

Awanui Rest Home Limited

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 and Disability Auditing New Zealand 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:

Legal entity:	Awanui Rest Home Limited	
Premises audited:	Awanui Rest Home	
Services audited:	Dementia care	
Dates of audit:	Start date: 2 February 2015	End date: 3 February 2015
Proposed changes to current services (if any):	none	
Total beds occupied across all premises included in the audit on the first day of the audit:	21	

Executive summary of the audit

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

General overview of the audit

Awanui Rest Home provides dementia level care for up to 24 residents. There were 21 residents living at the facility during this full certification audit.

This certification audit was conducted against the relevant Health and Disability Standards and the 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 families, management, and staff.

There are well developed systems that are structured to provide appropriate quality care for residents. Quality and risk management programme is individualised. A comprehensive orientation and in-service training programme that provides staff with appropriate knowledge and skills to deliver care and support is in place.

Families interviewed are very positive about the service and their involvement in the on-going care. The manager is appropriately qualified and experienced and is supported by a registered nurse. There are quality systems and processes being implemented. Feedback received from families about the service was very positive.

Continuous improvement ratings have been awarded around the activities programme and the infection control programme. There is one area identified for improvement related to resident assessments.

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 demonstrate an understanding of residents' rights and obligations. This knowledge is incorporated into their daily work duties and caring for the residents. Residents are treated with dignity and respect. Written information regarding consumers' rights is provided to residents and families during the admission process. Residents' cultural, spiritual and individual values and beliefs are assessed on admission and reflected in their care plans. Policies are implemented to support resident rights such as privacy, dignity, abuse/neglect, culture, values and beliefs, complaints, advocacy and informed consent.

A Maori health plan is incorporated into the delivery of services for Maori residents. Evidence-based practice is evident, promoting and encouraging good practice. There is evidence that residents and family are kept informed. A system for managing complaints is in place. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service.

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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Services are planned, coordinated, and are appropriate for the needs of the residents. A manager and registered nurse are responsible for the day-to-day operations of the facility. Quality and risk management processes are maintained, reflecting the principals of continuous quality improvement. Quality goals are documented for the service on an annual basis and reviewed and updated each year. Corrective action plans are implemented where opportunities for improvement are identified. A risk management programme is in place, which includes a risk management plan, incident and accident reporting, and health and

safety processes. Adverse, unplanned and untoward events are documented by staff. Findings are discussed in bi-annual staff meetings and quality improvements decided and implemented. Human resources are managed in accordance with good employment practice, meeting legislative requirements. A comprehensive orientation programme is in place for new staff. An extensive education and training programme for staff is maintained and training sessions are provided by an external trainer. All staff have completed their required Dementia Standards. Registered nursing cover is provided five days a week. The RN is on call when not available onsite. Staff roster reflects an adequate number of staff on duty to ensure residents safety and care. The residents' files are appropriate to the service type.

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 service has a documented assessment process and resident's needs are assessed prior to entry. The manager has implemented an extensive pre admission process to ensure appropriate placement for the prospective resident. An information pack is available for residents/families/whānau pre- entry. Assessments, care plans and evaluations are completed by the registered nurse. Residents/relatives/whanau are involved in planning and evaluating care. There is an improvement required around the use of assessment tools and monitoring forms.

Service delivery plans demonstrate service integration and are individualised to meet the resident's needs. Care plans are evaluated six monthly or more frequently when clinically indicated. Short term care plans are developed for any short term need. The service facilitates access to other medical and non-medical services. Families interviewed were very complimentary about the care their family members receive.

The diversional therapist provides a seven day week programme focused on meaningful activities that meets the individual abilities and recreational preferences. The individual activity plans includes activities over a 24 hour period. The service is awarded a continual improvement for its family and resident focused environment, including the recent development of a general store that relates to the residents era. The activities programme includes “normal daily activities”. Residents are involved in meal preparation, table setting and clearing, dishes, hanging up washing, gardening, shopping, creating a homely environment. There are regular entertainers, outings, and celebrations.

