

# Wilding International Limited

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## Introduction

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

The audit has been conducted by Health 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:** Wilding International Limited

**Premises audited:** Armourdene Rest Home

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 3 March 2015 End date: 4 March 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:** 22

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

Indicator	Description	Definition
	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

Armourdene is certified to provide rest home level care for up to 28 residents. On the day of audit there were 22 residents. The facility has been operated by the managing director for the last ten years. He is supported by an administration manager and a senior registered nurse. There were adequate staff on duty to deliver safe, timely care. The residents and relatives interviewed commented positively on the service.

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 and staff.

This certification audit identified improvements around the internal auditing programme and communicating results with staff, documenting time frames in the clinical records, conducting annual staff performance appraisals and documentation of interventions.

## 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. A Maori health plan is incorporated into the delivery of services for Maori residents. The service promotes and encourages 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.		Some standards applicable to this service partially attained and of low risk.
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Services are planned, coordinated, and are appropriate to the needs of the residents. Quality goals are documented for the service. An administrative manager and registered nurse are responsible for the day-to-day operations of the facility.

Quality and risk management processes are being maintained but the internal audit monitoring programme remains under development. Quality initiatives are implemented with corrective actions documented where opportunities for improvement are identified. Staff meetings do not always include quality and risk management results.

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 being documented by staff. Human resources are managed in accordance with good employment practice, meeting legislative requirements. An orientation programme is in place for new staff. The education and training programme for staff is embedded into practice.

Registered nursing cover is provided five days a week. A registered nurse is on call when not available onsite. There are adequate numbers of staff on duty to ensure residents are safe.

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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A service information pack is made available prior to entry or on admission to the resident and family/whanau. Residents/relatives confirmed the admission process and the admission agreement were discussed with them. The registered nurse is responsible for each stage of service provision. The assessments and care plans are developed in consultation with the resident/family/whanau. The sample of residents' records reviewed provided evidence that the provider has implemented systems to assess, plan and evaluate care needs of the residents. The GP reviews the resident at least three monthly.

The service employs a diversional therapist who is supported by a caregiver two days a week to deliver activities. The activities offered are a reflection of the residents group and individual recreational preferences. Community links are maintained. Medication education is provided annually for all staff responsible for administration of medicines. The registered nurses, enrolled nurse and caregivers have completed annual competencies. Medication is reconciled on delivery and stored safely. The medicines

records reviewed include photo identification, documentation of allergies and sensitivities. The medication charts are reviewed by the GP at least three monthly.

Food services and all meals are provided on site. Resident's individual food preferences, dislikes and dietary requirements are met. There is dietitian review of the four weekly menu. The cooks are trained in food safety and hygiene.

## 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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Armourdene rest home has a current building warrant of fitness. There is adequate room for residents to move freely about the home using mobility aids if required. Communal areas are spacious and well utilised for group and individual activity. All bedrooms have hand basins. There are adequate numbers of communal toilets and showers. Outdoor areas are readily accessible and safe. There is outdoor seating and shade. There is adequate equipment for the safe delivery of care. Emergency systems are in place in the event of a fire or external disaster.

Chemicals are stored safely. The cleaning service maintains a tidy, clean environment.

## 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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No restraints or enablers are being used by the service. Staff receive education and training on restraint minimisation and managing challenging behaviours.

## 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.

The infection control programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. The senior registered nurse and the enrolled nurse are the infection control co-ordinators. Surveillance data is collected monthly and trends and quality improvements identified. All staff receive infection control education on orientation and attend annual education. Infection control audits are included in the annual audit programme.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
<b>Standards</b>	0	41	0	4	0	0	0
<b>Criteria</b>	0	89	0	4	0	0	0

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

# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Code of Health and Disability Consumers' Rights (the Code) poster is displayed in a visible location in English and in Maori. 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 care staff (three caregivers and one registered nurse) 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>Residents and their families are provided with all relevant information on admission. Discussions are held regarding informed consent, choice and options regarding clinical and non-clinical services. Written informed general consents were sighted in the five resident files sampled. Resuscitation forms were appropriately signed by the resident and general practitioner (GP).</p> <p>D13.1 the five admission agreements sighted had been signed.</p> <p>D3.1.d Discussion with residents and relatives identified that the service actively involves them in decisions that affect the lives of the resident.</p>

