

# Moana House Trust Board

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Moana House Trust Board
<b>Premises audited:</b>	Moana House
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 15 January 2015      End date: 16 January 2015
<b>Proposed changes to current services (if any):</b>	Four serviced apartments were certified as able to provide rest home level care.
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	39

# Executive summary of the audit

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## Introduction

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

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

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
Yellow	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
Red	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

## General overview of the audit

Moana House provides care for up to 51 residents. During the audit, there were 39 residents living at the facility that included 26 residents requiring rest home level of care and 13 residents requiring hospital level care.

This certification audit was conducted against the relevant Health and Disability Standards and the services' contract with the District Health Board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with residents, family, management, staff and a general practitioner.

The manager provides operational management of the facility. Staffing levels were reviewed for anticipated workloads and acuity. Staffing was appropriate to resident needs during the audit.

Service delivery was monitored through complaints, review of incidents and accidents, surveillance of infections, completion of internal audits and satisfaction surveys with benchmarking occurring.

Four serviced apartments were certified during the audit as being appropriate to provide rest home level of care.

An improvement is required to the medication administration system.

## Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Staff demonstrated an understanding of residents' rights and obligations. This knowledge was incorporated into their daily work duties and caring for the residents. Residents were treated with respect and received services in a manner that considered their dignity, privacy and independence. Information regarding resident rights, access to advocacy services and the complaints process is available to residents and their family.

The residents' cultural, spiritual and individual values and beliefs were assessed on admission. Informed consent policy and processes were implemented by the service, meeting contractual requirements.

Staff ensured residents were informed and had choices related to the care they received.

## Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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Moana House has a documented quality and risk management system that supported the provision of clinical care and support. Policies were reviewed and quality and risk performance was reported across the facility meetings. The business plan was documented and reported on through the management meeting and through reports to the board.

Service delivery was monitored through complaints, review of incidents and accidents, surveillance of infections, implementation of an internal audit programme with corrective action plans documented and evidence of resolution of issues. An organisational risk management programme was in place.

There were human resources policies and an orientation/induction and training programme implemented. Moana House is managed by the manager who is a registered nurse with extensive aged care service delivery and managerial experience. Staffing levels were adequate including staffing for the four rest home beds certified as part of the audit.

## Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.
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The services policies and procedures provided guidelines for access to service. Timeframes for service delivery were met and included input from residents, families, and allied health professionals. Initial assessment, care and support was provided by competent staff, with ongoing evaluations completed by registered nurses. Nursing interventions were consistent with best practice and care plans well utilised.

There was a broad range of activities which were appropriate for the service users. Residents and families interviewed confirmed they were well supported to maintain interests and participation is voluntary.

The service had a documented medication management system. An improvement is required to 'as required' medications having documented indications for use.

Resident nutritional needs were met. Special needs were catered for and regular monitoring completed. Food services and storage met food safety requirements.

## Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.



Standards applicable to this service fully attained.

All building and plant complied with legislation with a current building warrant of fitness. There was a reactive and preventative maintenance programme including equipment and electrical checks.

Residents rooms are of an appropriate size that allowed care to be provided and for the safe use and manoeuvring of mobility aids. Activities occur in any of the lounges and furniture was arranged that ensured residents were able to move freely and safely.

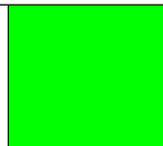
Laundry is completed on site and managers and staff monitored cleaning to ensure that the facility was cleaned to a high standard.

Essential emergency and security systems were in place with regular fire drills completed. Call bells are in place.

The four serviced apartments are large and fully self-contained. All would be able to support residents requiring rest home level of care.

## Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.



Standards applicable to this service fully attained.

There were no restraints used in the facility. There were documented guidelines for the use of restraint, enablers and challenging behaviours. Staff received sufficient training and demonstrated an understanding of the appropriate use of enablers to maintain independence.

## Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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Infection prevention and control policies and procedures were adequately documented. There is a designated infection control co-ordinator who was responsible for ensuring monthly surveillance was completed and monitoring of infection control practices. Documentation sighted provided evidence that all staff were educated as part of initial orientation and as part of on-going in-service education.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
<b>Standards</b>	0	44	0	1	0	0	0
<b>Criteria</b>	0	92	0	1	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	<p>FA</p>	<p>Staff received education on the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) during their induction to the service and through the annual education programme. Interviews with staff confirmed their understanding of the Code.</p> <p>Examples on ways the Code was implemented in everyday practice were sighted including maintenance of residents' privacy, giving of choices, encouragement of independence and ensuring that residents could continue to practice their own personal values and beliefs.</p> <p>The information pack provided to residents on entry included how to make a complaint, code of rights pamphlet and advocacy information.</p> <p>Training around the code of rights, privacy and confidentiality, and complaints was last provided in 2014. The auditors noted respectful attitudes towards residents on the day of the audit.</p>

<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	<p>FA</p>	<p>Residents and their families were provided with all relevant information on admission.</p> <p>Discussions were held regarding informed consent, choice and options regarding clinical and non-clinical services.</p> <p>Informed consent obtained included the following: consent for sharing of information, consent for care and treatment, indemnity and outing consent. There were advance directives documented if the resident was deemed competent.</p> <p>Admission agreements sighted had all been signed at entry to the service.</p> <p>Discussions with residents and relatives identified that the service actively involved them in decisions that affected their lives.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	<p>FA</p>	<p>Information on advocacy services through the Health and Disability Commissioner's (HDC) Office was provided to residents and families. Written information on the role of advocacy services was also provided to complainants at the time when their complaint was being acknowledged. Resident information around advocacy services was available at the entrance to the service and in lounge areas.</p> <p>Staff training on the role of advocacy services was included in training on the Code – last provided for staff in 2014.</p> <p>Discussions with family and residents identified that the service provided opportunities for the family/EPOA to be involved in decisions and they stated that they had been informed about advocacy services.</p> <p>The resident file included information on resident's family/whānau and chosen social networks.</p> <p>Staff interviewed were aware of the right for advocacy and how to access and provide advocacy information to residents if needed.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other</p>	<p>FA</p>	<p>The service had an open visiting policy. Residents may have visitors of their choice at any time. The facility was secured in the evenings but</p>

<p>Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>		<p>visitors could arrange to visit after doors were locked.</p> <p>Families interviewed confirmed they can visit at any reasonable time and were always made to feel welcome. Family were seen coming and going freely on the days of the audit.</p> <p>Residents were encouraged to be involved in community activities and maintained family and friends networks. Links were also encouraged through church with some residents still engaged in community activities.</p> <p>Residents were included in outings with family members.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>The organisation's complaints policy and procedures were in line with the Code and included periods for responding to a complaint. Complaint's forms were available at the entrance of the facility.</p> <p>A complaints register was in place and the register included the date the complaint was received; a description of the complaint; and the date the complaint was resolved. Evidence relating to each lodged complaint was held in the complaint's folder. A review of a complaint indicated that the complaint was investigated promptly with the issue resolved in a timely manner.</p> <p>Residents and family members stated that they would feel comfortable complaining.</p> <p>There were no complaints lodged with authorities such as the Health and Disability Commission since the last audit.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>FA</p>	<p>A registered nurse discussed the Code including the complaints process with residents and their family on admission. Discussions relating to the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) were also held during the residents' meetings (meeting minutes sighted for 2014).</p> <p>Residents and family interviewed including nine residents (three rest home, one respite, one under a primary care contract and four hospital) and seven family members (five hospital and two rest home) confirmed</p>