The service’s medication management policies and procedures follow recognised standards and guidelines for safe medicine management practice. The general practitioner reviews medication charts three monthly. All baking and meals are prepared and cooked on-site. Residents' food preferences and dietary requirements are identified at admission. This includes consideration of any particular dietary preferences or needs. There are nutritious snacks available 24 hours.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The building holds a current warrant of fitness. There is a planned maintenance programme. Hot water temperatures are monitored. Residents are able to bring their own possessions and adorn their room as desired. The facility is spacious with a number of communal areas that are easily accessible. There are extensive grounds and gardens, (including a vegetable garden) that are safe and secure and resident focussed. Extensive seating and shaded areas are created throughout the garden. This was a quality improvement as a result of the last satisfaction survey. Chemicals are stored safely throughout the facility. Appropriate policies are available along with product safety charts. There is adequate heating, ventilation and natural light in bedrooms and communal areas. The facility was clean and well presented. Every corridor leads to external areas which enables residents to freely exit and enter. Cleaning and laundry services are well monitored through the internal auditing system. Appropriate training, information and equipment for responding to emergencies are provided. Emergency systems are in place in the event of a fire or

external disaster. There is an approved evacuation scheme and emergency supplies for at least three days. All key staff hold a current first aid certificate.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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The facility has a secure entry/exit gate to keep residents safe within the confines of the facility. There are no other restraints in place.

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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There is an extensive infection control programme implemented and its content and detail, reflects good and safe practice and reflects the complexity, and degree of risk associated with the service. The service has an Infection control co-ordinator with defined responsibilities. Reports and surveillance data are discussed at staff meetings. Quality improvements have been made as a result of findings through surveillance. All staff received infection control education on orientation and attends education as offered.

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)
Standards	1	43	0	1	0	0	0
Criteria	2	90	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)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Code of Health and Disability Consumers' Rights (the Code) poster is displayed in a visible location. Policy relating to the Code is implemented and staff can describe how the Code is implemented in their everyday delivery of care. Staff receive training about the Code during their induction to the service, which continues through in-service training. Interviews with all four healthcare assistants (HCAs), the registered nurse (RN), and diversional therapist reflected their understanding of the key principles of the Code.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>The informed consent policy includes responsibilities and procedures for staff. Informed consent information is provided to family/whānau on admission. Written general consent has been signed by the family in all resident files sampled. Four HCAs interviewed were able to describe resident choice and informed consent (as appropriate) when delivering resident cares.</p> <p>Staff interviewed understand that in the absence of a competent resident advance directive the resident is for cardiopulmonary</p>

		<p>resuscitation.</p> <p>Discussions with five family members identifies that the service actively involves them in decisions that affect their relative's lives. One resident advance directive, made prior to admission, was available in one resident file sampled.</p> <p>There were signed admission agreements in all five residents' files selected for audit.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>Information on advocacy services through the Health and Disability Commissioner's (HDC) Office is included in the resident information pack that is provided to residents and their family on admission. Interviews with family confirm their understanding of the availability of advocacy services. Staff receive education and training on the role of advocacy services.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>The service has an open visiting policy. Residents may have visitors of their choice at any time. The service encourages the residents to maintain their relationships with their friends, and community groups by continuing to attend functions and events, and providing assistance to ensure that they are able to participate in as much as they can safely and desire to do. Resident/family meetings are held every annually (meeting minutes sighted).</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints procedure is provided to residents and relatives at entry to the service. There is written information on the service philosophy and values particular to a dementia unit, which is included in the information pack including the residents' needs for a safe environment, how behaviours are managed and specifically designed and flexible programmes that emphasis minimising restraint, behaviour management and encouragement for families to complain if there are any issues.</p> <p>A record of all complaints received is maintained by the manager using</p>