<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	<p>FA</p>	<p>Information on advocacy services through the Health and Disability Commissioner's (HDC) Office is included in the resident information pack that is provided to residents and their family on admission. This information is also available at reception. Interviews with residents and family confirm their understanding of the availability of advocacy services. Staff receive education and training on the role of advocacy services. Residents recently received education on the role of HDC Advocacy services during a resident meeting with evidence of a resident lodging a complaint regarding cares following this meeting.</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>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 meetings are held every month. Links to the community are in place.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>The service has a complaints policy that describes the management of the complaints process. Complaints forms are available at the entrance to the facility. Information about complaints is provided on admission. Interviews with residents and family members confirmed their understanding of the complaints process. Staff interviewed were able to describe the process around reporting complaints.</p> <p>There is a complaints register that includes complaints lodged, including minor complaints. Complaints are being managed in a timely manner including acknowledgement, investigation, time frames, and corrective actions when required and resolutions. Four minor complaints were lodged in 2014. One complaint has been lodged in 2015 that included the assistance of the HDC Advocacy service. This complaint is now closed.</p> <p>Complainants are provided with information on how to access advocacy</p>

		services through the Health and Disability Commissioner if resolution is not to their satisfaction.
<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. Information is also available at reception. The registered nurse (RN) or enrolled nurse (EN) discusses aspects of the Code with residents and their family on admission.</p> <p>Discussions relating to the Code are also held during the monthly resident meetings. All five residents and two 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 are recognised and respected at all times. The residents' personal belongings are used to decorate their rooms. All rooms are single occupancy. The caregivers 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 of the residents and 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, provided by Age Concern.</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 is committed to ensuring that the individual interests, customs, beliefs, cultural and ethnic backgrounds of Maori are valued and fostered within the service. The managing director identifies as Maori. Staff value and encourage active participation and input of the family/whanau in the day-to-day care of the resident. There were seven Maori residents living at the facility during the audit. One Maori resident</p>

		<p>who was interviewed confirmed that their cultural needs were being met by the service. Cultural values and beliefs are documented in the residents' care plans.</p> <p>Maori links have been established with the Rauawaawa Kaumatua charitable trust. Staff receive education on cultural awareness during their induction to the service and as a regular in-service topic. All care staff interviewed could describe cultural needs identified by their Maori residents and are aware of the importance of whanau in the delivery of care.</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 residents and 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 code of conduct/house rules; define professional boundaries and 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 care staff confirm their understanding of professional boundaries including the boundaries of the caregivers' role and responsibilities. Professional boundaries are reconfirmed through education and training sessions, staff meetings, and performance management if there is infringement with the person concerned.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>Evidence-based practice is evident, promoting and encouraging good practice. A registered nurse is available on site and is on call when not at the premises. A general practitioner (GP) visits the facility each fortnight. Residents are reviewed by the general practitioner (GP) every</p>

		<p>three months at a minimum.</p> <p>The service receives support from the Waikato District Health Board which includes visits from a range of specialty services. Physiotherapy services are available as needed. There is a monthly in-service education and training programme for staff. A foot therapist visits every six – eight weeks. Residents with diabetics are seen by a podiatrist at a medical centre every six – eight weeks. A hairdresser is available once a week. A van is available for regular outings. Community outings include regular visits to another rest home, the retired services association (RSA) and to a local café for coffee.</p> <p>Residents are encouraged to remain active. One resident continues to ride his bike with measures put into place to ensure his safety and security.</p> <p>All residents and 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>
<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>An open disclosure policy describes ways that information is provided to residents and families. The admission pack gives a comprehensive range of information regarding the scope of service provided to the resident and their family on entry to the service and any items they have to pay that is not covered by the agreement. Regular contact is maintained with family including if an incident or care/ health issues arises. Evidence of families being kept informed is documented on a family communication form that is held in each resident's file. All family interviewed stated they were well informed. Ten incident/accident forms and corresponding residents' files were reviewed and all identified that the next of kin were contacted if the resident had identified a next of kin.</p> <p>Monthly residents meetings provide a forum for residents to discuss issues or concerns.</p> <p>Access to interpreter services are available if needed although have not been required. The information pack is available in large print and in other languages. It can be read to residents.</p> <p>Non-Subsidised residents are advised in writing of their eligibility and the</p>

