

Fendalton Lifecare (2006) 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:

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| Legal entity: | Fendalton Lifecare (2006) Limited | |
| Premises audited: | Fendalton Retirement Village | |
| Services audited: | Rest home care (excluding dementia care) | |
| Dates of audit: | Start date: 3 February 2015 | End date: 4 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: | 26 | |

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 |
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|  | 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 |
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| 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

Fendalton retirement village is owned by a group of shareholders and provides care to up to 49 rest home residents. On the day of the audit there were 26 residents at the service. Residents and families interviewed were very complimentary of care and support provided. The facility manager is an experienced aged care manager and registered nurse. The facility manager is supported by the general manager and a quality consultant, a registered nurse (RN).

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

Fendalton retirement village has a quality and risk management system in place that is implemented and monitored, which generates improvements in practice and service delivery. There is an established and implemented orientation and in-service programme. Care plans reflect required support for residents.

An improvement is required in relation to General Practitioner (GP) signatures for residents who self-administer medication.

Consumer rights

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| Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs. | | Standards applicable to this service fully attained. |
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The staff at Fendalton retirement village ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. The service functions in a way that complies with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information about the Code and services is easily accessible to residents and families. Information on informed consent is included in the admission agreement and discussed with residents and relatives. Informed consent processes were followed and residents' clinical files reviewed included informed consent and advanced directives. Complaints and concerns are managed and a complaints register is maintained.

Organisational management

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| Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner. | | Standards applicable to this service fully attained. |
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Key components of the quality management system link to relevant facility meetings. The service is active in analysing data with recent evidence of benchmarking outcomes with other similar aged care facilities. Corrective actions are identified and implemented. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and appropriately managed. There is a comprehensive orientation programme that provides new staff with relevant and specific information for safe work practice. The in-service education programme covers relevant aspects of care and support. The staffing levels provide sufficient and appropriate coverage for the effective delivery of care and support. Staffing is based on the occupancy and acuity of the residents

Continuum of service delivery

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| Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation. | | Some standards applicable to this service partially attained and of low risk. |
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There is comprehensive service information available. Initial assessments and risk assessment tools are completed by the facility manager (RN) on admission. Care plans and evaluations are completed by the facility manager (RN) within the required timeframe. Care plans demonstrated service integration, were individualised and evaluated at least six monthly. The residents and family interviewed confirmed they are involved in the care planning and review process. Short term care plans were in use for changes in health status. The activity coordinator provides an activities programme for the residents based on their profile and references. It is varied, interesting and involves the families and community. Staff responsible for medication administration have completed annual competencies and education. There are three monthly GP medication reviews. The main meal is prepared at the sister facility. The menu is developed by a dietitian and is reviewed with the seasonal menu change. Individual and special dietary needs are catered for. Residents interviewed responded favourably to the meals provided.

Safe and appropriate environment

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| Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities. | | Standards applicable to this service fully attained. |
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The service has a current building warrant of fitness. Reactive and preventative maintenance is carried out. Chemicals are stored securely and staff are provided with personal protective equipment. Hot water temperatures are monitored and recorded. Medical

equipment and electrical appliances have been calibrated by an authorised technician. Residents' rooms are of sufficient space to allow services to be provided and for the safe use and manoeuvring of mobility aids. There are sufficient communal areas within the facility including lounge and dining areas, and small seating areas. There are designated laundry and cleaner's room. The service has implemented policies and procedures for civil defence and other emergencies and six monthly fire drills are conducted. External garden areas are available with suitable pathways, seating and shade provided. Smoking is only permitted in designated external areas. The service is progressing earthquake repairs.

Restraint minimisation and safe practice

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| Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation. | | Standards applicable to this service fully attained. |
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There is a restraint policy that includes comprehensive restraint procedures and aligns with the standards. The service is restraint free with no resident requiring restraint or the use of enablers. Staff are trained in restraint minimisation.

Infection prevention and control

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

practice and legislative requirements. Infection control education is provided to all service providers as part of their orientation and also as part of the on-going in-service education programme. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Results of surveillance are acted upon, evaluated and reported to relevant personnel.