		<p>a complaints' register. Documentation including follow up letters and resolution demonstrates that complaints are well-managed.</p> <p>Discussions with families confirmed they were provided with information on complaints and complaints forms during the admission process. No complaints were received in 2014. One complaint was received in 2013 with evidence of an appropriate and timely follow-up action taken.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Details relating to the Code and the Health and Disability Advocacy Service are included in the resident information pack that is provided to new residents and their family. The manager and/or the registered nurse discuss aspects of the Code with residents and their family on admission.</p> <p>Discussions relating to the Code are also held during the annual resident/family meetings. All five families interviewed report the residents' rights are being upheld by the service.</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>	FA	<p>The service ensures that the residents' right to privacy and dignity is recognised and respected at all times. The residents' personal belongings are used to decorate their rooms. All rooms are single rooms with the exception of one double room that is being used for two residents who have consented to share a room along with consent by their families. They have been sharing the room for eight months. Curtains are in place for visual privacy. The HCAs interviewed report that they knock on bedroom doors prior to entering rooms, ensure doors are shut when cares are being given and do not hold personal discussions in public areas. They report that they facilitate the residents' independence by encouraging them to be as active as possible.</p> <p>All five families interviewed report that their family member's privacy is respected.</p> <p>Guidelines on abuse and neglect are documented in policy. Staff receive education and training on abuse and neglect. There has been one documented reported instance of abuse at the facility, which took</p>

		place on 2 August 2014. Appropriate and documented action was undertaken and the staff member was dismissed. Family members were informed of the incident which was documented by the GP in the resident's file.
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>The service is committed to ensuring that the individual interests, customs, beliefs, cultural and ethnic backgrounds of Maori are valued and fostered within the service. The manager and staff value and encourage active participation and input of the family/whanau in the day-to-day care of the resident. There was one Maori resident living at the facility during the audit. Cultural values and beliefs are documented in this resident's care plan.</p> <p>Maori consultation is available through the Auckland District Health Board. Staff receive education on cultural awareness during their induction to the service and as a regular in-service topic. All four HCAs interviewed could describe the specific cultural needs identified for their Maori resident. They are aware of the importance of whanau in the delivery of care for Maori residents.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>The service identifies the residents' personal needs and desires from the time of admission. This is achieved with the resident, family and/or their representative. The service is committed to ensuring that each resident remains a person, even in a state of mental decline. Beliefs and values are discussed and incorporated into the care plan, sighted in all five care plans reviewed. All five families interviewed confirmed they were involved in developing the resident's plan of care, which included the identification of individual values and beliefs.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>Documented house rules, which define professional boundaries are discussed and signed by the new employee during their induction to the service. Professional boundaries are also defined in job descriptions. Interviews with all four HCAs confirm their understanding of professional boundaries including the boundaries of the HCAs role and</p>

		responsibilities. Professional boundaries are reconfirmed through education and training sessions, staff meetings, and performance management if there is infringement with the person concerned.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	<p>Evidence-based practice is evident, promoting and encouraging good practice. A registered nurse is available five days a week on a full-time basis and lives in a separate house on the facility grounds. The RN is on call when not available on site. A general practitioner (GP) visits the facility a minimum of every fortnight with a GP on call 24 hours a day, seven days a week. Residents are reviewed by the general practitioner (GP) every three months at a minimum.</p> <p>The service receives support from Auckland District Health Board (ADHB) which includes visits from the Mental Health Service. A nurse practitioner visits on an as needed basis. Physiotherapy services are available as-needed. There is a regular in-service education and training programme for staff. A podiatrist is onsite every six-weeks and a hairdresser is available once a week. The service has a van for regular outings where three staff accompany up to seven residents.</p> <p>The manager reports that staff turnover is very low. Many staff have worked at the facility for a number of years. All family interviewed expressed their satisfaction with the care delivered. The GP interviewed is also satisfied with the level of care that is being provided.</p>
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	<p>Policies and procedures relating to accident/incidents, complaints and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. Eight incident forms that were reviewed identified family are kept informed. All family interviewed stated that they are kept informed when their family member's health status changes.</p> <p>An interpreter policy and contact details of available interpreters is in place. Interpreter services are available if needed. The information pack is available in large print and is read to residents who require</p>