		process to become a subsidised resident should they wish to do so.
<p><b>Standard 1.2.1: Governance</b></p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Armourdene provides rest home level care for up to 28 residents. On the day of the audit there were 22 residents living at the facility, which included two boarders that pay privately.</p> <p>A mission statement, values and philosophy have been developed for the service. Quality goals and objectives are established and reviewed annually. Quality and risk management is the responsibility of the administrative manager.</p> <p>The managing director has owned the facility since 2004. He also owns another rest home in the Hamilton area. The administrative manager is responsible for the quality and risk management programmes. The senior registered nurse has been working at both rest home facilities for over four years and has been working in the aged care sector for over 20 years.</p> <p>The managing director has delegated the day-to-day responsibilities to the administration manager and senior registered nurse. Both these individuals have maintained more than eight hours of professional development activities related to managing an aged care facility.</p>
<p><b>Standard 1.2.2: Service Management</b></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	<p>A registered nurse is responsible for the day-to-day operations in the absence of the managing director and administrative manager with additional care staff rostered to help cover the clinical load.</p> <p>There are two registered nurses who are employed to cover both rest homes. They provide cover for each other when one is on leave.</p>
<p><b>Standard 1.2.3: Quality And Risk Management Systems</b></p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	PA Low	<p>A quality and risk management plan is in place. Policies and procedures reflect evidence of two-yearly reviews. Evidence of document control is held in the front of each policy manual. New and/or revised policies are made available for staff to read and sign that they have read and understand the changes.</p>

		<p>The monthly collating of quality and risk data includes monitoring accidents and incidents (e.g., residents' falls and skin tears) and infection rates. An annual internal audit schedule is in place but has not been implemented. A resident satisfaction survey was last completed in 2013.</p> <p>A number of quality initiatives have been implemented which link to identify opportunities for improvements and corresponding corrective action plans. The administration manager reports that staff are kept informed of quality and risk management outcomes in the monthly staff meetings but this is not being consistently documented in the meeting minutes.</p> <p>Falls prevention strategies are in place that include the identification of interventions on a case-by-case basis to minimise future falls. Prescribing vitamin D, altering footwear and using non slip mats on vinyl floors are being utilised. Sensor mats are available as needed.</p> <p>A health and safety programme is in place which includes a hazard identification policy, hazard register and temporary hazard register. Contractors receive a health and safety induction programme. Health and safety is also included in the staff induction programme.</p>
<p><b>Standard 1.2.4: Adverse Event Reporting</b></p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>There is an incident reporting policy that includes definitions, and outlines responsibilities including immediate action, reporting, monitoring and corrective action to minimise and debriefing. Individual incident reports are completed for each incident/accident with immediate action noted and any follow up action required. All ten incident/accident forms reviewed reflected appropriate follow-up actions taken by registered nursing staff.</p> <p>The service collects monthly data relating to adverse, unplanned and untoward events. This includes the collection of incident and accident information. Meeting minutes from the staff meetings do not consistently reflect discussions of incidents and accidents (link to finding 1.2.3.6).</p> <p>Discussions with the managing director have confirmed his awareness of statutory requirements in relation to essential notification.</p>

<p><b>Standard 1.2.7: Human Resource Management</b></p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>PA Low</p>	<p>There are job descriptions available for all relevant positions that describe staff roles, responsibilities and accountabilities. The practising certificates of nurses are current. The service also maintains copies of other visiting practitioners practising certificates including GP, pharmacist and physiotherapist. Five staff files were reviewed (four caregivers and one registered nurse). Evidence of signed employment contracts, job descriptions, orientation, and training was available for sighting. Annual performance appraisals for staff are not up-to-date. Newly appointed staff complete an orientation that is specific to their job duties. Interviews with caregivers described the orientation programme that includes a period of supervision.</p> <p>The service has a training policy and schedule for in-service education. The in service schedule is implemented and attendance is recorded. For those staff members who are unable to attend education, a competency is completed.</p> <p>There are implemented competencies for registered nurses, enrolled nurses and senior caregivers including medication competencies.</p>
<p><b>Standard 1.2.8: Service Provider Availability</b></p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. An RN or EN is on site 40 hours a week with an RN on call 24 hours a day, seven days a week. Two RNs (one senior RN and one RN) share cover between the two rest homes.</p> <p>Staff reported that staffing levels and the skill mix was appropriate and safe. All families interviewed advised that they felt there is sufficient staffing. The roster is able to be changed in response to resident acuity.</p>
<p><b>Standard 1.2.9: Consumer Information Management Systems</b></p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	<p>PA Low</p>	<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</p>