		<p>their rights were being upheld by the service.</p> <p>Information regarding the Health and Disability Advocacy Service were clearly displayed in multiple locations throughout the facility and in a brochure that was held at reception. Pamphlets around the Code were available at the front entrance of the service with posters displayed. If necessary, staff stated that they would read and explain information to residents. Information was also given to next of kin or enduring power of attorney (EPOA) to read to and discuss with the resident in private.</p> <p>Residents and family members interviewed were able to describe their rights and advocacy services particularly in relation to the complaints process. Family members interviewed confirmed that they knew where the complaints forms were.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	<p>FA</p>	<p>The service ensured that each resident had the right to privacy and dignity, which was recognised and respected. The residents' own personal belongings were used to decorate their rooms. Discussions of a private nature were held in the resident's room with a number of small areas and rooms available for family and residents to meet.</p> <p>Staff reported that they knocked on bedroom doors prior to entering rooms, ensured doors are shut when care was given and did not hold personal discussions in public areas – observed on the days of the audit. Residents and families interviewed confirmed the residents' privacy is respected.</p> <p>Caregivers interviewed reported that they encouraged residents' to be as active as possible. Caregivers gave examples of assisting residents with their activity programmes.</p> <p>The service was committed to the prevention and detection of abuse and neglect through the provision of guidelines for staff to prevent, identify, report and correct any risk to residents and staff from abuse or neglect wherever or whenever this may arise. There was an expectation that staff would, at all times, work within the organisation's mission statement, values and objectives of service delivery, and have knowledge of legislation relating to human rights and the Code as stated by the manager.</p>

		<p>Staff received education and training on abuse and neglect during their induction to the service and in the training programme provided by the organisation in 2014. Staff interviewed were aware of the signs of abuse and neglect.</p> <p>Resident files reviewed identified that cultural and /or spiritual values, individual preferences are identified as per individual needs. There were church services offered twice weekly.</p> <p>There were clear instructions provided to residents on entry regarding responsibilities of personal belongings in their admission agreement.</p> <p>Residents and family interviewed confirmed that personal dignity and respect was respected and there was no evidence of bullying from staff or of any evidence of abuse or neglect.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	<p>FA</p>	<p>The service implemented the Maori health plan/policy and cultural safety procedures to eliminate cultural barriers. The rights of the residents/family to practise their own beliefs were acknowledged in the plan and policies.</p> <p>Links to local kaumatua Maori services was documented with a kaumatua offering support when required. There were links to iwi documented and there were three identified staff members who identify as Maori who can provide advice when needed.</p> <p>There were staff members who identified as Maori. Staff interviewed reported that specific cultural needs were identified in the resident care plans as per individual needs.</p> <p>Staff were aware of the importance of whanau in the delivery of care for Maori residents and staff interviewed could describe ways that they met cultural needs.</p> <p>Staff had training around Maori health in 2014.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p>	<p>FA</p>	<p>The service identified each resident's personal needs at the time of admission. This was achieved with the resident, family and/or their representative. The service was committed to ensuring that each</p>

<p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>		<p>resident was supported to be as independent as possible.</p> <p>Residents and family were involved in the assessment and the care planning processes as confirmed in interviews with residents and families. Information gathered during assessment included the resident's cultural values and beliefs. This information was used to develop a care plan.</p> <p>Staff had training around cultural safety in 2014</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>The service implemented policies and processes to ensure staff were aware of good practice and boundaries relating to discrimination, abuse and neglect, harassment and exploitation. Training included discussion of the staff code of conduct and prevention of inappropriate care.</p> <p>Job descriptions include responsibilities of the position with a job description sighted in staff files reviewed.</p> <p>The orientation and employee agreement provided to staff on induction included standards of conduct.</p> <p>Interviews with staff and the manager confirmed their understanding of professional boundaries, including the boundaries of the caregiver role and responsibilities.</p> <p>Family and visitors were encouraged to visit residents and relatives stated that the service provided a welcoming and supportive environment.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>There were policies and procedures to guide practice and these were reviewed one to two yearly.</p> <p>There was a training programme implemented. The staff interviewed described sound practice based on policies and procedures, care plans and information given to them via the registered nurses.</p> <p>Registered nurse specific training was in place for the registered nursing staff and for caregivers.</p> <p>Projects were undertaken to improve the lives of residents and staff were</p>