		<p>assistance.</p> <p>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 residents and family are informed prior to entry of the scope of services and any items they have to pay that are not covered by the agreement.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Awanui Rest Home is certified to provide dementia level care with a total of 21 residents occupying 24 available beds on the day of the audit. The owner of the facility has two other healthcare facilities in the Auckland region.</p> <p>The manager is an enrolled nurse who has worked at the facility for the past eight years with the last four years as the manager. The manager is supported by a registered nurse with a current APC who has five years' experience working in aged care in New Zealand and two years of experience working at this facility.</p> <p>The philosophy of the service includes providing safe and therapeutic care for residents with dementia that enhances their quality of life and minimises risks associated with their confused states. The business plan describes quality objectives. Business objectives are developed in collaboration with the owner of the facility and are updated each year. Discussions with the manager and all other staff including the registered nurse, diversional therapist and four healthcare assistants indicates the service concentrates on engaging residents in household jobs with support for activities of daily living. Family members interviewed spoke highly of the service.</p> <p>The manager has maintained over eight hours annually of professional development activities related to managing this aged care service.</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</p>	FA	<p>A registered nurse (RN) is second in charge. He is scheduled to work full time (Wednesday – Sunday) and is on call when not on site. He is supported by the owner's spouse, a registered nurse, when on leave. The RN lives in a house located on the facility grounds.</p>

<p>provision of timely, appropriate, and safe services to consumers.</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>A quality and risk management programme in place. Interviews with the manager and staff reflect their understanding of these quality and risk management systems.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. A document control system is in place. Policies are reviewed annually unless changes occur more frequently. New policies or changes to policy are communicated to staff, evidenced in staff meeting minutes and in interviews with staff.</p> <p>The monthly monitoring, collation and evaluation of quality and risk data includes (but is not limited to) residents' falls, infection rates, complaints received (if any), wounds, and medication errors. A resident/family satisfaction survey is conducted each year. Results reflect high levels of satisfaction with the services provided. An annual internal audit schedule is in place with evidence of internal audits occurring as per the audit schedule. Corrective actions are implemented where opportunities for improvement are identified. Quality and risk data, including trends in data and corrective action plans are discussed in the two-monthly staff meetings (meeting minutes sighted).</p> <p>Quality initiatives over the past year have included (but are not limited to) the conversion of a free standing staff office to a 'general store' with a selection of memorabilia and the development of an informational web site. Falls prevention strategies are in place that include the analysis of falls events and the identification of interventions on a case-by-case basis to minimise future falls. This has included the use of hip protectors for all of the residents and sensor mats.</p> <p>A health and safety system is in place. The RN is the health and safety officer and is scheduled to undertake his stage two training later in the year. Health and safety audits take place as per the audit schedule. A hazard register is in place</p>

<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>Individual incident reports are completed for each incident/accident with immediate action noted and any follow up action(s) required. Accident and incident data is linked to the organisation's quality and risk management programme and is used for comparative purposes and quality improvements. Staff are informed of residents' incidents and accidents.</p> <p>Eight completed incident forms were selected for review. A clinical assessment and follow up by the registered nurse was documented for each accident or incident involving a resident.</p> <p>Discussions with the manager confirms hew awareness of the requirement to notify relevant authorities in relation to essential notifications.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Five staff files that were reviewed included evidence of the recruitment process; and signed employment contracts, orientation programmes, and annual performance appraisals.</p> <p>The orientation programme provides new staff with relevant information for safe work practice and is developed specifically to worker type (e.g. RN, support staff). Staff interviewed stated that new staff are adequately orientated to the service.</p> <p>A register of practising certificates is maintained for the health professionals.</p> <p>There is an annual education schedule that is being implemented and provides staff with more than eight hours of annual in-service education. In addition, opportunistic education is provided. Aged Care Education (ACE) is required for the HCAs. All thirteen healthcare assistants who are employed by the service have completed the required dementia standards. Education and training for the RN is supported by external education provided by the Auckland District Health Board. Discussions with staff and the manager confirmed that a comprehensive in-service training programme in relevant aspects of</p>