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) |
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| Standards | 0 | 44 | 0 | 1 | 0 | 0 | 0 |
| Criteria | 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) |
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| 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 |
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| Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation. | FA | Discussions with staff (four caregivers, one registered nurse, one activity coordinator and one facility manager) confirmed their familiarity with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Eight residents and four relatives were interviewed and confirmed the services being provided are in line with the Code. |
| Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent. | FA | Informed consent and advanced directives were recorded as evidenced in the six resident files reviewed. Staff advised that family involvement occurs with the consent of the resident. Residents interviewed confirmed that information was provided to enable informed choices and that they were able to decline or withdraw their consent. Resident admission agreements were signed. |
| Standard 1.1.11: Advocacy And Support | FA | Contact numbers for advocacy services are included in the resident information folder and in advocacy pamphlets that are available in the |

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| <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p> | | <p>resident library near reception. Residents' meetings include discussing previous meeting minutes and actions taken (if any) before addressing new items. Discussions with relatives identified that the service provides opportunities for the family/EPOA to be involved in decisions.</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> | <p>FA</p> | <p>Residents and relatives confirmed that visiting can occur at any time. Key people involved in the resident's life have been documented in the care plans. Residents and relatives verified that they have been supported and encouraged to remain involved in the community. Entertainers have been invited to perform at the facility which occurred on the day of audit.</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>A complaints policy and procedures have been implemented and residents and their family/whānau have been provided with information on admission. Complaint forms are available at the entrance of the service. Staff are aware of the complaints process and to whom they should direct complaints. A complaints folder has been maintained. There have been eight complaints received in 2014 which were all appropriately closed off. Systems and processes have been in place to ensure that any complaint received is managed and resolved appropriately. Residents and family members advised that they are aware of the complaints procedure and how to access forms.</p> |
| <p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p> | <p>FA</p> | <p>The service provides information to residents that include the Code, complaints and advocacy. Information is given to the family or the enduring power of attorney (EPOA) to read to and/or discuss with the resident. Residents and relatives interviewed identified they were well-informed about the code of rights. Resident meetings and a resident and family survey provide the opportunity to raise concerns. Advocacy and code of rights information is included in the information pack and are available at reception.</p> |
| <p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And</p> | <p>FA</p> | <p>Staff interviewed (four caregivers, one quality consultant and one registered nurse/facility manager) were able to describe the procedures</p> |

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| <p>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>for maintaining confidentiality of resident records, resident's privacy and dignity. House rules and a code of conduct are signed by staff at commencement of employment.</p> <p>Regular church services are held and resident files included cultural and spiritual values. Contact details of spiritual/religious advisors are available to staff. Residents and relatives interviewed reported that residents are able to choose to engage in activities and access community resources. There is an elder abuse and neglect policy and staff education and training on abuse and neglect has been provided. Discussions with staff confirmed their familiarity with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Residents and relatives interviewed and confirmed the services being provided are in line with the Code.</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> | FA | <p>The service has a Maori values and beliefs policy which includes cultural safety and awareness. Discussions with staff confirmed their understanding of the different cultural needs of residents and their whānau. There are currently no residents at Fendalton Retirement village who identify as Maori. The service has established links with local Maori and staff confirmed they are aware of the need to respond appropriately to maintain cultural safety.</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>Care planning includes consideration of spiritual, psychological and social needs. Residents interviewed indicated that they are asked to identify any spiritual, religious and/or cultural beliefs. Relatives reported that they feel they are consulted and kept informed and family involvement is encouraged.</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>The staff employment process includes the signing of house rules. Job descriptions include responsibilities of the position and ethics, advocacy and legal issues. The orientation programme provided to staff on induction includes an emphasis on dignity and privacy and boundaries. Registered nursing staff have completed training around professional boundaries.</p> |