		<p>able to describe how these had benefitted residents.</p> <p>All residents and families interviewed expressed a high level of satisfaction with the care delivered. All stated that they had no intention of complaining as the service was excellent.</p> <p>Consultation to other services was available as required.</p> <p>The 2014 resident and family satisfaction survey indicated that all respondents were satisfied or very satisfied overall with the service.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Accident/incidents, the complaints procedure and the open disclosure procedure alerted staff to their responsibility to notify family/enduring power of attorney of any accident/incident that occurs. These procedures guided staff on the process to ensure full and frank open disclosure was available.</p> <p>Staff stated that family were informed if a resident had an incident, accident, had a change in health or a change in needs and documentation on the accident/incident form recorded this. Progress notes reviewed stated that family were informed.</p> <p>Interviews with family members confirmed they were kept informed. Family also confirmed that they were invited to participate in planning of care through discussions with the registered nurse.</p> <p>Family interviewed confirmed that they were invited to attend the resident meetings.</p> <p>Interpreter services were available when required and the manager stated that the staff used family members to interpret when needed. There were no residents requiring interpreting services during the audit.</p> <p>The information pack was available in large print and staff advised that this could be read to residents.</p> <p>All resident admission agreements were signed on the day of admission.</p>
<p>Standard 1.2.1: Governance</p>	FA	<p>The trust board provided a governance role with 10 members including an accountant on the board. The annual general meeting was held last</p>

<p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>		<p>in November 2014.</p> <p>The purpose, values, scope, direction and goals were documented.</p> <p>A business plan was sighted and a continuous quality improvement plan was also documented.</p> <p>Moana House was managed by the manager who is a registered nurse with extensive aged care service delivery and managerial experience. The manager's current annual practicing certificate and file reviewed confirmed the experience and involvement of the manager in nurse and management meetings in the wider region. The manager's job description included responsibilities, functional relationships, and authority and key performance indicators.</p> <p>The manager had relevant qualifications including a diploma nursing, Bachelor of Arts in social science, masters of business administration and a postgraduate business management.</p> <p>The service had four serviced apartments, which were certified at the audit as being appropriate for residents requiring rest home level care. The service had a total of 51 beds (including the serviced apartments) with occupancy of 39 on the day of the audit.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>The clinical manager relieved for the manager as required and the manager was able to provide clinical oversight of the service when the clinical manager was on leave. The clinical manager was appointed to the position in May 2014 and had a background in emergency department and remote nursing. The clinical manager had a postgraduate advance nursing and pharmacology and had started a graduate diploma in business.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>The service had a quality and risk management system implemented as confirmed in documents, records and interviews with residents, family and facility personnel.</p> <p>The business plan was documented and reported on through the management meeting and through reports to the board.</p>

		<p>The service implemented organisational policies and procedures to support service delivery. All policies were subject to reviews as required with all policies current. Policies were linked to the Health and Disability Sector Standard, current and applicable legislation, and evidenced-based best practice guidelines. A document control process was in place.</p> <p>Service delivery was monitored through complaints, review of incidents and accidents, surveillance of infections, implementation of an internal audit programme with corrective action plans documented and evidence of resolution of issues. The service graphed data with this being discussed through a range of meetings including management meetings weekly, staff meetings monthly and three monthly health and safety meetings. Meeting minutes evidenced communication with staff around all aspects of quality improvement.</p> <p>The service was part of a company with other providers with the key function being to work collaboratively and to discuss issues and progress.</p> <p>Residents and family described having input into quality improvement through the annual satisfaction surveys and through resident meetings.</p> <p>The organisation had a risk management programme in place that included health and safety policies and procedures, documentation of hazards proactively and reactively and a risk management plan reviewed by the board and management team.</p>
<p><b>Standard 1.2.4: Adverse Event Reporting</b></p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>The manager and clinical manager were aware of situations where the service needed to report and notify statutory authorities including police attending the facility, unexpected deaths, critical incidents, infectious disease outbreaks.</p> <p>The service was committed to providing an environment in which all staff were able and encouraged to recognise and report errors or mistakes and was supported through the open disclosure process.</p> <p>Staff received education at orientation on the incident and accident reporting process. Staff understood the adverse event reporting process</p>