		care and support is in place.
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>The service has a service management policy and rosters sighted indicate that staff are allocated appropriately. Staffing levels are adequate to safely meet the needs of the residents.</p> <p>The manager/EN works Monday – Friday. The RN works Wednesday – Sunday with 24 hour on call cover seven days a week. Five HCAs cover the AM shift and three HCAs cover the PM shift. Two HCAs cover the night shift. In addition, there are specific cleaning and laundry staff. Shifts overlap by one hour to allow ample time for handover.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The residents' files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial support 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. Residents' files are protected from unauthorised access by being held in a secure room. Archived records are secure in separate locked and inaccessible areas.</p> <p>Residents' files demonstrate service integration. Entries are legible, dated and signed by the relevant HCA or nurse, including designation.</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>	FA	<p>Prior to entry, all potential residents have a needs assessment completed to assess suitability for entry to the service. The manager (interviewed) screens all potential residents in discussion with the need assessor to ensure the service can meet the resident's specific needs. The service has an admission policy, admission agreement and a resident information pack available for families at entry. Five relatives (interviewed) stated they received sufficient information and had the opportunity to discuss the admission agreement with the manager. The admission agreement reviewed aligns with a) -k) of the ARC contract. Five admission agreements sighted were all signed on</p>

		<p>admission or prior to admission. Exclusions from the service are included in the admission agreement. The information provided at entry includes examples of how services can be accessed that are not included in the agreement.</p> <p>Resident files sampled all included a needs assessment which identified them as requiring specialist dementia care.</p> <p>Residents and their family/whanau accessing the specialist dementia unit are provided with written information on the service philosophy and practices particular to the unit which is included in the information pack including (but not limited to): a) the need for a safe environment for self and others; b) how behaviours differ from other residents are managed and c) specifically designed and flexible programmes, with emphasis on:</p> <ol style="list-style-type: none"> 1. Minimising restraint. 2. Behaviour management. 3. Complaint policy.
<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>The service has transfer and discharge procedures in place. Inter-facility transfers and transfers to hospital are planned and coordinated in consultation with the family/whanau as appropriate. All relevant information is documented and communicated to the receiving health provider or service. 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.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>All medication is managed appropriately in line with required guidelines and legislation. The RN, enrolled nurse and HCAs responsible for the administering of medication complete annual medication competencies and attend annual medication education. The RN checks all medications on delivery against the medication chart. All medication sighted were within the expiry dates and all eye drops were dated on opening. There were no self-medicating residents. The standing orders are current. Ten medication charts sampled meet legislative prescribing requirements. The GP had reviewed the medication charts at least three monthly.</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>There are safe food handling policies and food management policies and procedures. The service has a small but workable kitchen located off the dining room. There is a four weekly menu that has been approved by the dietitian. All food is cooked on site. The cook receives a resident dietary profile on admission and is notified of any dietary changes. Resident diets, likes and dislikes are listed and available to staff serving meals. Alternative choices are offered for dislikes. The midday meal was observed with staff assisting residents as required. Lip plates are provided to promote resident independence with meals.</p> <p>Fridge, freezer and end cooked temperatures are checked and recorded weekly. The chemical supplier conducts quality control checks on the chemicals and sanitizer. Staff were observed to be wearing appropriate protective clothing. Cleaning schedules are maintained.</p> <p>The cook has completed food handling training and chemical safety. Nutritious snacks are readily available to the residents.</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>	<p>FA</p>	<p>The service has accepting/declining entry to service policies. Pre-approved residents seeking admission are not declined, providing there are vacant beds. The three vacant beds have been booked for admissions. There is a current waiting list. The manager maintains contact with the families.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>PA Low</p>	<p>Residents are assessed on entry to the service and all files included an initial assessment. A range of other assessment tools are available for use on admission if applicable including (but not limited to); a) resident dietary profile and mini nutritional assessment b) falls risk d) pressure area risk assessment, e) continence assessment f) abbey pain assessment and pain monitoring form g) wound assessment g) behaviour assessment h) challenging behaviour assessment and monitoring form. Not all assessments were in use or evaluated.</p> <p>The diversional therapist completes a resident recreational assessment</p>