		<p>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 caregiver or nurse, including designation. Missing in the progress notes is the time the entry is being made.</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>A placement authority approval form is required from the needs assessment team prior to entry for rest home level of care. The senior registered nurse is responsible for the screening of residents to ensure entry has been approved. Five residents and two relatives interviewed state they received all relevant information prior or on admission. The information pack includes all relevant aspects of service and associated information such as the Health and Disability Code of Rights and how to access advocacy.</p> <p>D13.3: The admission agreement reviewed aligns with a) -k) of the ARC contract.</p> <p>D14.1: Exclusions from the service are included in the admission agreement.</p> <p>D14.2: The information provided at entry includes examples of how services can be accessed that are not included in the agreement.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>The senior RN (interviewed) described the transfer documentation (transfer form, medication chart, resuscitation status and any special information relevant to the residents transfer) that is sent with the resident for discharge and transfers. The yellow envelope system is used for transfers to the local DHB. Families were informed of transfers and encouraged to accompany the resident to hospital. A staff member will escort residents to hospital as required. 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>There are policies and procedures in place for safe medicine management that meet legislative requirements. RNs, enrolled nurse and caregivers who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Medications are checked against the medication chart on delivery and identified with a signature on the robotic roll. All medications are stored safely. Expiry dates for as required medications are checked eight weekly. There are no standing orders. There were no self-medicating residents.</p> <p>Ten medication charts sampled have photo identification and allergies noted. There were no gaps on the administration signing sheets.</p> <p>D16.5.e.i.2; 10 medication charts reviewed identified that the GP had seen the reviewed the resident three monthly and the medication chart was signed.</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 is a four weekly seasonal menu that has been reviewed by the dietitian November 2014. The qualified cook (interviewed) receives resident dietary profiles that identify dietary requirements, likes and dislikes. Residents interviewed with known dislikes confirm they are offered alternative meals. Soft diets and diabetic desserts are provided. Fridge and freezer temperatures are recorded. Hot food temperatures are taken. All foods were date labelled. Dry goods in the pantry are sealed and dated. Residents have the opportunity to feed back on the food services at the resident meetings. A cleaning schedule is maintained. Chemicals are stored safely.</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 an accepting/ declining entry to service policies. The referral agency and potential resident and/or family member would be informed of the reason for declining entry. Reasons for declining entry would be if there are no beds available, the service cannot provide the level of care or the acceptance of an admission could potentially affect other residents.</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>FA</p>	<p>The RN is in the process of completing InterRAI assessments as the review of the care plan falls due. A range of assessment tools are available for use on admission and had been completed on admission if applicable including (but not limited to); a) falls risk, b) pressure area risk assessment, c) continence and bowel assessment, d) pain assessment, e) dietary profile, f) cognitive assessment and depression scale, and g) wound assessment. The outcomes and supports identified in assessments were reflected in the long term care plans in the resident files sampled.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>An initial support plan is completed within 24 hours in consultation with the resident/relative. The long term care plans reviewed included nursing diagnosis and the required support and interventions to meet the resident goals. Resident/family/whanau involvement in the care planning process was evidenced by signatures on the care plan. Record of family notification of care plan reviews was documented on the family notification form in the resident files. Caregivers interviewed were knowledgeable regarding resident cares, care plans and communication systems.</p> <p>D16.3k, Short term care plans were used to document short term changes in health needs.</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>	<p>PA Low</p>	<p>Residents interviewed reported their needs were being met. Relatives interviewed stated their relative's needs were being appropriately met and they were informed of any changes to health and interventions required.</p> <p>D18.3 and 4: Staff report that there were adequate continence supplies and dressing supplies available. There were three skin tears with wound assessments and wound care plans in place. The RN interviewed was able to describe the referral process for wound care management if required.</p> <p>Specialist continence advice is available as needed by GP referral.</p> <p>There is an improvement required around interventions and monitoring charts.</p>