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| <p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p> | <p>FA</p> | <p>The quality programme has been designed to monitor contractual and standards compliance and the quality of service delivery in the facility. Staffing policies include pre-employment, and the requirement to attend orientation and on-going in-service training. The quality consultant is responsible for coordinating the internal audit programme. A variety of staff meetings and residents meetings are conducted. Residents and relatives interviewed spoke very positively about the care and support provided. Staff have a sound understanding of principles of aged care and state that they feel supported by the facility manager. Care staff complete competencies relevant to their practice.</p> |
| <p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p> | <p>FA</p> | <p>Residents and family members interviewed stated they are informed of changes in health status and incidents/accidents. Residents and family members also stated they were welcomed on entry and were given time and explanation about services and procedures. Resident meetings occur three monthly and the facility manager (RN) has an open-door policy. Residents and family are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The service has policies and procedures available for access to interpreter services for residents (and their family/whānau). If residents or family/whānau have difficulty with written or spoken English the interpreter services are made available.</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> | <p>FA</p> | <p>Fendalton Retirement Village is owned by a group of shareholders who also own Elmswood retirement village. There is a general manager across both facilities who is one of the shareholders. The governance and quality management are shared across the two facilities and also kitchen and laundry resources. The general manager reports to and is one of the three people on the Board of Directors which meets three times a year. A facility manager (RN) is employed to oversee the running of the rest home and serviced apartments. The facility manager has been in the role for seven years. The facility manager is supported by the general manager and a quality consultant (registered nurse).</p> <p>Fendalton Retirement Village is certified to provide rest home level care</p> |

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| | | for up to 49 residents within a 35 bed rest home and in 14 serviced apartments. On the day of the audit, there were 26 rest home residents - 24 in the rest home and two in serviced apartments. The service has a business plan in place (2015-2018) for organisational governance and direction. The current strategic plan and quality and risk management plans have been implemented. The facility manager has attended in-service and external education in the past 12 months to comply with contractual requirements. |
| <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> | FA | The general manager, quality consultant (RN) and facility manager from Elmswood retirement village provide cover in the facility manager/RNs absence and are familiar with Fendalton retirement village. |
| <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> | FA | The organisation has quality and risk management processes in place. Fendalton Retirement Village has a business plan for the service. There is a quality programme and a risk management plan which are reviewed yearly. Progress with the quality and risk management programme is monitored through the quality and risk meeting, which is combined with Elmswood retirement village, and the various facility meetings. A monthly analysis of all incidents is completed and a summary is included in the quality and risk meeting minutes. Meeting minutes reviewed contained matters arising from the previous meeting, health and safety, infection rates, restraint, staffing, training, surveys, and maintenance. There is also a separate monthly health and safety committee meeting and a two monthly infection control committee meeting. The quality and risk management team includes the general manager, quality manager, facility manager, and facility manager of (Elmswood retirement village) sister facility. Quality activities are documented in the meeting minutes and included in staff newsletter. These are discussed at the two monthly staff meetings and copies of the quality and risk meeting minutes are available for employees to read. Policies and procedures are reviewed two yearly by the quality manager and content of policies reviewed reflects current and relevant standards, contracts and guidelines. Annual satisfaction surveys are conducted for residents and relatives - last completed in December 2014 with discussion of outcomes held at staff |

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| | | meeting, and survey results included in resident newsletter and posted on the resident notice board. An annual audit schedule is implemented and audit results for 2014 were viewed. There are implemented risk management, and health and safety policies and procedures in place including accident and hazard management. There is a hazard register that is reviewed annually. Hazard identification forms are completed to identify hazards with actions identified and reviewed/followed up where appropriate. Falls prevention strategies such as environment review, footwear, use of walking aids, supervision and assistance for residents, the use of sensor pads and falls risk assessments are in place. |
| <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> | FA | <p>Incident and accident data has been collected and analysed. Discussions with the service confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. A sample of resident related incident reports for December 2014 were reviewed. All reports and corresponding resident files reviewed evidence that appropriate clinical care has been provided following an incident. The incident reporting policy includes definitions, and outlines responsibilities including immediate action, reporting, monitoring and corrective action to minimise and debriefing. The service benchmarks incident data with other facilities</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 recruitment and staff selection process requires that relevant checks have been completed to validate the individual's qualifications, experience and veracity. A copy of practising certificates are kept. Five staff files were reviewed and included all appropriate documentation. Staff turnover was reported as low, with some staff having been employed in excess of ten years. The service has a comprehensive orientation programme that provides new staff with relevant information for safe work practice. Staff interviewed were able to describe the orientation process and stated that they believed new staff were adequately orientated to the service. Annual appraisals are conducted for all staff. A completed in-service calendar for 2014 exceeded eight hours annually. During 2014 the facility purchased an on-line aged-care training package to enhance learning opportunities. Caregivers have</p> |

