

# Ruapehu Masonic Association Trust

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Ruapehu Masonic Association Trust
<b>Premises audited:</b>	Masonic Court Rest Home
<b>Services audited:</b>	Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 30 March 2015 End date: 31 March 2015
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	33

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Masonic Court rest home is owned and operated by a Trust. The service is certified to provide rest home level of care for up to 53 residents. On the day of the audit there were 33 residents.

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

An interim manager is responsible for the daily operation of the facility. He is supported by a part-time clinical nurse manager and full-time registered nurse who are available after hours.

The service has been actively reviewing the quality system, policies and procedures and education plan to enable staff to deliver good care. Residents and family/whanau interviewed commented positively on the standard of care and services provided at Masonic Court.

This certification audit identified improvements required around complaints, audit corrective actions, compulsory education, performance appraisals, infection control programme and education.

## 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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Masonic Court provides care in a way that focuses on the individual resident. Cultural and spiritual assessment is undertaken on admission and during the review processes. Policies are implemented to support individual rights such as privacy, dignity, abuse/neglect, culture, values and beliefs, complaints, advocacy and informed consent. Information about the Code and related services is readily available to residents and families/whanau. Care plans accommodate the choices of residents and/or their family. Complaints processes are implemented however improvements are required around complaints resolution. Residents and family interviewed verified on-going involvement with community.

## 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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Masonic Court is implementing a quality and risk management system that supports the provision of clinical care. Quality data is collated for infections, accident/incidents, concerns and complaints and surveys. There is an improvement required around audit corrective actions.

There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation programme that provides new staff with relevant information for safe work practice. There is an education programme covering relevant aspects of care and external training is supported. There are improvements required around annual performance appraisals and compulsory education requirements. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care.

## 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.		Standards applicable to this service fully attained.
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Residents are assessed prior to entry to the service and a baseline assessment is completed upon admission. Registered nurses are responsible for care plan development with input from residents and family. Residents and family interviewed confirmed that the care plans are consistent with meeting residents' needs. Medications are managed and administered in line with legislation and current regulations. Planned activities are appropriate to the resident's assessed needs and abilities and residents advised satisfaction with the activities programme. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met.

## 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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Masonic Court has a current building warrant of fitness. Reactive and preventative maintenance is carried out. Chemicals are stored securely and staff are provided with personal protective equipment. Hot water temperatures are monitored and recorded. Medical equipment and electrical appliances have been calibrated by an authorised technician. Residents' rooms are of sufficient space to allow services to be provided and for the safe use and manoeuvring of mobility aids. There are sufficient communal areas within the facility including lounge and dining areas, and small seating areas. There is a designated laundry and cleaner's room. The service has implemented policies and procedures for civil defence and other emergencies and six monthly fire drills are conducted. External garden areas are available with suitable pathways, seating and shade provided.

## Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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The service has policies and procedures to appropriately guide staff around the use of enablers or restraints. The registered nurse is the restraint coordinator. There are no residents using enablers or restraints. Staff receive training in restraint and managing challenging behaviour as part of the education plan.

## Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Some standards applicable to this service partially attained and of low risk.
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The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control co-ordinator is the registered nurse. The infection control co-ordinator has attended external training. There is a suite of infection control policies and guidelines that meet infection control standards.

The infection control co-ordinator uses the information obtained through surveillance to determine infection control activities and education needs within the facility. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. There is an improvement required around the annual review of the infection control programme and annual infection control education.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	41	0	4	0	0	0
Criteria	0	88	0	5	0	0	0

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

# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	Masonic Court has policies and procedures that align with the requirements of the Code of Health and Disability Services Consumer Rights (the Code). Three caregivers and two registered nurses (RN) were able to describe how they incorporate resident choice into their activities of daily living.
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.	FA	Informed consent and advanced directives were recorded as evidenced in seven of seven resident files reviewed. Advised by staff that family involvement occurs with the consent of the resident. Residents interviewed confirmed that information was provided to enable informed choices and that they are able to decline or withdraw their consent.  D13.1: There were seven of seven admission agreements sighted.  D3.1.d: Discussion with a family member identified the service actively involves them in decisions that affect their relative's lives.
Standard 1.1.11: Advocacy And Support Service providers recognise and facilitate the right of consumers to	FA	Residents are provided with a copy of the Code of Health and Disability Services Consumer Rights and Advocacy pamphlet on admission. Interviews with residents confirmed they were aware of their right to