<p><b>Standard 1.3.7: Planned Activities</b></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 service employs a qualified diversional therapist (DT) who has been in the role three months and has previous experienced working as a DT in aged care. She is employed for 40 hours per week. The DT has a current first aid certificate. The DT covers the two rest home facilities under the same ownership. She is supported by a caregiver who does activities with the residents two days a week from 8am to 3pm. The residents choose the activities they would like to do on a daily basis. One on one time is spent with residents who prefer to spend time in their rooms rather than join group activities.</p> <p>Community links are maintained with community groups such as entertainers, inter-home visits and competitions, Probus and the Stoke Club. Outings occur regularly. Church services are held monthly on a Sunday.</p> <p>Resident meetings are held where activities are discussed. A meeting was being held on the day of audit.</p> <p>An activities assessment was completed in consultation with the resident/family/whanau in resident files sampled. Individual activity care plans were reviewed six monthly. There was documented evidence of resident/family/whanau participation in the review. Activity progress notes were maintained.</p> <p>D16.5d: Activity plans were reviewed at the same time as the care plans.</p>
<p><b>Standard 1.3.8: Evaluation</b></p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>The RN completes a written evaluation of the long term care at least six monthly or earlier due to health changes in consultation with the multidisciplinary team (MDT). The MDT includes the RN, activity coordinator, caregiver, resident/family and GP. Short term care plans are reviewed regularly with problems resolved or added to the long term care plan if an on-going problem. The GP conducts a three monthly resident review and medication review.</p> <p>D16.4a: Care plans were evaluated six monthly more frequently when clinically indicated.</p> <p>ARC D16.3c: All initial care plans were evaluated by the RN within three weeks of admission.</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>Referral to other health and disability services is evident in sample group of resident files. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. Examples of referrals sighted are; diabetes clinic, ophthalmologist, orthotics, haematology, mental health services and neurologist.</p> <p>D16.4c; There are no residents requiring re-assessment for higher level of care.</p> <p>D 20.1: Discussions with the RN identified that the service has access to nursing specialists such as wound, continence, dietitian, physiotherapist and gerontology nurse, mental health nurse, social worker and occupational therapist.</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>The service has waste management policies and procedures for the safe disposal of waste and hazardous substances. All chemicals were stored safely throughout the facility. There is an incident reporting system that includes investigation of incidents. Safety data sheets were readily accessible. There was appropriate protective equipment and clothing for staff. Staff attend 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>The building has a current warrant of fitness which expires 10 December 2015. The managing director is responsible for repairs and maintenance to the facility. There is a planned maintenance schedule in place for 2015 which includes on-going upgrade of the exterior. Painters were on-site the day of audit. Hot water temperatures are monitored monthly with evidence of corrective actions for temperatures outside of the acceptable range. Gas heaters in communal areas are tested prior to use in winter. Electric panel heaters in resident rooms were overdue for electrical checks. An email sighted provided evidence of an arranged date with the electrician for electrical testing.</p> <p>Residents were observed to be moving freely around the facility with the use of mobility aids if required. There was easy and safe access to the outdoor areas and gardens. Seating and shade sail was provided outdoors. There is a resident's garden. There is a designated outdoor</p>

