

Tainui Home Trust Board

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 The DAA Group 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:	Tainui Home Trust Board
Premises audited:	Tainui Resthome
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 5 March 2015 End date: 6 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:	54

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

Indicator	Description	Definition
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

Tainui Resthome provides rest home and hospital level care to up to 54 residents. On the days of the audit all beds were occupied.

This certification audit was conducted against the Health and Disability Services Standards and the service provider's contract with the Taranaki District Health Board. The audit process included the review of policies and procedures, residents and staff files, observations and interviews with residents, family members, staff and managers, and a general practitioner.

Eight areas for improvement are identified. These include: the need to clarify the policy on resuscitation and informed consent; develop and implement a quality plan; and ensure all staff clearly record their designation when signing entries in clinical records. Improvements are also required to provide all aspects of services within required timeframes; include all care and support being provided in the plan of care; complete evaluations when required; and address two areas related to management and review of restraint use.

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.		Some standards applicable to this service partially attained and of low risk.
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A Christian ethos underpins the provision of services at Tainui Resthome. During the audit, residents were observed being treated in a respectful, kindly, courteous and unhurried manner. Residents were well supported to maintain their links with the community, and family members were actively encouraged to be involved in many aspects of residents' care.

Staff receive regular and ongoing training on resident rights and the implementation of these into practice. The values, cultural and spiritual beliefs and practices of residents are respected. Residents and their families reported their satisfaction with the services provided to them, including effective and open communication. They were aware of the process to follow if they had any concerns or complaints about services and were aware of the role of the Nationwide Health and Disability Services Advocacy Service.

Detailed policies were available to guide the provision of care. The service accesses the support of other health service providers on a timely and appropriate basis. Residents are asked to complete a comprehensive informed consent form on admission to the service. Policies and practices related to advance directives is an area requiring improvement.

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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Governance and management

Tainui Resthome Trust Board is a charitable trust with a voluntary board drawn partly from individuals nominated by Christian churches in the Taranaki region and individuals who bring specific skills to the board. A chief executive officer is responsible for the overall management of Tainui which incorporates a retirement village, day programme for older people in the community and short stay rehabilitation programme as well as the aged care facility. He is assisted by a clinical manager, an operations manager and a quality coordinator, who make up the management team. They are all suitably qualified and experienced to undertake their roles. The chief executive and clinical manager are registered nurses with current practising certificates.

Quality management

There is a comprehensive quality and risk management system for Tainui including policies and procedures which are maintained and current. A quality policy is in use; however, there is no current quality plan and this needs to be addressed. A programme of internal audits are conducted and overseen by the quality coordinator. Event data is collated and reported to the management team and board.

Human resource management

Policies and procedures guide the recruitment, selection and appointment of new staff. There are processes for performance appraisal and management, leave and all aspects of employment practice. This includes the rostering and staffing levels within the facility, which meet the requirements for safe staffing levels.

Consumer records

Records are well maintained and have the necessary clinical and administrative information. Ensuring that the name and designation of service providers making an entry into a resident's clinical record are legible is an area that requires improvement.

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 medium or high risk and/or unattained and of low risk.
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Coordination of care

A registered nurse is on duty 24 hours a day every day, with the facility manager available on-call after hours. There are well-developed processes in place to guide communication between shifts, and residents' progress notes are updated at least daily.

Assessment, planning and delivery of care

Residents and families reported they were fully involved in the development of individualised life style care plans for each resident. A range of clinical assessment tools are used as part of the assessment process and clinical evidence from a variety of sources is integrated into the care plans. Residents, families and a general practitioner spoke highly of the service provided to residents. Areas requiring improvement relate to the frequency of medical reviews; the timeliness of lifestyle care plan development and evaluation; the comprehensiveness of the evaluation processes; and ensuring that care plans reflect the specific needs identified for each resident.

Activities programme

The activities programme provided at Tainui Resthome is a strength of the service. Two experienced and enthusiastic diversional therapists, supported by over 20 volunteers, provide a comprehensive and varied programme of activities for residents. Residents are encouraged to also maintain their links with the community, and two mobility vans are available to take residents on outings or

attend social events and activities. The facility design includes a number of separate areas for both individual and group activities. Residents are also able to make use of the facility library, the hairdressing salon and the massage room.

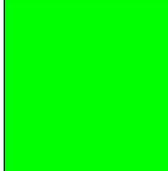
Food Services

Food services are well managed. Staff have appropriate food safety qualifications, and the kitchen was being maintained in a clean, hygienic and organised manner. There are three separate dining areas in the facility. The spacious and pleasantly appointed main dining room is fully utilised. Meals are well presented and residents reported their enjoyment of meals. The individual food preferences and needs of residents are respected and catered for.

Medication Management

The management of medications is safe and appropriate. Medications are prescribed and administered in accordance with legislative requirements and safe practice requirements. Registered and enrolled nurses, all of whom have been assessed as competent in relation to medicines management, administer all medications.

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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Tainui Resthome is a purpose built aged care facility. It was opened in the early 1970s and has been maintained and upgraded since then. Policies and procedures are available to guide staff in the use of cleaning products and chemicals. Effective and safe management of waste and hazardous substances occurs and this is confirmed through interviews.

Individual rooms, communal areas and the general environment is safe. There are hand rails and appropriate floor coverings for the needs of residents. A call bell system is in use throughout the facility. During the audit residents were observed to be moving around the building and their rooms both independently and with assistance.

Adequate security procedures are in place for the facility and its location, to ensure safety. An emergency response plan to prepare for a range of civil defence emergencies relevant to the Taranaki region is understood by staff. Alternative utilities for an emergency are in place.

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.		Some standards applicable to this service partially attained and of low risk.
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Restraint use is minimised at Tainui Resthome. Policies and procedures guide staff members in the use of approved equipment which may be a restraint or an enabler. Consent is obtained in all cases and when equipment is in use it is routinely monitored and evaluated.

Two areas for improvement in relation to the restraint standard are identified. These relate to the need to document the assessment of the need for restraint and for the facility to conduct a regular quality review of all restraint use.

Infection prevention and control

<p>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.</p>		<p>Standards applicable to this service fully attained.</p>
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Tainui Resthome has well-developed policies related to infection prevention and control with the facility manager undertaking the role of infection control coordinator.

Staff have received regular training related to infection control and residents are also advised of strategies to reduce the possibility of infections. Staff have free access to an appropriate range of personal protective equipment and additional supplies are available should there be an infection outbreak.