		<p>and their obligation to documenting all untoward events.</p> <p>Ten incident reports had a corresponding note in the progress notes to inform staff of the incident and any incidents were discussed at handover as witnessed during the audit. There was evidence of open disclosure for each recorded event.</p> <p>Information gathered was regularly shared through meetings with graphs described by staff as providing a platform for discussion.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>The registered nurses and the managers held current annual practising certificates. Visiting practitioner's practising certificates were on file and included the general practitioner, pharmacist and physiotherapist.</p> <p>Staff files included appointment documentation and there was an annual appraisal process in place.</p> <p>First aid certificates were held in the staff files.</p> <p>All staff completed an orientation programme with an annual training plan implemented. Staff attendance was documented on attendance registers. Caregivers were paired with a senior caregiver for shifts as part of orientation.</p> <p>Annual medication competencies were completed for all registered nursing staff and senior caregivers who administered medicines to residents.</p> <p>Staff stated that they valued the training. Education and training hours exceeded eight hours a year for all staff with registered nurses accessing training relevant to their role. Staff also attended elective and mandatory study days and care staff attend CareerForce training, which was NZQA (New Zealand Qualification Authority) certified providing foundation skills and for core competencies. There was a low staff turnover.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from</p>	FA	<p>Residents received timely, appropriate and safe services from suitably qualified, skilled and or experienced service providers as confirmed at</p>

<p>suitably qualified/skilled and/or experienced service providers.</p>		<p>interview and review of staff files.</p> <p>The service had a documented and implemented process which guided provider levels and skill mixes for safe and appropriate service delivery. The staffing and skill mix process was documented in the staffing care hour's policy which included the numbers of registered nurse, enrolled nurses and caregivers on morning, afternoon and night shifts. The service's agreement with the Waikato District Health Board stipulates contractual requirements for provider levels and skill mixes. The rosters reviewed confirmed allocation of staff members in key and other roles.</p> <p>There was always at least one registered nurse on duty in the hospital with a registered nurse on duty in the rest home in the mornings seven days a week. The four serviced apartments were at the end of a corridor with residents requiring rest home level care and a staffing review indicated that they would be able to be supported by existing staff already providing care.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	<p>FA</p>	<p>The service retained relevant and appropriate information to identify residents and track records. This included comprehensive information gathered, at admission, with the involvement of the family. There was sufficient detail in resident files to identify residents' on-going care history and activities. Resident files in use were appropriate to the service.</p> <p>There were policies and procedures in place for privacy and confidentiality. Staff could describe the procedures for maintaining confidentiality of resident records. Files and relevant resident care and support information could be accessed in a timely manner.</p> <p>Entries were legible, dated and signed by the relevant staff member including designation.</p> <p>Resident files were protected from unauthorised access by being locked away in an office. Informed consent was obtained from residents/family/whanau on admission to display photographs. Individual resident files demonstrated service integration. Medication charts were in a separate folder with medication and this was appropriate to the service.</p>

<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	<p>FA</p>	<p>Entry to service guidelines were clearly documented in service policy, and processes were implemented to ensure residents' entry to the service was facilitated in a competent, equitable, timely and respectful manner. Resident information packs sighted, provided on admission, ensured residents were given sufficient information. Family members interviewed confirmed they had received information packs and been fully informed during all processes.</p> <p>A review of clinical files confirmed the necessary needs assessments had been completed and residents placed in an appropriate level of care. Signed and dated admission agreements were sighted and staff interview verified the processes which ensured residents received the necessary prescribed care.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>Policy and procedures, and the RN, confirmed the correct processes were followed around exit and discharge. Referral letters to other service providers were sighted on clinical files and copies of correspondence retained. Resident information packs provided to families described processes and family confirmed they had been kept fully informed during a recent transfer to another service.</p> <p>One file sampled confirmed a resident who had required a higher level of care had been referred to the needs assessment service co-ordinator (NASC) for a review of the level of care. This had been done in a timely manner and the resident received the appropriate level of care.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Low</p>	<p>There were documented policies and procedures for all stages of medication management.</p> <p>Staff were observed administering medications during the lunch time medication round and followed correct procedures. Administration records were maintained. Interviews with staff and a review of staff files confirmed that only staff who had been assessed as competent were responsible for medication management. Medication trolleys and cupboards were observed to be locked, with the keys being held by the</p>