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| | | either completed an aged care education programme (ACE) or are working towards this qualification. The facility manager attends external training including conferences, seminars and relevant education sessions. |
| <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 | Fendalton retirement village has a roster in place which provides sufficient staffing cover for the provision of care and service to residents. There is at least one registered nurse on duty during the week days with registered nurses rostered on call at all other times. There is always one person on shift who has medication competency and one who has first aid training. Caregivers and residents and family interviewed advised that sufficient staff are rostered on for each shift. |
| <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 | The resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Residents' files are protected from unauthorised access by being locked away in the nurses' station. Information containing sensitive resident information are not displayed in a way that can be viewed by other residents or members of the public. Record entries are legible, dated and signed by the relevant staff member. Individual resident files demonstrate service integration. Medication charts have been stored in a separate folder. |
| <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 | Residents are assessed prior to entry to the service by the needs assessment team, and an initial assessment was completed on admission. The service has specific information available for residents/families/whānau at entry and it included associated information such as the Health and Disability Code of Rights, advocacy and complaints procedure. The admission agreement reviewed aligned with the ARC contract and exclusions from the service were included in the admission agreement. |

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| <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 transfer /discharge/exit procedures included a transfer/discharge form and the completed form is placed on file. The service stated that a staff member escorts the resident if no family were available to assist with transfer, and copies of documentation were forwarded with the resident.</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>The service uses individualised medication blister packs which are checked in on delivery. A medication competent team leader (caregiver) was observed administering medications correctly. Medications and associated documentation were stored safely and securely and all medication checks were completed and met requirements. Medications are reviewed three monthly with medical reviews by the attending GP. Resident photos and documented allergies or nil known were on all 12 medication charts reviewed. An annual medication administration competency was completed for all staff administering medications and medication training has been conducted.</p> <p>There is a self-medicating resident's policy and procedures in place. There were three residents who self-administered medications, the self-administration competency for these three was not signed by the GP. Individually prescribed resident medication charts are in use and this provides a record of medication administration information. All medication charts reviewed recorded indication for use of as required medication by the GP.</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>All main meals at the service are prepared at the sister facility site Elmswood retirement village. Meals are delivered to the service via a designated van in hot boxes and put directly into the bain marie and served to residents. Breakfast, soup, baking and snacks are prepared on site by the cook. There is a five weekly winter and summer menu which had been reviewed by a dietitian in January 2015. Temperatures of food are recorded on delivery. There is a small appointed kitchen next to the dining room where food is prepared. Food is transported to the serviced apartment dining room in the bain marie and served to residents. Kitchen staff were trained in safe food handling and food safety procedures were adhered to. Staff were observed delivering meals and assisting residents</p> |

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| | | with their lunch time meals as required. Diets are modified as required. Resident dietary profiles and likes and dislikes were known to food service staff and any changes are communicated to the kitchen via the team leaders or facility manager. Supplements are provided to residents with identified weight loss issues. Weights are monitored monthly or more frequently if required and as directed by a dietitian. Resident meetings and surveys allowed for the opportunity for resident feedback on the meals and food services generally. Interviews with residents and family members indicated satisfaction with the food service. |
| Standard 1.3.2: Declining Referral/Entry To Services Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate. | FA | The reason for declining service entry to residents to the service would be recorded on the declined entry form. There has been no residents declined. |
| Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner. | FA | All residents are admitted with a care needs level assessment completed by the needs assessment and service coordination team prior to admission. Personal needs information is gathered during admission which formed the basis of resident goals and objectives. Assessments are reviewed at least six monthly. Appropriate risk assessments had been completed for individual resident issues. The Facility Manager (RN) has completed InterRAI training and the assessment tool was evident. |
| Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery. | FA | Resident files include all required documentation. The long term care plan records the resident's problem/need, objectives, interventions and evaluation for identified issues. The service has a specific short term care plan for changes in health. Resident files reviewed identified that family were involved in the care plan development and on-going care needs of the resident. |
| Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to | FA | Care plans are current and interventions reflect the assessments conducted and the identified requirements of the residents. Interviews with registered staff and relatives confirmed involvement of families in the |