Evidence was sighted of a systematic approach to infection surveillance. The results of the surveillance programme are reported monthly to the CEO, the Board and staff. Analysis of the surveillance data is also undertaken to track trends over time across the service.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	42	0	6	2	0	0
Criteria	0	93	0	3	5	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>All new staff receive training on the Code of Health and Disability Services Consumers' Rights (the Code) as part of their orientation process, as confirmed in staff files reviewed. Additional training related to the Code is conducted annually; this was sighted in training records and the education plan. The service has also been promoting the individual principles of the Code on a monthly basis to increase staff awareness of these. Posters of this were sighted in the facility. All staff interviewed from a range of roles demonstrated knowledge of the Code and gave examples of how residents' rights were maintained during service delivery. Staff were also surveyed in February 2015 about their understanding of resident rights, and demonstrated good understanding (survey results sighted).</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>	PA Low	<p>Residents and staff interviewed confirmed they were consistently given the opportunity to make informed choices and that their consent was obtained and respected. Family members in particular spoke highly of being kept informed about what was happening with the resident and about being consulted, such as when consideration was being given to transferring the resident to a public hospital.</p> <p>The admission documentation completed by each new resident and/or their family member clearly identified inclusions and exclusions in service. A database is maintained to ensure that signed</p>

		<p>admission agreements are held for every resident.</p> <p>Each resident, and/or their EPOA, completes a comprehensive consent form at the time of admission. This form includes consent for care and treatment, release of information, transport, taking photographs, use of equipment such as hoists. Consent is reviewed on an as-required basis, such as when a resident's needs change, or additional medical/surgical treatment is required. Completed consent forms were seen in all 13 residents' records reviewed.</p> <p>There is no definition of what constitutes an advance directive, and the processes associated with such directives are not outlined. This was identified as an area for improvement. The policy on informed consent refers to residents and an enduring power of attorney (EPOA) giving consent for treatment, including advance care planning.</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>On admission, residents and families are provided with a brochure about the Nationwide Health and Disability Advocacy Service and this is discussed with them. This was confirmed by the facility manager and residents and family members. Additional copies of the brochure were displayed prominently at reception. All residents and family members interviewed were aware of the Advocacy Service and how to contact it.</p> <p>Chaplains are available and two management staff advised that the chaplains also played a strong role in the support of, and advocacy for, residents.</p> <p>Staff are given information on advocacy services as part of their orientation/induction and a representative from the Advocacy Service has recently provided an education session for staff. Staff confirm their understanding of the service and how to support residents to access this if they wish.</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>Tainui Resthome has an unrestricted visiting policy. During the audit there was evidence of strong community involvement. For example, the diversional therapists reported that more than 20 volunteers support diversional therapy activities for residents. School children also visit on a weekly basis to practice their reading with residents, which one resident described as a big highlight in his week.</p> <p>All family members interviewed confirmed they are made to feel very welcome when they visit, with several family members living in the surrounding Tainui Village complex reporting how staff had gone out of their way to make visiting easier for them. Staff encourage families to be involved in health-related activities, such as being present for medical reviews or trips to the dentist.</p> <p>Those residents who are able are encouraged to maintain their community links, such as meeting</p>

		friends for weekly lunches. Regular outings are organised for residents, using the two facility vans, and there is a regular programme of outside entertainers.
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>Tainui Resthome has a complaints process which is easily accessed within the facility. It is available in plain language with a concerns and complaints form in several locations used by residents, allowing for easy and confidential access. The quality assurance coordinator maintains the complaint register for the facility, with each manager responding to those complaints for which they are responsible. The quality assurance coordinator, who was interviewed, is responsible for ensuring that concerns and complaints are responded to as required in the organisation's policy and the Code. The complaints register is current and up to date and reflects the actions taken and dates these occurred.</p> <p>The 2014 residents and family satisfaction survey included the statement 'Staff and management listen and respond to issues'. The majority (20 of 23) respondents strongly agreed with the statement. (The remaining three respondents 'slightly agreed' with it).</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Copies of the Code and brochures on the Nationwide Health and Disability Advocacy Service are prominently displayed in the reception area, and are also included in the information pack provided to all residents as part of the admission process. The facility manager reported that this information was discussed with residents and families during the admission process, and any questions answered. Further discussions are undertaken as required.</p> <p>During interviews with residents and/or their family member all confirmed their understanding of their rights. They confirmed they would feel comfortable raising concerns with staff. Two residents and one family member interviewed had raised concerns with staff, and all were satisfied with the response and the actions taken to address their concerns.</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>All residents at Tainui Resthome (Tainui) have a spacious private room, and are encouraged to personalise their rooms. During the audit visit, staff were observed to maintain resident privacy when undertaking personal cares, to address residents by their preferred name, and to knock on closed doors before entering. Staff were also observed to interact with residents in a warm, friendly and unhurried manner.</p> <p>Privacy of resident information is maintained. All residents' clinical files are kept in locked offices; personal information in administration files is password protected; archived records for current</p>

		<p>records are kept in locked rooms; and staff handovers are undertaken in a manner that maintains privacy of information. For resident information displayed in the reception area residents are asked for written consent beforehand, and their wishes respected.</p> <p>Christian values underpin the Tainui Resthome's philosophy of care. Church services are held on a regular basis and chaplains are available 30 hours per week, and then on-call if required. Residents' preferences in relation to spiritual practices are respected.</p> <p>All residents' clinical records reviewed included information on the resident's personal preferences and individual choices. Residents' care plans included cultural, religious, spiritual and social preferences and provide evidence of resident/family input into the initial and ongoing care planning.</p> <p>As part of the staff orientation process, new employees are given an information pack that includes the staff Code of Conduct. This provides detailed information on the conduct and behaviour expected of staff and the action that would be taken should breaches of the code occur. Staff interviewed confirmed their understanding of what constitutes abuse and neglect and the action that would be taken should they suspect this was occurring. Police and referee checks are completed for all new employees.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	<p>FA</p>	<p>At the time of the audit visit Tainui Resthome did not have any residents who identified as Maori but have well-developed protocols in place should they be required. The facility manager and the quality assurance coordinator advised that the service presently employs five staff who identify as Maori and one of those staff members is involved in a current review of the Maori health plan. Well-established links are in place with the Maori Health Department at the Taranaki District Health Board (DHB) and with the Tui Ora Maori health and social services organisation. Contact details of individuals who can be contacted to support Maori residents are available to staff. The Taranaki DHB Tikanga Best Practice Policy was also available to guide staff.</p> <p>Cultural beliefs and related requirements are incorporated into the resident's admission profile, which then informed the relevant section of the lifestyle care plan. The policy related to lifestyle care plans includes an additional section to guide staff to complete a culturally appropriate assessment.</p> <p>Deceased residents' rooms are blessed by a chaplain prior to the next resident being admitted and management advised that this rule is strictly adhered too. If a new Maori resident wished to have an additional Maori blessing of their room this would be arranged</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture,</p>	<p>FA</p>	<p>All residents and family members interviewed confirmed they were consulted about the resident's individual ethnic, cultural, spiritual values and beliefs, both at the time of admission and on an</p>