		<p>staff member responsible for medications on that day.</p> <p>All medicines had been prescribed by the GP using a pharmacy generated medication chart. All charts included photo identification and any allergies identified. Three monthly GP reviews were evident. Individually prescribed medications were used and a blister pack system utilised. Hospital medications and rest home medications were managed separately, and stored in designated rooms.</p> <p>There was one controlled drug locked safe which contained medications for both rest home and hospital. Separate controlled drug logs were maintained for each area with evidence of regular reconciliation was sighted.</p> <p>Two medication files sampled included residents who self administered medication. Residents were assessed as competent to self administer medications and the relevant form confirming this was signed by both the resident and the RN. There were no documented adverse events related to medications. A medication fridge contained insulin, and daily monitoring of temperature was completed.</p> <p>Residents were prescribed medication that could be used when required however indications for use were not documented.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>Residents were provided with a well-balanced diet which met nutritional requirements. Kitchen staff confirmed that there was dietitian input into the menu and the relevant report confirming this was sighted. A four weekly menu was followed and the meals provided on the day were in line with the menu sighted. A communication book and diary were sighted and included any deviations from the menu, and any individual resident requests. Residents interviewed were satisfied with the meals provided.</p> <p>Dietary assessments were completed on admission and special dietary requirements were highlighted and recorded on documents held in the kitchen. Individual food preference lists were sighted and any allergies identified. Special equipment was available as required, for example, one clinical file sampled made reference to the use of a rim plate, and use was observed during meal time.</p>

		<p>Kitchen staff had required food safety qualifications.</p> <p>The kitchen was well stocked, clean and tidy. Fresh fruit and vegetables and other food stuffs were stored appropriately.</p> <p>There was evidence of temperature monitoring and maintenance of a cleaning schedule.</p> <p>Labels and dates were on all containers, and food in the chiller was covered and dated. There had been no reported incidents of residents becoming unwell as a result of poor food handling practices.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>Organisational policies provided guidelines around declining entry to the service. There was no evidence of potential residents being declined entry. Clinical staff interviewed were able to give reasons for declining entry and the general practitioner (GP) confirmed residents referred to the service had not been declined.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>All residents had a nursing assessment completed. They were completed within the identified timeframes and included resident centred goals.</p> <p>Residents and families interviewed confirmed their involvement in the assessment process.</p> <p>Clinical staff demonstrated use of a variety of assessment tools to assist in the assessment process.</p> <p>Progress notes and interviews with clinical staff confirmed that assessment was an ongoing process with regular evaluations being completed by the RN.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Long-term and short-term care plans were developed and included goals identified by the resident.</p> <p>Clinical staff interviewed confirmed access to resident files and completion of daily progress notes demonstrated prescribed care was</p>

		<p>completed.</p> <p>There was evidence of allied health support within the care plan process, for example, physiotherapy.</p> <p>Residents observed had the necessary prescribed equipment to minimise risk and promote independence. The GP described an effective working relationship with staff, and confirmed continuity of service delivery.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>The RN, GP and care staff were interviewed regarding prescribed care and care plans were sighted. Interventions were consistent with best practice. Short term care plans were developed as required, for example, for one resident who recently developed an infection.</p> <p>Documentation completed daily by care staff confirmed care was being completed as prescribed.</p> <p>Observation of clinical staff handover demonstrated that staff discussed the needs of individual residents on a daily basis. The GP had confidence that interventions were implemented in an appropriate and timely manner.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>The diversional therapist (DT) and an activities support person were interviewed. Activities were facilitated five and a half days per week. Activities were planned two months in advance and included a variety of activities appropriate to resident needs.</p> <p>Support was provided for individuals to attend activities specific to their needs, and included transport and one to one support by volunteers as required. Residents were observed participating in the days planned activity, they were well supported and appeared to be enjoying the activity.</p> <p>Participation records were maintained and residents confirmed participation was voluntary and they were satisfied with the activity programme. An activities board was visible in a common area and included upcoming events and photos of previous events.</p>