		<p>including family background. Family/whanau interviewed confirmed they participated in the initial assessment and resident care plan.</p> <p>Residents files sampled had individual assessments that included identifying diversional, motivation and recreational requirements.</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>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 a resident's admission. Resident records identify current abilities, level of independence, identified needs and specific behavioural management strategies. The registered nurse develops the long term care plan from information gathered from staff, family/whanau and allied health professionals involved in the care of the resident. Long term care plans sampled describe the support required to meet the individual needs of the resident (link 1.3.4.2). Short term care plans are used for changes of resident health status. Short term care plans sighted included; skin tears, weight loss and eye infection. Family/whanau members interviewed confirmed they were kept well informed and involved in all aspects of care planning for their family/whanau member.</p> <p>Medical records are maintained by the general practitioner and significant events discussed with families/whanau as documented in medical notes.</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 service provides care for residents requiring dementia level of care. Individualised care plans are completed by a registered nurse. When a resident's condition alters, the registered nurse or manager (enrolled nurse) initiate a review and if required GP or specialist consultation.</p> <p>HCAs, the RN and manager interviewed stated that they have all the equipment and resources required to deliver safe care including sensor mats, weigh scales and personal protective equipment. Family/whanau interviewed confirmed their relative's needs are being met. Strategies for the provisions of a low stimulus environment were described by staff.</p>

		Dressing supplies are available. There were wound assessments, wound monitoring forms and short term wound care plans in place for two skin tears and one minor wound. Continence products are available (link 1.3.4.2). Bowel records are maintained. Specialist continence and wound care advice is available as needed and this could be described by the registered nurse and manager.
<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>	CI	<p>The service employs a qualified diversional therapist (DT) Monday to Friday and an activities co-ordinator in the weekend. Small group and individual activities are focused on the individual abilities and preferences. Residents are involved in household activities and assist the staff in meaningful activities such as; hanging out washing, baking, folding washing and gardening. HCAs were observed reminiscing with residents using items from an era familiar to them. Family/whanau are encouraged to participate in activities with their loved ones. Theme days and events are celebrated. There are at least weekly outings including scenic drives, picnics, garden centres and cafes as appropriate. Spiritual needs are met with bible study and visiting priest.</p> <p>Family input is sought to complete a resident profile and family background. Individual activity plans also include evening and night activities. Activity plans are reviewed at the same time as the care plans. Resources are readily available for HCAs.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Evaluation timeframes are specified in policies and procedures. Initial care plans sighted were evaluated by the RN within three weeks.</p> <p>Care plans are evaluated by the registered nurse at least six monthly or when changes to care occurs for residents. Staff document progress in each resident's clinical record daily and as changes occur. A three monthly review by the medical practitioner occurs for all medically stable residents or more frequently if a resident's health is more complex. Short term care plans sighted had been reviewed regularly.</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>The service facilitates access to other medical and non-medical services. Referral documentation and communications with family/whanau are maintained on resident files.</p> <p>The RN and manager are aware of the need to refer residents for re-assessment should there be a significant change in the resident's level of need and those needs can no longer be met by the service.</p> <p>Discussion with the registered nurse and manager identified that the service has access to primary care and specialist medical services including specialist mental health for older person's services, consultant psychiatrist, dieticians, wound care and continence nurse specialists, and a community physiotherapist.</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>There is a waste management policy and procedure that outlines processes. Staff interviewed stated that they would report any incidents or accidents involving infectious material, body substances or hazardous substances if they occurred. All chemicals are supplied in correctly labelled containers which includes information on safe use. Personal protective equipment is available for use by staff. Chemicals are stored safely throughout the facility. Staff have attended chemical safety training.</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>There is a current building warrant of fitness which expires on 29 November 2015. There is a full time maintenance person responsible for daily maintenance and repairs and planned maintenance as scheduled. Bedrooms are re-decorated as they become vacant. Hot water monitoring is completed monthly with a six monthly plumbing inspection scheduled. Electrical testing and tagging was completed September 2014. There is safe indoor/outdoor access with ramps and rails. Currently there are no smokers.</p> <p>The facility provides for dementia care only. Residents (and their visitors) may use their bedrooms for privacy when required. Large outdoor areas provide low stimulus and quiet areas including multiple gardens. Safe pathways are easily accessed by residents as observed on the day of audit.</p>