<p>Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>		<p>ongoing basis. They also confirmed that these values and beliefs were respected.</p> <p>Personal preferences and special requirements were included in the thirteen care plans reviewed, with interventions noted to ensure these are met. There was also evidence in those care plans of the resident and/or their family being involved in their development.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>All residents and family members interviewed confirmed residents were free from discrimination, coercion, harassment and other exploitation.</p> <p>Staff interviewed had a good understanding of what constitutes discrimination. The staff orientation process includes a Code of Conduct. Job descriptions also provide staff with clear guidelines on expectations. Education related to residents' rights is held at least annually and records of this were sighted.</p> <p>A general practitioner (GP) interviewed reported satisfaction with the care provided to residents and confidence that residents are not discriminated against.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>Senior clinical staff at Tainui Resthome have well-established professional networks which they utilise to ensure that service provision is consistent with current best practice. A number of DHB resources are in use, such as information related to urinary catheters and an infection control manual. The facility manager advised that a range of support can be accessed from the DHB, such as with the recent redevelopment of medication standing orders. Referrals are also made to specialist services in relation to specific clinical issues, such as seeking advice from a wound specialist nurse, or from a GP. Staff are also encouraged to access ongoing education related to their practice area.</p> <p>The GP expressed satisfaction with the standard of care provided to residents, noting they would be happy to have their own family member there.</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>A policy and procedure describes the process for open disclosure. This is included in the orientation training and the annual training calendar. The incident/accident report form includes the recording of notification to family /whanau. Sampling of reports confirms that notifications occur when this has been requested. Reports confirm that notifications occur when this been requested. This is confirmed by review of residents' files.</p> <p>Interviews with a range of staff members confirms that they understand their responsibilities for</p>

		<p>open disclosure and communicating information honestly. This is also driven by the organisation's values and Christian ethos which is evident in the provision of services.</p> <p>Policies and procedures provide guidelines for obtaining interpreter services when this is necessary.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>The Tainui Resthome is governed by a Charitable Trust Board. The purpose, values, scope and goals of the organisation are described in their strategic and business plans. The chief executive officer (CEO) reported that these are reviewed annually by the management team and the Trust Board, although there was no documented record of this. There are records of the business and strategic plans being reviewed annually in the board meeting minutes. These were reviewed with the CEO and quality assurance coordinator. The business plan is dated 2013 to 2017, with annual review of progress through the regular meetings.</p> <p>The Tainui Resthome aged care facility is managed by the CEO who is registered nurse, who trained in the United Kingdom, holds a MBA and has completed relevant business management training and ongoing professional development to maintain his practising certificate. There is a clinical manager who is a New Zealand registered nurse who maintains her practising certificate and has a background which includes psychogeriatric nursing, hospital based acute nursing; she joined Tainui in June 2013. The operations manager has worked at Tainui for 15 years. She has attended training relevant to her role and responsibilities. The quality assurance coordinator is an enrolled nurse who has updated to the new scope of practice in 2014 and maintains her practising certificate. She has completed Unit Standard 8086 in Quality Management Systems and holds relevant healthcare qualifications and a workplace assessor qualification.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>In a temporary absence of the CEO the operations manager assumes the responsibilities of managing the facility, with the other members of the management team. Both the CEO and operations manager confirmed that these arrangements have been successfully implemented over the past two years. During interviews staff members and residents volunteer their confidence in the operations manager when she is in the temporary manager's role.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established,</p>	PA Low	<p>A quality and risk management system is implemented at facility with a large number of policies, procedures and processes which are consistent with the requirements of these standards. In the past there has been a formal quality plan but there is currently only a quality policy for the facility with the aim to meet or exceed residents' expectations for care. However, it is evident that although</p>

<p>documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>the quality coordinator is reporting against these activities on a six monthly basis, there is no senior management or Board oversight of these activities, due to the absence of a quality plan. An area for improvement is identified in relation to this.</p> <p>The quality assurance coordinator is responsible for maintaining the document management and control system. There are a large amount of documents at Tainui Resthome. A three yearly cycle of review is used, with more frequent review when necessary. Sampling of the document review process confirms that there is appropriate involvement of relevant staff in the review process. Documents provided prior to the audit and seen while on site were current and had been reviewed in a timely way.</p> <p>The CEO, clinical manager and operations manager attend the Board meetings and provide reports. Summarised adverse event data is provided to the Board and they appropriate feedback to the management team. Escalation and notification to senior management and the Board occurs when there are significant events.</p> <p>A range of staff members interviewed report that they receive collated incident and accident data at the combined staff meeting and their team meetings and they find this useful. Staff who are not involved in direct care also reported that they appreciate knowing when a resident event occurs so they can respond appropriately. Meeting minutes with summarised data are also available for staff to review.</p> <p>The quality coordinator has implemented a six monthly report to the CEO in which she summarises the key issues and achievements of the last six months. Any issues are given a risk level and the action to be taken in response. The reports reviewed (from January 2013 – December 2014), provided a good summary and confirm that the quality activities described in the organisation's policies and procedures are occurring. Internal audits and resident, family/whanau and staff satisfaction surveys are completed annually. The results have been collated and reported to the CEO.</p> <p>There is a detailed risk management plan which identifies a wide range of business risks and monitoring activities to mitigate them. A quality and risk management system is implemented at facility with a large number of policies, procedures and processes which are consistent with the requirements of these standards. In the p ring activities to mitigate them. Through interview with the quality assurance coordinator and review of records and documentation, these activities are occurring. A formal annual review of the risk management plan by senior management and the Board is recommended as is current best practice in comparable organisations in the sector.</p>
<p>Standard 1.2.4: Adverse Event</p>	<p>FA</p>	<p>The nursing and health and safety manuals include appropriate guidance on essential notifications.</p>

<p>Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>		<p>The operations manager interviewed was acting manager at the time (2012) of the facility's last noro-virus outbreak. This was reported as required to Public Health.</p> <p>An incident/accident/event register is maintained by the quality coordinator. This includes all types of events which may occur, including falls, near misses, accidents or incidents where no harm occurs, accidents involving staff or visitors, infections, medications errors or events and the use of restraints or enablers. An annual summary of the incidents/accidents is collated by the quality coordinator. This was prepared for the February 2015 Board meeting and gave an analysis and comparison of events by month over the past year, and a comparison with 2013. The summary showed that there has been a decrease in medication errors over 2014 from 2013.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>There are detailed processes for the management of human resources at Tainui Resthome. This includes the recruitment, selection and appointment of staff members and the orientation and ongoing training of all staff. The operations manager, clinical manager and quality coordinator were interviewed in relation to the human resources management systems of the organisation.</p> <p>Staff members and contracted staff who are health professionals have their practising certificates validated on appointed and annually thereafter by the clinical manager. All sampled practising certificates were current.</p> <p>The recruitment and appointment processes includes police checks, reference checks and interviews with more than one manager to ensure objectivity in selection of new staff. Tainui Resthome has a high proportion of long serving staff members. Sampling of personnel files included a proportion of staff members employed within the last two years and verified that the organisation's systems have been implemented.</p> <p>A third of the sampled staff members' have not had a performance appraisal in the last 12 months, but all have a scheduled appointment and the process has commenced. The CEO reported that the Board had reviewed the appraisal process which has caused delays. While a previous area for improvement was identified it is evident that the appraisal system is implemented.</p> <p>An annual training calendar is developed which covers all the requirements of these standards and the provider's contract with the District Health Board. The calendar covers the needs of all staff members across the facility. External training opportunities are provided for in addition to the in-service training. All new staff complete an induction and orientation programme appropriate to their role. Records reviewed support this being implemented.</p> <p>The staff interviewed reported that both the mandatory training and other training enables them to carry out their roles safely. They are also able to request additional training if they identify something specific which interests them and it is relevant. Review of personnel files across a range</p>