<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>A policy described an ongoing evaluation process. Files sampled included evaluations which were documented according to policy, they were conducted regularly and described the degree of achievement and progress towards meeting desired outcomes. The RN described the process, and evaluations sighted within daily progress notes showed clear links to the care plan.</p> <p>The RN initiated changes to the plan of care where progress was different from expected, for example, short term wound care plans.</p> <p>Family members confirmed a high level of satisfaction with the service supporting the resident to achieve their desired outcome.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	<p>FA</p>	<p>Interviews with clinical staff, GP and family members confirmed that residents were provided with access to other service providers as required.</p> <p>Files demonstrated links via a referral process with allied health professionals, for example, physiotherapy, wound specialists, mental health specialist services and acute care hospitals. Progress notes sighted included entries made by ear health specialist services and podiatry services. Care plans had been adapted as necessary to include specialist care and advice. Families stated they had been kept fully informed during the referral process.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>Documented processes for the management of waste and hazardous substances were in place and incidents were reported on in a timely manner. Policies and procedures specify labelling requirements in line with legislation including the requirement for labels to be clear, accessible to read and were free from damage.</p> <p>Material Safety Data sheets were available throughout the facility and accessible for staff. The hazard register was current. Staff received training and education to ensure safe and appropriate handling of waste and hazardous substances.</p>

		<p>The provision and availability of protective clothing and equipment that was appropriate to the recognized risks associated with the waste or hazardous substance being handled, for example: goggles/visors, gloves, aprons, footwear, and masks. Clothing was provided and used by staff. During a tour of the facility, protective clothing and equipment were observed in all high-risk areas.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>A current building warrant of fitness was posted in a visible location at the entrance to the facility (expiry date 16 June 2015). There had been no building modifications since the last audit.</p> <p>There was a planned maintenance schedule implemented.</p> <p>Equipment was available to meet resident needs with a test and tag programme that was up to date. Calibration of medical equipment was completed annually.</p> <p>Interviews with staff confirmed there was adequate equipment.</p> <p>There were quiet areas throughout the facility for residents and visitors to meet and there were areas that provide privacy when required.</p> <p>There were safe outside areas that were easy for residents and family members to access.</p> <p>The four serviced apartments were large and fully self contained. Each had an outdoor area. All were located at the end of a hallway that included another resident requiring rest home level care. The units were close to the main entrance. Each unit had wide doors and could accommodate staff, the resident and visitors and equipment if required. A review of all rooms confirmed their suitability as able to provide rest home level care.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with</p>	<p>FA</p>	<p>There were adequate numbers of accessible toilets/bathing facilities. Serviced apartments had full ensuites including showers. Communal toilets were conveniently located close to communal areas with a system that indicated if it was engaged or vacant.</p> <p>Appropriately secured and approved handrails were provided in the</p>

<p>personal hygiene requirements.</p>		<p>toilet/shower/bathing areas, and other equipment/accessories were made available to promote resident independence.</p> <p>Residents and family members interviewed reported that there were sufficient toilets and showers.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>There was adequate personal space provided in all bedrooms to allow residents and staff to move around within the room safely. Residents interviewed all spoke positively about their rooms.</p> <p>Equipment was sighted in rooms requiring this with sufficient space for both the equipment e.g. hoists and at least two staff and the resident.</p> <p>Rooms were personalized with furnishings, photos and other personal adornments and the service encouraged residents to make the room their own.</p> <p>There was sufficient room to store mobility aids such as walking frames in the bedroom safely during the day and night if required.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	<p>FA</p>	<p>The service had a large lounge and dining area that accommodated activities and a smaller area that allowed people who required more privacy if required.</p> <p>Lounge areas had appropriate floor coverings. All areas were easily accessed by residents and staff.</p> <p>Furniture was appropriate to the setting and arranged in a manner which enabled residents to mobilise freely.</p> <p>There was a specific area for the hairdresser.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>The laundry room enabled the laundry to be completed on site and the laundry staff described the clean and dirty area. Residents and family members stated that the laundry was well managed.</p> <p>There were cleaners on site during the day seven days a week. Cleaning was monitored through the internal audit process with no issues were</p>