		The main lounge is designed so that space and seating arrangements provide for individual and small group activities. There is a second lounge and two dining areas where activities can take place. There is adequate equipment available for dementia level of care.
<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 personal hygiene requirements.</p>	FA	<p>There are adequate numbers of communal toilets and bathrooms throughout the facility. Communal toilets and bathrooms have appropriate signage. The location of the toilet facilities are easily accessible from the communal areas.</p> <p>Flooring, fixtures and fittings are appropriate. All communal toilets have hand washing and drying facilities. All bedrooms have hand basins.</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>	FA	<p>There is one double room. All other bedrooms are single. The bedrooms are of sufficient size to be able to safely move around the bedroom with the use of mobility aids and allow a degree of personal space. Residents are able to bring their own possessions including furniture to their bedroom. There is personal adornment in rooms viewed on the day of audit. There is a mix of carpet and vinyl flooring.</p> <p>The one double room is occupied. There are privacy curtains in place and there has been family consultation and agreement.</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>	FA	<p>There are two lounges, seating alcoves and conservatory for residents. There are two dining areas separated by a partition to provide dining in small groups. The lounges and dining rooms are easily accessible for the residents. Activities occur throughout the facility. There is adequate space to allow maximum freedom of movement while promoting safety for those residents that wander. Seating and space allows both individual and group activities to occur.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and</p>	FA	<p>The facility ensures all cleaning and laundry services are maintained and functional at all times. All laundry including personal clothing is</p>

<p>laundry services appropriate to the setting in which the service is being provided.</p>		<p>completed on site. The laundry has a defined clean and dirty area. There are documented systems for monitoring the effectiveness and compliance with the cleaning and laundry services policies and procedures. The service has a separate cupboard for the safe and secure storage of cleaning and laundry chemicals. Aprons, gloves and protective goggles are readily available.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>Emergency and disaster policies and procedures are documented for the service. An approved fire evacuation plan is in place. Fire evacuation drills occur every six months. The orientation programme and annual education and training programme includes mandatory attendance at fire and security training. Staff interviews confirm their understanding of emergency procedures. Required fire equipment was sighted on the day of audit. Fire equipment has been checked within required timeframes.</p> <p>A civil defence plan is in place. There are adequate supplies readily available in the event of a civil defence emergency including food, water, blankets and gas cooking. The civil defence plan was implemented during a recent power cut that lasted for three days. In addition to the provision of adequate supplies, additional staff were scheduled to provide support for the residents.</p> <p>A call bell system is in place. Residents were observed in their rooms with their call bell alarms in close proximity. There is a minimum of one person who available 24 hours a day, seven days a week with a current first aid/CPR certificate.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>Living areas and resident bedrooms have adequate light and are appropriately heated and ventilated. All resident designated rooms had a window that provided both natural light and view to the outside.</p>
<p>Standard 3.1: Infection control management There is a managed environment, which minimises the risk of</p>	<p>FA</p>	<p>The scope of the infection prevention and control programme policy are available. The programme is reviewed annually as part of the quality plan. Infection control (IC) goals for 2015 are in place. The manager</p>

infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.		(enrolled nurse) is the infection control co-ordinator. The overall responsibility for infection control is written into the infection control programme and the IC job description. Infection control is a set agenda item at the two monthly staff meetings.
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The infection control co-ordinator provides a monthly report to staff. Meeting minutes sighted evidence infection control discussed at the staff meetings.</p> <p>The facility has access to infection prevention and control nurses from the district health board (DHB), an external infection control consultant, GP and laboratory services.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>The organisation's infection control policies and procedures have been developed and reviewed by an external infection control consultant. The manual includes (but is not limited to) policies on hand hygiene, standard precautions, transmission based precautions, prevention and management of infections, definitions of infections, antimicrobial usage, outbreak management and cleaning of equipment.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The infection control coordinator is responsible for coordinating the annual education for staff. An external educator (contracted) delivers the infection control education (last June 2014). Infection control is included in the staff orientation programme. The IC coordinator attends two monthly manager meetings at the DHB where infection control is tabled at the meeting. The IC coordinator completes on-line IC training and attends external training as available. Infection control education occurs as appropriate with individual residents.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the</p>	FA	<p>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The IC coordinator uses the information obtained through surveillance to plan and determine infection control activities, resources, and education needs within the</p>