		of job roles demonstrated that staff have attended required training for their position.
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>The policy on staffing and skill mix describes how the residents' needs will be met in the rostering of staff across the facility. The clinical manager prepares the weekly roster and was interviewed during the audit. There is a standard schedule of nursing staff and cares across the four areas of the facility which include the rest home, hospital, high needs and a short term rehabilitation area. The staffing levels meet minimum requirements for staff to provide support and Tainui's own requirements for staffing levels.</p> <p>Staff reported all areas of the facility that there are adequate numbers of staff to provide care to Tainui's standards which are considered to be of a high standard.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	PA Low	<p>Residents' information is kept in both hard copy and electronic files. All clinical files are kept in the nurses' stations which have a key pad entry. During the audit these rooms were always locked when staff were not in attendance.</p> <p>Electronic records are stored on password-protected computers with limited staff access. Hard copy administration files, which included admission agreements, and Needs Assessment and Service Coordination information, are also kept securely. Archived records are also stored securely but are easily retrievable.</p> <p>The resident's national health index (NHI) number is recorded on all clinical documentation. The clinical records reviewed were well-organised and integrated, including information such as medical notes, reports from other health professionals and laboratory results.</p> <p>Resident progress notes are completed at least daily, and more often as clinically indicated. Staff signature verification records are available, but service providers do not clearly identify their name and designation.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>Prospective residents and their families are provided with detailed and comprehensive written information related to entry criteria and the processes that must be completed prior to admission being confirmed. The facility manager reported she encourages families to visit the facility prior to the resident being admitted so that a pre-admission checklist can be also completed. These checklists were sighted in the residents' administration files. The service works closely with the local Needs Assessment and Service Coordination (NASC) service to ensure that all residents have</p>

		completed the required assessments prior to admission.
<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 facility manager reported that if a resident requires transfer to the hospital, Tainui Resthome insists they must be accompanied. If a family member is not available to undertake this role, a staff member will go with the resident. This process is designed to not only provide support for the resident concerned, but also assists in the transfer of information.</p> <p>The documentation that accompanies the resident includes a referral form, a copy of their care plan and most recent progress notes, plus medication charts, a copy of their EPOA information, and any other relevant clinical information. A record of this is noted in the file of one resident recently transferred to hospital.</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>	FA	<p>Tainui Resthome has a comprehensive and detailed set of policies and procedures to guide all aspects of medication management.</p> <p>Medications are supplied to the facility using the blister pack system. These packs are checked against the medication chart by a RN (evidence sighted) on arrival to the service. Surplus and expired medication is placed in a designated container prior to returning to the pharmacy. A stocktake of all controlled medication is undertaken weekly, with six monthly reviews by a pharmacist. This was sighted in controlled drugs register. All medications in the medication trolleys and stock cupboards were within current use date. The date of first use of eye drops was recorded on those products currently in use.</p> <p>Medication at Tainui Resthome is administered by registered or enrolled nurses, all of whom have been assessed as competent to do so. Records of this were sighted. An observation of a medication round confirmed that medications were administered in an appropriate manner. There were photographs of the resident on all 24 medication charts reviewed; the medication was checked against the medication chart prior to verbally confirming with the resident their identity before the medications were administered; the medication were observed being taken; and then the administration documented. All medication administration records sighted were complete.</p> <p>Medications were charted in an appropriate manner, discontinued medications initialled and dated, medication administration records were complete, and indications for all 'as-required' medications included. The 'standing orders' sighted comply with the 2012 Standing Orders Guidelines.</p> <p>There were no residents who were self-medicating, although processes are in place to facilitate this should it be required.</p>

		The facility will be implementing the MediMap system in the near future.
<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>	FA	<p>An experienced and appropriate qualified cook oversees the provision of food services at Tainui Resthome. All other kitchen staff have undergone regular food safety training.</p> <p>There are three separate dining areas - a spacious main dining room and two other smaller dining areas. Rest home residents generally have all three meals in the main dining room, although meals are served in a resident's rooms if this is what they prefer. A meal service in the main dining room was observed and it was noted that residents were being served their meal in a quiet and unhurried manner and that meals were attractively presented.</p> <p>The kitchen runs on a four-week menu cycle, with summer and winter menus. The menus have just been reviewed by a dietitian (report dated 11 February 2015 sighted). The cook reported that they can cater for a range of menu options, including diabetic, soft, pureed, vegetarian and gluten-free. Specialised feeding equipment, such as lip plates, were available. When a resident is admitted to the service, staff leave a message in the kitchen's communication book about that resident's food requirements. Special needs, preferences, likes and dislikes are then recorded on the kitchen whiteboard.</p> <p>The cook monitors satisfaction with the meals by monitoring wastage, informal discussions with residents, at residents' meetings and an annual satisfaction survey, which was last conducted in November 2014, as sighted. Residents and families interviewed expressed their satisfaction with the meals provided, although there were several comments that the evening meal could be monotonous. Several residents reported that when there was something they did not like on the menu that the kitchen would provide an alternative for them.</p> <p>An inspection of the kitchen revealed that the kitchen is maintained in a hygienic manner. A cleaning schedule was sighted and the cook advised that an external company check the dishwasher temperature monthly. Food was stored appropriately, there was evidence of stock rotation, and the temperature of fridges and freezers was monitored appropriately.</p> <p>Resident's weights are monitored monthly as sighted in 13 clinical files reviewed (refer to Tracer One, Standard 1.3.3). The cook reported she receives limited feedback from staff about changes to resident's nutritional needs and it is recommended that a more formal process is instigated for ensuring this information is communicated and acted upon.</p>
Standard 1.3.2: Declining	FA	The facility manager reported that in several instances entry to the service had been declined because of concerns about meeting the resident's safety needs. In those cases the family were