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| <p>meet their assessed needs and desired outcomes.</p> | | <p>care planning process. Dressing supplies are available and a treatment room was stocked for use. Continence products are available and resident files included a urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice was available as needed and this could be described. Wound assessment and wound management plans were in place for two residents with skin tears.</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> | <p>FA</p> | <p>The activities co-ordinator provides an activities programme over five days each week. The programme is planned monthly and residents receive a personal copy of planned monthly activities. Activities planned for the day were displayed on notice boards around the facility. An activities plan is developed for each individual resident based on assessed needs. Residents are encouraged to join in activities that are appropriate and meaningful and are encouraged to participate in community activities. The service has a van that is used for resident outings. Residents were observed participating in activities on the days of audit. Resident meetings provide a forum for feedback relating to activities. Residents and family members interviewed discussed enjoyment in the programme and the diversity offered to all residents.</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>Care plans reviewed were updated as changes were noted in care requirements. Care plan evaluations are comprehensive, related to each aspect of the care plan and recorded the degree of achievement of goals and interventions. Short term care plans are utilised for residents and any changes to the long term care plan were dated and signed. Care plans were evaluated within the required time frames.</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 services (medical and non-medical) and where access occurred, referral documentation is maintained. Residents' and or their family/whanau are involved as appropriate when referral to another service occurs.</p> |

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| <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> | FA | <p>All chemicals are labelled with manufacturer labels. There is a designated area for storage of cleaning/laundry chemicals and chemicals were stored securely. The laundry/ sluice room was locked when not in use. Product use charts are available and the hazard register identifies hazardous substances. Gloves, aprons, and goggles are available for staff. Safe chemical handling training has been provided.</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> | FA | <p>The service displays a current building warrant of fitness which expires on 1 August 2015. Hot water temperatures are checked monthly. Medical equipment and electrical appliances have been tested and tagged and calibrated. Regular and reactive maintenance occurs. Residents were observed to mobilise safely within the facility. There is sufficient seating areas throughout the facility. The exterior has been maintained with safe paving, outdoor shaded seating, lawn and gardens. Interviews with caregivers confirmed there is adequate equipment to carry out the cares according to the resident needs as identified in the care plans. The service has a designated outdoor smoking area. The service has a detailed engineering report from (27 May 2013) which states the building has no structural engineering concerns with the occupancy of the buildings. The service is progressing earthquake repairs and areas for repair were clearly identified for residents, visitors and staff. The service has a lift with current compliance that expires August 2015.</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 personal hygiene requirements.</p> | FA | <p>All resident rooms at the service are single rooms with either an individual or a shared ensuite. There are 14 single serviced apartments certified for rest home level care and all had ensuites. There are sufficient numbers of resident communal toilets in close proximity to communal areas. Visitor toilet facilities are available. Residents interviewed state their privacy and dignity is maintained while attending to their personal cares and hygiene. Fixtures, fittings and floor and wall surfaces are made of accepted materials to support good hygiene and infection control practices for this environment. The communal toilets and shared ensuites are well signed and identifiable and include vacant/in-use signs.</p> |

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| <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>The resident rooms are spacious enough to meet the assessed resident needs. Residents are able to manoeuvre mobility aids around the bed and personal space. All beds are of an appropriate height for the residents. Caregivers interviewed report that rooms have sufficient room to allow cares to take place. The bedrooms were personalised.</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 is a large lounge, separate dining room, and a small lounge with seating areas situated throughout the facility. The dining room is spacious, and located directly off the kitchen/servery area. There is a large dining / lounge room in the serviced apartment area. All areas are easily accessible for the residents. The furnishings and seating are appropriate for the consumer group. Residents interviewed report they are able to move around the facility and staff assisted them when required. Activities take place in any of the lounges.</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> | FA | <p>The service has monitored the effectiveness and compliance of cleaning and laundry policies and procedures. There is a separate laundry where all personal clothing was laundered by caregiving staff. All other items are laundered at the sister site at Elmswood retirement village. There is a designated van that picks up dirty laundry and delivers clean laundry daily. Staff have attended infection control education and there was appropriate protective clothing available. Manufacturer's data safety charts are available. Residents and family interviewed report satisfaction with the laundry service and cleanliness of the room/facility.</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>The service has a fire and emergency procedures flipchart with copies throughout the facility. The fire evacuation scheme was approved in November 2003. There is a staff member with a first aid certificate on each shift. Fire safety training has been provided. A call bell light over each door and pagers that alerts staff to the area in which residents require assistance. Visitors and contractors sign in at reception when visiting. Fire drills have been conducted six monthly. Civil defence and</p> |