infection control programme.		<p>facility. An infection report form and short term care plan is completed for the management of a suspected/diagnosed infection. There are guidelines for the definition of infections included in surveillance.</p> <p>All infections are entered onto a monthly infection analysis form. Trends (monthly and yearly comparisons) and quality improvements are identified and monitored. Corrective actions are developed when needed and implemented. Antibiotic use is monitored by the IC coordinator and GP. The surveillance of infection data assists in evaluating compliance with infection prevention and control practices. Staff confirmed they are kept informed on any infection control matters, trends, corrective actions and quality initiatives relating to infection control activities. The surveillance of infection data assists in evaluating compliance with infection prevention and control practices.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The restraint management policy and staff interviews confirm that enablers are voluntary and the least restrictive option. Policy includes definitions of restraints and enablers.</p> <p>Environmental restraint is in place for this secure dementia facility. Residents have access to an expansive outdoor area within the confines of the facility grounds. No other type of restraint is used. Staff receive regular training and education on managing challenging behaviours.</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 1.3.4.2</p> <p>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.</p>	PA Low	<p>The RN completes an assessment within 24 hours of admission. Falls risk assessments, pressure area risk assessments, abney pain assessments and dietary profiles have been completed and reviewed six monthly in all resident files sampled. The outcomes of these assessments were reflected in the resident care plans.</p> <p>E4, 2a Challenging behaviour assessments were completed on initial assessment. Care plans describe interventions for de-escalation of behaviours and diversional therapy activities over a 24 hour period.</p>	<p>1) There was no continence assessments for three residents with continence problems. 2) There was no challenging behaviour assessment or monitoring in place for one resident with altered behaviours. 3) Pain assessments have not been reviewed for two residents with acute episodes of pain. There was no documented evidence of monitoring of effectiveness of pain relief. The care plans lack detail regarding the type and location of pain.</p>	<p>1) Ensure continence assessments are completed as per policy. 2) Ensure behaviour assessments and monitoring is completed for new/altered behaviours as per policy. 3) Ensure pain assessments are reviewed and pain monitoring is completed as per policy. Ensure care plans reflect the outcomes of assessments.</p> <p>60 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.3.7.1</p> <p>Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>	CI	<p>Small group and individual activities are focused on the individual abilities and preferences. Residents are involved in household activities and assist the staff in meaningful activities such as; hanging out washing, baking, folding washing and gardening.</p>	<p>The service have incorporated a general store into the manager and administration office located in the grounds. The DT and manager researched current best practice for dementia care before embarking on the project which involved staff, residents and families. The verandah roof, frontage and signage are reminiscent of the early 1900's. There is an old fashioned water pump, post box, newspaper stand and bus stop at the front of the general store. The shop is open most of the day and residents were seen to freely enter the store. Inside the store there are many items such as biscuit tins and weigh scales of a bygone era. A large lolly jar and biscuit jar is kept replenished for residents to freely access. Staff working from within the store serve ice-cream cones as desired. The general store has prompted some</p>

			<p>residents to participate in activities such as weighing and packing bags of lollies etc. The service has developed a web site which displays photos and newsletters that keeps families informed on activities and facility matters. The DT maintains the site ensuring information is up to date. Consents have been obtained from families to display the photos. The DT and manager have received much positive feedback on the site especially from families who live out of the region and overseas. The relative survey that covers the activity programme had positive comments made relating to the website.</p>
<p>Criterion 3.5.7</p> <p>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>	CI	<p>The surveillance of infection data assists in evaluating compliance with infection prevention and control practices. Staff confirmed they are kept informed on any infection control matters, trends, corrective actions and quality initiatives relating to infection control activities. The surveillance of infection data assists in evaluating compliance with infection prevention and control practices.</p>	<p>All infections are entered onto a monthly infection analysis form. Trends (monthly and yearly comparisons) and quality improvements are identified and monitored. Corrective actions are developed when needed and implemented. Visitors are encouraged to stay away if sick. There is a staff health policy in place to ensure staff do not spread infections. The facility has signage to use for outbreaks and displays this information if required. There are outbreak management supplies readily accessible to staff. Residents and staff are encouraged to have a flu vaccine. From April to July 2014 there were zero chest infections; three chest infections in August 2014 and zero in September and October 2014. Isolation of residents is impractical and unachievable within the challenging environment. Staff vigilance with infection control practice and resident supervision with activities of daily living has contributed to the low rate of chest infections and zero outbreaks in the last three years.</p>

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End of the report.