in the bedrooms, hallways and bathrooms. There is a large heat pump in the lounge/dining room. Residents and family interviewed stated the temperature of the facility was comfortable.

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:

Hillcrest has policies and procedures on restraint minimisation and safe practice. The registered nurse is the restraint coordinator and confirms that the service promotes a restraint-free environment. There are no residents using restraints or enablers at the time of audit. Policy includes guidelines for use of enablers and restraint. The policy lists restraint alternatives and includes definitions for restraint and enablers. There is appropriate documentation to manage restraints and enablers. The staff have attended on-site education August 2013. The restraint co-ordinator responsibilities need to be defined (link 1.2.7).

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:

The infection control programme and its content and detail, is appropriate for the size and degree of risk associated with the service. The scope of the infection control programme is available. The responsibilities for the infection control coordinator (who is the registered nurse) included in the infection control policy. There is an implemented infection control programme that is linked into the quality management system. The programme is reviewed annually (last completed 20/04/14). The facility has access to GPs, local Laboratory, the infection control and public health departments at the local DHB for advice. There are monthly staff meetings that include discussion about infection control matters.

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:

Finding:

Corrective Action:

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

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

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

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 3.1.9 (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.

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 3.2: 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 coordinator (registered nurse) takes infection control matters to the QRM (monthly) meetings and then to the staff meetings (also monthly). The infection control coordinator sends quarterly reports to the GP on the infections for the period. The facility also has access to an infection control nurse specialist and public health staff.

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:

D 19.2a: The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team, training and education of staff. Infection control procedures developed in respect of the kitchen, laundry and housekeeping incorporate the principles of

infection control. These principles are documented in the service policies contained within the infection control manual. External expertise can be accessed as required, to assist in the development of policies and procedures. Policy development involves the infection control coordinator, the GP and the QRM.

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.

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 3.4: 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

Attainment and Risk: FA

Evidence:

The infection control coordinator is responsible for coordinating/providing education and training to staff. The internal audit programme includes environmental surveillance (February 2014). The IC coordinator provides training both at orientation and ongoing - handwashing was provided in May. The IC coordinator has yet to complete external IC training (link 1.2.7). Resident education is expected to occur as part of providing daily cares.

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.

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 3.4.5 (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.

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 3.5: 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.

Attainment and Risk: FA

Evidence:

Policies and procedures document infection prevention and control surveillance methods. The surveillance data is collected and analysed to identify areas for improvement or corrective action requirements. Trends are discussed at staff meetings. Detailed information on the type of resident infections and treatment are recorded. Education on infection control for staff was provided in May 2014, and an infection control audit was completed in February (2014).

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.

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

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