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| | | first aid resources were available. Sufficient water is stored for emergency use and alternative heating and cooking facilities were available. Emergency lighting is installed. Security checks are conducted each night by staff and a contracted firm. The service has a residents van used for outings and a separate van used for meal and laundry transportation. Both vehicles had current warrant of fitness displayed. |
| 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. | FA | All communal areas and resident bedrooms had external windows with plenty of natural sunlight. General living areas and resident rooms were appropriately heated and ventilated. Residents and family interviewed state the environment was warm and comfortable. |
| Standard 3.1: Infection control management There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service. | FA | The service has an established infection control programme. The infection control programme is appropriate for the size, complexity and degree of risk associated with the service. The facility manager is the designated infection control nurse with support from the quality consultant, team leaders and the infection control team. The IC team meets to review infection control matters two monthly. Minutes are available for staff. Regular audits have been conducted and education has been provided for staff. The infection control programme has been reviewed annually. |
| Standard 3.2: Implementing the infection control programme There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation. | FA | There were adequate resources to implement the infection control programme at the service. The infection control (IC) nurse (facility manager) has maintained her practice by attending infection control updates. The quality consultant has attended infection control updates. The infection control team is representative of the facility. External resources and support have been available when required. Infection prevention and control is part of staff orientation and induction. Hand washing facilities were available throughout the facility and alcohol hand gel was freely available. |

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| <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 infection control manual outlines a comprehensive range of policies, standards and guidelines and includes roles, responsibilities, procedures, the infection control team and training and education of staff. The policies have been reviewed and updated at least two yearly.</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 facility is committed to the on-going education of staff and residents. Education has been facilitated by the facility manager (ICN) and quality consultant (RN). All infection control training has been documented and a record of attendance has been maintained. Education around infection prevention and control has been provided in 2014.</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 infection control programme.</p> | FA | <p>Infection surveillance and monitoring has been an integral part of the infection control programme and is described in infection monitoring policy. The facility manager is the designated infection control nurse. Monthly infection data was collected for all infections based on signs and symptoms of infection. Individual resident infection summary forms were completed which includes signs and symptoms of infection, treatment, follow up, review and resolution. Surveillance of all infections is entered on to a monthly facility infection summary and staff are informed. The data has been monitored and evaluated monthly and annually at facility including benchmarking. There have been no outbreaks during 2014.</p> |
| <p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p> | FA | <p>The service is committed to restraint minimisation and safe practice was evidenced in the restraint policy and interviews with staff. Restraint minimisation is overseen by a restraint coordinator who is the facility manager. The restraint committee is representative of the facility and meets two monthly. Minutes are available for staff. The restraint minimisation policy includes restraint/enabler procedures. There is a documented definition of restraint and enablers which is congruent with the definition in the standard. The policy includes the use of emergency restraint. Any assessment of use of enablers would be based on</p> |

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| | | <p>information in the care plan, discussions with residents and on staff observations of residents. The service remains restraint-free and no residents require enablers. The facility manager states that any restraint would be used only when absolutely necessary and as a last resort. Staff are trained in restraint minimisation and de-escalation.</p> |
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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) |
|---|-------------------|--|--|---|
| Criterion 1.3.12.5 The facilitation of safe self-administration of medicines by consumers where appropriate. | PA Low | Three residents self-medicate inhalers, there were competency assessments on file completed by the RN. | Self-medication competencies were not signed by the GP for the three residents who self-medicate inhalers. | All self-medicating residents to have competency completed by the GP and reviewed three monthly. 30 days |

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

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End of the report.