<p>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>advised of the reasons for the decision, and were supported to work with the NASC service to arrange a more appropriate placement.</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>An appropriate range of assessment tools are utilised as part of the initial and ongoing assessment of residents' needs, as sighted in thirteen clinical files. These assessments supplemented the information received from other services, such as the NASC assessment, or the hospital discharge summary. Falls and risk assessments are updated on a regular basis. As indicated in criterion 1.2.9, the designation of staff undertaking the clinical assessment was not always identifiable.</p> <p>The facility manager advised that three staff have completed the interRAI (clinical assessment tool) training and ten residents are now on the interRAI assessment system.</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>PA Moderate</p>	<p>Residents' care plans are consumer focused, and generally reflected a comprehensive range of assessment information and information from other health professionals and support needs assessments. Residents' files demonstrated evidence of integration of clinical records, laboratory results, activities plans, medical and allied health records, and correspondence with other health providers. Family members and residents stated they had been involved in the development of the care plan and all thirteen plans reviewed contained evidence of this involvement.</p> <p>Individualised care plans developed for each resident, contain a range of relevant information. However, required interventions were not included in sufficient detail to guide care delivery and plans are not always updated when a resident's needs change. When a resident has a restraint or enabler, the care plans did not include sufficient detail to ensure the safe use of these.</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>FA</p>	<p>All 11 residents and family members interviewed spoke highly of the services provided to them, and of the warmth and approachability of care delivery staff. The GP expressed satisfaction with the standard of care delivered by the service, stating they would feel comfortable if a member of their own family were resident at Tainui Resthome.</p> <p>As evidenced by the 13 clinical files reviewed, residents were referred promptly and appropriately to other health professionals if their needs changed; wound management was systematic and well documented; and there was effective coordination of care between shifts. Registered nurses are on</p>

		<p>duty 24 hours a day and provide support to, and oversight of, care delivery staff.</p> <p>A range of clinical policies, such as wound and continence policies, help guided the provision of adequate and appropriate services to residents.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>The activities programme is one of the strengths of Tainui Resthome. Two very experienced and qualified diversional therapists (DTs) are employed for a total of 64 hours a week, working Monday to Friday. The DTs reported that they are supported by over 20 volunteers, and together they provide a wide ranging programme of activities on a daily basis, including Saturdays. Every Sunday two different church services are held at the facility.</p> <p>When residents are admitted, they are asked to complete a 'this is your life' profile form, which is then discussed with the DTs. An individualised activities plan is developed within three weeks, reviewed four weeks later (after the resident has had a chance to settle in) and then reviewed again at least six monthly (plans and evaluations were sighted). The results of these assessments, their evaluations, and the annual satisfaction survey undertaken by the DTs help inform the programme of activities.</p> <p>The facility is spacious, and contains a number of resident lounges, outside areas, a chapel and library. During the audit visit residents were noted to be making good use of the craft room and the hairdressing salon. The monthly calendar of events demonstrated a comprehensive range of activities including singing, newspaper reading, entertainment, the 'nattering and knitting' group, movies, newspaper readings, exercises, bowls and social hour. Children from a local school visit weekly and were observed reading their books to residents. The service shares two mobility vans with the surrounding Tainui Village and there are two van outings each week. The DTs also run a small shop for residents which is open once a week.</p> <p>Church services are a regular feature of life at Tainui Resthome. Residents reported they did not feel under any pressure to attend these if they did not want to do so.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	PA Low	<p>Residents' progress towards identified outcomes are evaluated by a registered nurse although these evaluations were not always undertaken in a timely manner, and there was a lack of information recorded related to evaluation findings.</p> <p>In all 13 of the clinical plans reviewed there was evidence of at least daily entries on each resident's progress notes. Short term care plans were utilised appropriately to guide wound care management. The care plan format used by the service provides little room for evaluation of residents' progress to be recorded, and it is recommended that the service consider options for formats that will permit</p>

		detailed evaluations to be recorded.
<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>	FA	<p>The right of residents to access other health and disability providers is maintained. Residents have the opportunity to continue using the services of their regular GP and in many instances families accompany residents to their regular GP reviews. Residents are also supported to gain access to other services, such as optometrists and dentists, as confirmed by two family members.</p> <p>If a resident requires referral to a specialist provider, such as for palliative care or mental health services, they and their family are consulted about this and kept informed of the referral process. In four residents' clinical files referrals to specialist services were sighted.</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>	FA	<p>Documented processes describe the management and disposal of waste, infectious and/or hazardous substances. These are provided to staff members at orientation training, annually and at biennial refresher training sessions. Relevant guidelines specific to their roles are available to the cleaners in the sluice rooms and in their detailed daily notes. Laundry staff also have specific guidelines available to them for reference and use.</p> <p>Staff have access to ample personal protective equipment in their work areas. Additional supplies are in storage cupboards and when required for high demand reasons. Cleaning and laundry staff members confirmed this during interviews and supplies were observed during the audit visit.</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 facility has a current building warrant of fitness which expires on 20 January 2016.</p> <p>Tainui Resthome aged care facility is purpose built and is well maintained. The facility is on one flat site, with access to safe internal and external areas for recreation and relaxation. The gardens are attractive and in good order. Tainui is co-located with a retirement village. This means that there is a maintenance person and a gardener on site five days a week so any minor issues are responded to promptly. Records demonstrate that major repairs and maintenance are addressed equally quickly.</p> <p>The environment promotes independence through the installation of low resistance carpeting, handrails throughout seating areas in the wide corridors. During the audit residents were observed to be moving about the facility independently, with assistance, and using mobility equipment.</p>
<p>Standard 1.4.3: Toilet, Shower, And</p>	FA	<p>Overall there are adequate numbers of toilets, showers and bathing facilities across the facility.</p>

<p>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>		<p>Only five resident rooms use shared bathroom facilities; all five of these rooms have their own ensuite toilet and hand basin and have one shared shower between them.</p> <p>The other 53 rooms have a mix of a shared ensuite (14 rooms) or their own ensuite (39 rooms) which include a toilet, hand basin and shower. In addition there are four other toilets throughout the facility for residents to use which are adjacent to communal and recreation areas.</p> <p>For visitors and staff use there are three other toilets, labelled as such, in the facility.</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>Residents' bedrooms are spacious and provide sufficient space for staff to provide support, for mobility equipment to be used and for the resident to move freely about their room.</p> <p>Bedrooms are personalised and reflect the individual residents' preferences. A question in the resident and family satisfaction survey asks about satisfaction with the environment and the majority of respondents were "very satisfied".</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>Tainui has three dining rooms in the facility and a range of different recreational rooms and spaces in addition to these. These include a small chapel, a library / café area, an activities room, a large conservatory with arm chairs and other comfortable seating.</p> <p>In a wing used to support residents with the early stages of dementia there is a very large dining / living room that can comfortably accommodate the residents who are supported in this area.</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>A group of four house-keeping staff members were interviewed (this included both cleaning and laundry staff). They report to the operations manager who was also interviewed, as was the quality coordinator.</p> <p>The house-keeping staff have detailed tasks lists for the areas they are working depending on the day of the week they are working. Monitoring of effectiveness of cleaning occurs in three ways: by the individual staff member as they work, by the representative of the company which supplies the products used at their monthly visits and through the internal audits completed by the quality coordinator. The house-keeping staff advised that their colleagues (RNs and carers) will also tell them if something has not been cleaned effectively or requires spot cleaning. They are confident that a consistent standard is maintained.</p> <p>During the audit the facility was observed to be clean, hygienic and pleasant to be in. The resident</p>