		<p>identified in the audits.</p> <p>Chemicals and cleaning cupboards were locked with the cleaning trolley observed to be with the cleaner on the days of the audit.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>An evacuation plan was confirmed as being approved by the New Zealand Fire Service.</p> <p>An evacuation policy on emergency and security situations was in place (reviewed 2014). A fire drill took place six-monthly with the last drill was conducted in August 2014. The orientation programme included fire and security training. Staff confirmed their awareness of emergency procedures.</p> <p>There was at least one staff member with a first aid certificate on duty.</p> <p>All required fire equipment and a sprinkler system was sighted on the day of audit and all equipment had been checked within required timeframes.</p> <p>A civil defence plan was in place. There were adequate supplies in the event of a civil defence emergency including food, water, blankets and alternative cooking arrangements.</p> <p>The service had water from a bore and there was a generator able to be used. There was back up lighting that was tested monthly with batteries that were able to provide energy until the generator came on stream.</p> <p>An electronic call bell system was in place with residents confirming that staff were prompt in answering these. There were call bells in all residents' rooms, residents' toilets, and communal areas including the hallways, dining room and lounge areas.</p> <p>The doors were locked in the evening. Systems were in place to ensure the facility was secure and safe for the residents and staff. External lighting was adequate for safety and security.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe</p>	FA	<p>There were procedures to ensure the service was responsive to resident feedback in relation to heating and ventilation, wherever practicable.</p>

<p>ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>		<p>Residents were provided with adequate natural light, safe ventilation, and an environment that was maintained at a safe and comfortable temperature. There was a designated external smoking area.</p> <p>Family and residents interviewed confirmed the facilities were maintained at an appropriate temperature.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>FA</p>	<p>The service had an infection control committee with a designated infection control co-ordinator. Meetings were held three monthly and as required. The co-ordinator confirmed that a surveillance programme was maintained.</p> <p>Surveillance data was sighted and included infection details related to clinical files sampled.</p> <p>Monthly analysis was completed and reported at monthly general staff meetings. Minutes were sighted.</p> <p>An internal audit had been completed and hand washing practices were identified as an area of improvement for new care staff. The infection control co-ordinator instigated the use of hand washing posters and these were sighted in the facility.</p> <p>Interview with the GP and a review of clinical files and medication charts showed antibiotics were prescribed only if clinically indicated.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	<p>FA</p>	<p>Staff observed during the audit completed hand hygiene and used personal protective equipment appropriately.</p> <p>Outbreak kits were sighted and these were accessible throughout the facility. There were checklists sighted which showed they were checked monthly and were appropriately stocked.</p> <p>Hand sanitizer was readily available to residents, staff and visitors. Staff were able to identify infection control team personnel.</p>
<p>Standard 3.3: Policies and procedures</p>	<p>FA</p>	<p>Policies and procedures were available and the co-ordinator was able to</p>

<p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>		<p>demonstrate that available external resources were utilised to ensure current best practice. During a recent outbreak, staff from the District Health Board and Ministry of Health were accessed and staff confirmed they were well supported to manage and contain the outbreak.</p>
<p>Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>Education had been provided to staff around infection control in 2014. The training session was documented and attendance records completed. Minutes of meetings indicated that a microbiologist had been the guest speaker.</p> <p>The infection control coordinator had training around infection control specific to the role in 2014.</p>
<p>Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>The infection control surveillance is appropriate to the size of the service.</p>
<p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>A restraint policy was sighted and was appropriate for this service. No restraints or enablers were used in this facility.</p> <p>Staff had been provided with education on restraint last in September 2014. Staff described enablers as being voluntary as per the policy and the policy defined both enablers and restraints.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.12.6</p> <p>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.</p>	PA Low	<p>Staff responsible for medication management were interviewed and were able to demonstrate and explain how to administer medications as per the policy.</p> <p>Some residents had medication prescribed to use as needed as well as having medication prescribed to take on a regular basis.</p>	<p>Indications for use of medications that had been prescribed when required (i.e. non regular medications), were not documented.</p>	<p>Document indications for use for medications that could be taken when needed.</p> <p>90 days</p>

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

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

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

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

No data to display
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End of the report.