		<p>smoking area.</p> <p>The caregivers and RN interviewed stated that they have all the equipment referred to in care plans necessary to provide care, including chair scales (calibrated October 2014), mobility aids, sensor mats and manual hi-low beds as required.</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 bedrooms have basins. There are adequate numbers of communal toilets and showers. There is safe flooring, seating and hand rails appropriately placed in the shower rooms. There are signs to indicate if the toilets/showers are in use. Residents interviewed confirmed staff provide the resident with privacy when attending to personal hygiene cares.</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 are 22 single rooms and three double rooms. The double rooms have privacy curtains. The bedrooms are personalised (as viewed) and spacious enough for residents to move safely around the room with the use of mobility aids. The staff report there is adequate space to carry out the resident cares.</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 easy access to the communal areas. There are two lounges and a separate dining area. Activities occur in communal areas. Residents were observed moving safely between their bedrooms and communal areas.</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>There is a dedicated cleaner employed to complete cleaning duties. The cleaner's trolley is stored in a locked area when not in use. The laundry has defined areas for clean and dirty laundry duties. The caregivers undertake laundry duties. The chemical provider completes monthly quality control checks on the effectiveness of chemical use. Residents interviewed expressed satisfaction with the cleaning and laundry service. Personal protective equipment is available.</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>	<p>FA</p>	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Six monthly fire evacuation practice documentation sighted. A contracted service provides checking of all facility equipment including fire equipment. Fire training and security situations are part of orientation of new staff and include competency assessments. Emergency equipment is available at the facility. There are adequate supplies in the event of a civil defence emergency including food, water, blankets and gas cooking. Short-term backup power for emergency lighting is in place.</p> <p>A minimum of one person trained in first aid and CPR is available at all times. The administration manager reports that they aim to ensure all staff hold current CPR certificates.</p> <p>There are call bells in the residents' rooms, and lounge/dining room areas. Residents' rooms were observed to have their call bells in close proximity.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>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>There is adequate natural light in all communal rooms. Bedrooms have at least one window and some bedrooms open out onto the deck. There is gas heating in communal areas and electric panel heaters in bedrooms that can be individually controlled.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>FA</p>	<p>The infection control programme and its content and detail, is appropriate for the size and degree of risk associated with the service. The scope of the infection control programme is available. The programme is reviewed annually. The responsibilities for infection control is shared between the senior RN and the enrolled nurse (EN) across the organisations two facilities. Visitors are requested not visit if they are unwell. There is an annual influenza vaccination programme.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	<p>FA</p>	<p>The infection control coordinators (registered nurse and enrolled nurse) have access to the district health board (DHB) infection control nurse, external infection control consultant, GP, laboratory services and public health staff.</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>D 19.2a: The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team, training and education of staff. Infection control procedures for support services align with the principles of infection control. External expertise can be accessed as required, to assist in the development of policies and procedures.</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 coordinators are responsible for coordinating/providing education and training to staff. The infection control coordinators attend three monthly infection control meetings at the DHB. They have also attended wound care at the DHB and continence management seminar. All orientating staff receive infection control education and annually thereafter.</p> <p>Resident education is expected to occur as part of providing daily cares.</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>Policies and procedures document infection prevention and control surveillance methods. The surveillance data is collected and analysed monthly to identify areas for improvement or corrective action requirements. Trends are discussed at staff meetings (link 1.2.3.6). Detailed information on the type of resident infections and treatment are recorded. Hand hygiene audits were completed for all staff annually.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>There are policies around restraints and enablers including definitions. The senior RN is the restraint coordinator. During the audit there were no residents using a restraint or an enabler. Staff received training around restraint minimisation and managing challenging behaviours. Staff understand the difference between an enabler and a restraint.</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 1.2.3.6</p> <p>Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.</p>	PA Low	<p>Adverse event data (e.g., falls, skin tears) and infections are being monitored each month. An internal audit schedule is in place but has not been implemented. The administrative manager reports that this schedule is not up to date and requires revision. Staff meeting minutes are being documented but do not consistently reflect evidence of quality improvement data being discussed with staff.</p> <p>Quality initiatives are being implemented by the service where opportunities for improvements are identified with examples provided.</p>	The audit schedule that is documented for the service has not been implemented. There is a lack of evidence to reflect quality and risk management results being regularly communicated to staff.	<p>Ensure the internal audit programme is up-to-date and is being implemented by the service with results communicated to staff.</p> <p>180 days</p>
<p>Criterion 1.2.7.5</p> <p>A system to identify, plan, facilitate, and record</p>	PA Low	An annual education programme is in place that includes both internal and external speakers. These sessions are linked to the	There is a lack of evidence to reflect that performance appraisals for staff are conducted annually.	Ensure staff performance appraisals are conducted annually,

ongoing education for service providers to provide safe and effective services to consumers.		monthly staff meetings and exceed eight hours annually. Caregivers report that the education sessions are very informative. Links are established with the Waikato District Health Board for professional development activities for the RNs and ENs. Competency assessments are in place for medication and manual handling. Staff performance appraisals were last conducted in 2013.		in accordance to policy.  180 days
Criterion 1.2.9.1 Information is entered into the consumer information management system in an accurate and timely manner, appropriate to the service type and setting.	PA Low	Six residents' files reviewed reflect documentation that is accurate and appropriate to a rest home level service. Entries are made for each shift but do not include the time that the entry was made.	Time of entry is not being documented in the resident's progress notes.	Ensure progress notes include the time of entry.  90 days
Criterion 1.3.6.1 The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.	PA Low	When a resident's condition alters, the RN initiates a review and if required, GP referral. Short term care plans were sighted to describe interventions for short term needs such as infections, falls and skin tears.	(i) There were no documented early warning signs and symptoms for a decline in mental health status for one resident as per psychologist correspondence. (ii) Epileptic seizures have not been recorded on the seizure chart as per care plan instructions.	(i) Ensure interventions for changes in health status are documented. (ii) Ensure charts are completed as instructed  90 days

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

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

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

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

No data to display
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End of the report.