		<p>and family survey results in relation to cleaning had all respondents satisfied with cleaning and all respondents were satisfied that domestic staff were courteous and respectful.</p> <p>All cleaning and laundry products seen during the audit were stored safely and appropriately. Products were stored in original named containers.</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 annual training calendar includes fire evacuations at least six monthly. Due to several false alarms these have occurred more frequently in the last 12 months. There is an approved evacuation scheme for the facility (sighted).</p> <p>There are appropriate and adequate supplies for emergencies. Alternative utilities are in place. The facility is 'generator ready' and has an agreement with a local hire firm to receive a generator if an emergency occurs. This is recorded in their emergency plan.</p> <p>The contents of the civil defence supply cupboard are checked monthly and replaced or recycled when necessary. Emergency food supplies are maintained in the kitchen and there is ample food in addition to the daily needs at time. There is a large domestic barbeque which can be used for cooking if main supplies fail. The operations manager reports that the gas bottle is filled at the beginning of summer and often lasts the facility for many barbeques over the warmer months.</p> <p>There is an electronic nurse call system in the facility and alarms on the doors when these are locked at night so that staff are alerted if people leave unexpectedly. The main external doors are locked in the evening and unlocked in the morning times which are both safe and convenient for residents, visiting relatives and staff.</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>	FA	<p>All bedrooms, communal rooms, and dining rooms have large proportioned windows which allow in natural light and sun. Windows can be opened and when safety is an issue windows have safety latches. All bedrooms have wide and spacious windows with appropriate curtains for privacy.</p> <p>Corridors and some of the communal areas have opening windows or 'french doors' onto external garden areas. There is ventilation and fresh air circulation during the days of audit. Board meeting minutes record the investigations and research into the installation of air conditioning in the corridors. The operations manager reports that over the past few years as the weather becomes hotter, gaining sufficient ventilation can be an issue for staff on very hot days. (This issue is not mentioned by residents or relatives in the 2014 survey as a concern.)</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>There were two comprehensive infection control manuals which currently inform infection control management at Tainui Resthome. One is the manual developed by the service, and the other is the Infection Control Manual produced by the Taranaki DHB.</p> <p>The service's manual, which was last reviewed in June 2014, outlines accountability for infection control and the reporting mechanisms. The clinical manager is the designated infection control manager, as sighted in the organisational chart. She undertook a two-day training course in infection control management in 2014 and is supported by a number of staff with considerable experience in infection control management. Support and advice is also available from the DHB as required.</p> <p>Infection control data is collated by the quality assurance coordinator and this is reported to the CEO by the clinical manager, who then reports this to the Board. Surveillance results are shared with staff at regular staff meetings, and when appropriate, also included in the weekly memo that is available to all staff.</p> <p>As part of the orientation/induction programme staff are advised about when they should stay away from work if they are unwell. This is confirmed in interviews with two staff. Residents can be isolated in their rooms if this is required. A sign at the front entrance asks anyone who is, or has been unwell in the past 48 hours, to not enter the facility.</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 manager is relatively new to the role, but is supported by appropriate resource information, experienced staff and, where necessary, the support and guidance of the infection control team at the Taranaki DHB.</p> <p>The facility manger confirmed that there were adequate staff and physical resources to implement the infection control programme. Personal protective equipment is freely available to staff and this is confirmed in interview with two staff members. Residents have hand-washing facilities and hand sanitisers in their rooms. Additional equipment and supplies are on site should an outbreak occur (sighted).</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted</p>	<p>FA</p>	<p>There are two infection control manuals at Tainui Resthome which provides comprehensive information to guide infection prevention and control practices. The information is consistent with relevant legislation and current accepted practice. The service's own infection control manual was reviewed annually (last reviewed June 2014). Having two manuals for staff to refer to has the potential to be confusing, and it is recommended that the service rationalise this.</p>

<p>good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>		<p>During the audit visit, the kitchen and laundry services were observed to be compliant with recommended infection control practice. Hand-sanitisers were freely available around the facility. A prominently placed hand sanitiser was situated at the entrance to the facility, with a large sign asking all who entered to sanitise their hands first.</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>	<p>FA</p>	<p>The infection control manager is responsible for leading infection control education for staff. She attended a two-day course on infection control in 2014 and is also able to draw on additional resources on which to base education sessions, such as staff at the DHB and information from the DHB Infection Control Manual.</p> <p>Resident education on infection control matters is normally undertaken on an informal basis, such as at resident meetings. The clinical manager confirmed that more formal education would be undertaken with residents in the event of an infection outbreak. Individual residents are also given health promotion information in relation to specific clinical issues. For example, on interview a resident with an indwelling urinary catheter detailed the information given to her by staff about steps she could take to reduce the possibility of urinary tract infections, such as careful hand-washing and maintaining an adequate fluid intake.</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>	<p>FA</p>	<p>The service's own infection control manual detailed the infections to be formally monitored on a monthly basis, or more frequently should an infection outbreak occur. These were infections of the urinary tract, upper and lower respiratory tract, wounds, skin and soft tissue, primary blood stream, ear, eye, nose and mouth, and gastrointestinal.</p> <p>Qualified nurses use a specific form to document when infections are diagnosed and provide the facility manager with a copy of this form. This information is collated by the quality assurance coordinator and then reported to the CEO along with information on the quarterly rate of infection as seen on the surveillance reports. This information is then reported by the clinical manager to the Board. Surveillance results are also discussed at the regular staff meetings. This is confirmed in minutes sighted and in staff interviews. Results are also discussed at shift handovers and included in the weekly staff memo.</p> <p>It is recommended that the service reconsiders strengthening the mechanism for collecting infection data by also including analysis of antibiotics prescribed each month to ensure that all infections are captured. Categorisation of skin, soft tissue and wound infections should also be clarified.</p>

<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Policies and procedures on restraint minimisation and safe practice provide guidance to staff. The service aims to be restraint free but where equipment is required this will be used with the interests of the resident central to decision-making. This includes a clear definition of restraints and enablers. At the time of the audit the restraint coordinator was working on the night shift. The clinical manager and the quality coordinator were interviewed in place of the restraint coordinator.</p> <p>There is a clear direction that when a resident is able to request and consent to the use of equipment to maintain their safety that the least restrictive option will be used. Files for four residents who currently use enablers were reviewed and there are current consents which they have signed on their file. The consent form records the discussion with the person about the use of the equipment, its purpose and how they will be supported to remain safe while it is in use.</p>
<p>Standard 2.2.1: Restraint approval and processes</p> <p>Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.</p>	FA	<p>A policy and procedure for approval of the type of restraints and enablers is in use at Tainui Resthome. It would be improved by clarification around the process for how approval of the restraints and enablers occurs. From the interview with the clinical manager and quality manager approval for use of any restraint or enabler is currently occurring based on approval by the restraint coordinator and discussion by the care team.</p> <p>The clinical manager and quality coordinator reported that the need for use of a specific restraint or enabler is usually identified through analysis of incident / accident reports over time. The most common issue being increasing falls for a resident. The care team will then initiate a conversation with the resident if they are able to give consent, or their family if they are not, to discuss options for keeping the person safe in the circumstances in which falls are occurring (or the particular behaviour which has become prevalent).</p> <p>The files for the four residents who are currently using enablers, and four residents who are using restraints, were reviewed during the audit with the clinical manager and quality coordinator. All eight files had records of such a process having occurred prior to initiation of the equipment now in use.</p>
<p>Standard 2.2.2: Assessment</p> <p>Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.</p>	PA Low	<p>During interview the clinical manager and quality coordinator reported that an assessment of whether a restraint is to be used is conducted by either a registered nurse or the restraint coordinator. Currently the only record of the process being conducted is the consent form which is signed by the resident in the case of an enabler, and a family member in the case of a restraint. Documentation of the assessment is inadequate. (Refer also finding at criterion 1.3.5.2)</p>

Standard 2.2.3: Safe Restraint Use Services use restraint safely	FA	<p>There are only two approved restraints at Tainui Resthome – bed rails and lap briefs. Equipment is used safely. One of the four residents who has an approved restraint (bed rails used at night) has recently expressed concern about their use. Although they are requested and consented to by family the care team are attempting to utilise other methods for keeping the resident safe in bed at night and are exploring alternatives to the use of bed rails. This is recorded in the resident’s progress notes and on the restraint register.</p> <p>The clinical manager has experience working in psycho-geriatric services and is familiar with interpreting behaviour as communication, de-escalation techniques and non-aversive strategies of support. This is evident during the interview and while reviewing the files of the residents who use restraints (four) and enablers (four). There are records of the residents’ GPs being involved in reviews of the use of the restraints and whether alternative options are available.</p> <p>Files and restraint monitoring forms record the monitoring as required for each resident’s restraint or enabler when it is in use.</p> <p>A restraint register is maintained. This is recorded and updated on a monthly basis by the restraint coordinator.</p>
Standard 2.2.4: Evaluation Services evaluate all episodes of restraint.	FA	<p>Where residents’ are able to be involved in this process the staff member monitoring their restraint will engage with the person. A record of the evaluation of restraint use is maintained on the monitoring form.</p> <p>There is a regular, three monthly, evaluation of restraint use conducted by the restraint coordinator. This includes consideration of whether the restraint is still appropriate for the resident’s needs and is the least restrictive option available.</p> <p>The monitoring form indicates the frequency of monitoring and evaluation when the restraint is in use. The organisation has determined that all restraints and enablers use by individual residents will be reviewed every three months, or sooner if requested or required. This is confirmed through review of restraint documentation with the quality coordinator and clinical manager.</p>
Standard 2.2.5: Restraint Monitoring and Quality Review Services demonstrate the monitoring	PA Low	<p>The restraint register records that restraint use is reviewed regularly every three months, as required by Tainui’s restraint policies. This is recorded on a separate list within the register and the clinical manager confirmed during the interview that a meeting is held at which each resident’s file</p>

<p>and quality review of their use of restraint.</p>		<p>and restraint information is reviewed and evaluated.</p> <p>However, there is not a quality review of all restraint practice in order to determine whether the service is meeting all the requirements of this criterion.</p> <p>The quality coordinator completes an annual internal audit (the most recent being May 2014); this is on one resident's file against the organisation's procedures. She also collates the data of restraint and enabler use on a monthly basis and this is reported via the clinical manager's Board report. There is no other evidence of analysis of restraint use or quality review.</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)
<p>Criterion 1.1.10.7</p> <p>Advance directives that are made available to service providers are acted on where valid.</p>	PA Low	<p>Completed resuscitation forms, including evidence of six-monthly reviews by GPs for residents, were sighted in the thirteen clinical records reviewed.</p> <p>The service's Resuscitation Policy and Informed Consent Policy do not clearly define what constitutes an advance directive, how this will be facilitated at Tainui Resthome, or who can make an advance directive.</p> <p>The policy on informed consent refers to residents and an enduring power of attorney (EPOA) giving consent for treatment, including advance</p>	<p>The policies on resuscitation and informed consent do not clearly define what constitutes an advance directive, roles and responsibilities in relation to these directives, or how they will be facilitated at Tainui Resthome.</p>	<p>Policies and procedures are in place which ensure that the advance directives of residents are acknowledged, incorporated into care planning where valid, and acted on.</p> <p>180 days</p>

		<p>care planning. What constitutes an advance directive is not defined and the processes associated with such directives are not outlined, including no indication that only a resident can make an advance directive. The resuscitation policy stated that the Code 'gives every consumer the right to use an advance directive – at Tainui Resthome this is in the form of the Resuscitation Advice Form NF108'. That form is narrow in scope, focusing on resuscitation, and does not contain the information that would be expected for an advance directive.</p>		
<p>Criterion 1.2.3.1 The organisation has a quality and risk management system which is understood and implemented by service providers.</p>	<p>PA Moderate</p>	<p>There are policies, procedures and systems in place for the reporting and recording of events, analysis of collated quality improvement data, and staff members interviewed know and understand the different components of this systems and their responsibilities.</p> <p>There is a quality policy which has an aim to meet or exceed residents' care. The policy also states that the organisation is committed to continuous quality improvement. Without a documented quality plan, with clear goals and activities to</p>	<p>There is no quality plan as required by these standards and the provider's contract with the DHB (ARC D19.4). There is evidence, confirmed at interview, that a quality plan has been maintained in the past.</p>	<p>Develop a quality plan which guides the current quality activities and ensures there is senior management and Board oversight of the quality management systems within the organisation.</p> <p>90 days</p>

		guide the quality activities of the organisation, there is limited opportunity to ensure that the organisation will exceed care expectations and continuous quality improvement requirements a managed environment to occur in a consistent and coordinated way (as stated in the quality policy).		
<p>Criterion 1.2.9.9</p> <p>All records are legible and the name and designation of the service provider is identifiable.</p>	PA Low	<p>All entries in the 13 residents' clinical files reviewed had been initialled or signed by a staff member. However, there were numerous instances where it was not possible to identify the name and/or designation of the staff member making the entry. This applied to progress notes and clinical information and assessments, such as falls risk assessments and short term care plans.</p>	<p>The designations and/or names of service providers making entries into the clinical record are not legible and/or the provider designation is not identifiable.</p>	<p>The name and designation of all service providers making entries into the clinical record is clearly identifiable.</p> <p>180 days</p>
<p>Criterion 1.3.3.3</p> <p>Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.</p>	PA Moderate	<p>It was evident from the 13 clinical files reviewed that residents were promptly and appropriately referred to their GP when their medical needs changed. This was confirmed by two registered nurses, and two family members.</p> <p>In all files reviewed, there was no written evidence as to how</p>	<p>Three residents had not been medically reviewed within three months of the previous medical review.</p> <p>None of the 13 clinical files reviewed contained written evidence as to GP requirements for the frequency of the resident's medical review.</p>	<p>All residents have regular medical reviews at least three monthly.</p> <p>The clinical record of each resident contains written instructions from their GP as to the frequency of medical</p>

		<p>frequently the GP wanted the resident to be medically reviewed, as required under D16.4 of the provider's contract with the DHB (Aged Residential Care Contract). Although residents are normally medically reviewed every three months, three residents had waited longer than three months for a regular medical review. This is also confirmed by the facility manager.</p> <p>Lifestyle care plans are generally developed within three weeks of the resident being admitted to the service (sighted in 11 of 13 clinical records). Two of the thirteen lifestyle plans were developed outside of the three-week period. In two of the eleven files reviewed, evaluations had not been completed within the required six month period.</p>	<p>Two lifestyle care plans were not developed within three weeks of the resident being admitted to the service.</p> <p>Two of the clinical files reviewed had not been evaluated within a six-month period.</p>	<p>reviews.</p> <p>All residents have a lifestyle care plan developed within three weeks of their admission to the service.</p> <p>Life style care plans are reviewed at least six monthly and earlier if clinically indicated.</p> <p>90 days</p>
<p>Criterion 1.3.5.2</p> <p>Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.</p>	<p>PA Moderate</p>	<p>In general, service delivery plans describe the support/interventions necessary to achieve the desired outcomes for residents and demonstrate evidence of service integration. However, plans were often brief, providing limited detail to guide care delivery staff. The format of the lifestyle care plan leaves little space for including detailed interventions and/or evaluations.</p>	<p>Four of the 13 clinical plans reviewed contain insufficient detail on the support and/or interventions required to address the needs identified in the assessment process. For example, two residents were identified as being at very high risk of falling. While their care plans noted this, there was little information as to how to prevent or minimise falls. The care plan of a resident with significant</p>	<p>Detailed care plans are developed that include the support/interventions required to meet all the resident's identified needs.</p> <p>Care plans are updated, or short term care plans developed, to reflect</p>

		<p>It is recommended that the service explore options for a format that will enable more detailed interventions to be included, changes to be easily made when clinical needs alter, and greater opportunity for recording resident progress towards meeting outcomes.</p> <p>Three areas require improvement related to care plans not including sufficient detail to address identified resident need; care plans not being updated or developed in response to changes in need; and a lack of detailed instructions in the care plans of residents who are approved for the use of restraint/enablers.</p>	<p>weight loss did not include the supports/interventions necessary to address that clinical issue. Five of the six residents' files reviewed in relation to their use of restraints or enablers (as identified from the restraint/enabler register) did not include reference to the use of that restraint or enabler or provide guidance for staff on how to safely manage these.</p> <p>Following hospitalisation, a resident required additional support/interventions in relation to two acute clinical issues. The resident's care plan did not address those changes.</p>	<p>changes in residents' requirements.</p> <p>90 days</p>
<p>Criterion 1.3.8.2</p> <p>Evaluations are documented, consumer-focused, indicate the degree of achievement or response to the support and/or intervention, and progress towards meeting the desired outcome.</p>	PA Low	<p>In six of ten care plans residents' progress had been reviewed in a timely manner, but little detail was recorded of the outcome of these evaluations. Comments were largely confined to whether any changes were required to the care plan. In discussions with three registered nurses it was apparent they were unclear about what should be recorded following an evaluation.</p> <p>In two of six care plans, evaluations had not been undertaken within the required</p>	<p>Resident progress towards meeting identified outcomes is not recorded in sufficient detail in six of the ten care plans reviewed.</p> <p>Evaluations of residents' progress is not completed on a timely basis.</p>	<p>Ensure that appropriate detail is recorded of residents' progress towards meeting identified outcomes</p> <p>Ensure that evaluations are completed at least six monthly, or earlier if a resident's needs change.</p>

		six-monthly timeframe.		180 days
<p>Criterion 2.2.2.1</p> <p>In assessing whether restraint will be used, appropriate factors are taken into consideration by a suitably skilled service provider. This shall include but is not limited to:</p> <p>(a) Any risks related to the use of restraint;</p> <p>(b) Any underlying causes for the relevant behaviour or condition if known;</p> <p>(c) Existing advance directives the consumer may have made;</p> <p>(d) Whether the consumer has been restrained in the past and, if so, an evaluation of these episodes;</p> <p>(e) Any history of trauma or abuse, which may have involved the consumer being held against their will;</p> <p>(f) Maintaining culturally safe practice;</p> <p>(g) Desired outcome and criteria for ending restraint (which should be made explicit and, as much as practicable, made clear to the consumer);</p> <p>(h) Possible alternative intervention/strategies.</p>	PA Moderate	<p>On the eight files reviewed (four of which are for residents with restraints in use and four for residents with enablers) there is no documented assessment. The organisation's policy and procedure does not clearly describe a process which covers all the requirements from a) to h).</p>	<p>There is no record of a formal assessment process taking place which meets the requirements of this criterion. In the absence of the restraint coordinator it was not clear whether this occurs but is not recorded, or whether it does not occur at all.</p>	<p>Ensure that there is a record of the assessment of the need for restraint use and all requirements of this criterion are included.</p> <p>180 days</p>
<p>Criterion 2.2.5.1</p> <p>Services conduct comprehensive reviews regularly, of all restraint practice in order to determine:</p> <p>(a) The extent of restraint use and any trends;</p> <p>(b) The organisation's progress in reducing</p>	PA Moderate	<p>The restraint coordinator regularly reviews the use of each individual resident's restraint every three months. The records are current and up to date. The quality coordinator completes an internal audit of the restraint process annually but this looks</p>	<p>While there is evidence that the use of restraints and enablers for individual residents is reviewed regularly, there is no evidence or reported quality review of overall restraint use by the facility.</p>	<p>Undertake regular quality reviews of restraint use at Tainui to meet the requirements of this criterion, in addition to the reviews of restraint use by</p>

<p>restraint; (c) Adverse outcomes; (d) Service provider compliance with policies and procedures; (e) Whether the approved restraint is necessary, safe, of an appropriate duration, and appropriate in light of consumer and service provider feedback, and current accepted practice; (f) If individual plans of care/support identified alternative techniques to restraint and demonstrate restraint evaluation; (g) Whether changes to policy, procedures, or guidelines are required; and (h) Whether there are additional education or training needs or changes required to existing education.</p>		<p>only at one resident file when it is completed. There is no documentation or reported evidence to indicate that there is a review of all restraint practice at the facility.</p>		<p>individual residents. 90 days</p>
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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.

No data to display

End of the report.