advocacy/support persons of their choice.		access advocacy. Advocacy pamphlets are displayed in the main foyer. D4.1d; Discussions with residents confirm that the service provides opportunities for the family/EPOA to be involved in decisions. ARC D4.1e. The resident files include information on residents' family/whanau and chosen social networks.
Standard 1.1.12: Links With Family/Whānau And Other Community Resources Consumers are able to maintain links with their family/whānau and their community.	FA	D3.1h: Interview with residents confirmed relatives and friends can visit at any time and are encouraged to be involved with the service and care. Residents are encouraged wherever possible to maintain former activities and interests in the community. They are supported to attend community events, clubs and interest groups in the community. D3.1.e: Interview with residents confirmed the staff help them access community groups.
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	PA Low	There is a complaints policy to guide practice which aligns with Right 10 of the Code. The manager or clinical nurse manager leads the investigation of concerns/complaints. Complaints forms are visible for relatives/residents. The service has responded appropriately to a written complaint currently under investigation by the H&D commissioner. Management operate an "open door" policy. D13.3h. a complaints procedure is provided to residents within the information pack at entry.
Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.	FA	There is a welcome pack that includes information about the Code and this is discussed during the admission process with the resident and family. Six residents and one family member interviewed confirmed they received all the relevant information during admission. D6.2 and D16.1b.iii the information pack provided to residents on entry includes how to make a complaint, Code of Rights pamphlet, advocacy and Health & Disability (H&D) Commission. D16.1bii. the relative and residents are informed of the scope of services and any liability for payment for items not included in the scope. This is included in the service agreement.
Standard 1.1.3: Independence, Personal Privacy, Dignity, And	FA	There are policies in place to guide practice in respect of independence, privacy and respect. Staff were observed to be respectful of residents'

<p><b>Respect</b></p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>		<p>personal privacy by knocking on doors prior to entering resident rooms during the audit. Six residents interviewed confirmed staff respect their privacy, and support residents in making choice where able. Resident files are stored out of sight. Staff receive training around abuse and neglect.</p> <p>D3.1b, d, f, i: The service has a philosophy that promotes quality of life, involves residents in decisions about their care, respects their rights and maintains privacy and individuality. Resident preferences are identified during the admission and care planning process with family involvement. The service actively encourages residents to have choices and this includes voluntary participation in daily activities.</p> <p>D4.1a: Seven resident files reviewed identified that cultural and /or spiritual values and individual preferences are identified on admission and integrated with the residents' care plan. Interviews with residents confirm their values and beliefs are considered.</p> <p>D14.4: There are clear instructions provided to residents on entry regarding responsibilities of personal belonging in their admission agreement. Personal belongings are documented and included in resident files.</p>
<p><b>Standard 1.1.4: Recognition Of Māori Values And Beliefs</b></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>Masonic Court has a Maori health plan that includes a description of how they will achieve the requirements set out in A3.1 (a) to (e). Masonic Court has its own Kaumatua who advises assists and supports staff and families in the provision of culturally safe care. The manager has links to the local Iwi. Currently there are no residents who identify as Maori.</p> <p>D20.1i: There is a cultural safety policy to guide practice including recognition of Māori values and beliefs and identify culturally safe practices for Māori. Staff interviewed were able to describe how they ensure Maori values and beliefs are met.</p>
<p><b>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</b></p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	<p>FA</p>	<p>The resident and family are invited to be involved in care planning and any beliefs or values are further discussed and incorporated into the care plan. Six monthly reviews occur to assess if needs are being met. Discussion with family and residents confirm values and beliefs are considered. Residents are supported to attend church services of their</p>

		<p>choice.</p> <p>D3.1g: The service provides a culturally appropriate service by ensuring it understands each resident's preferences.</p> <p>D4.1c: Care plans reviewed included the residents' social, spiritual, cultural and recreational needs.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>Job descriptions include responsibilities of the position and signed copies of all employment documents are included in staff files. Staff comply with confidentiality and the code of conduct. Qualified staff and allied health professionals practice within their scope of practice. Staff meetings include discussions on professional boundaries and concerns as they arise (minutes sighted). Interviews with the clinical nurse manager, RN and care staff confirmed an awareness of professional boundaries.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>Currently Masonic Court policies and procedures meet the health and disability safety sector standards. The service is currently undertaking the two yearly review of all policies and procedures. Staff are made aware of new/reviewed policies at the monthly staff meeting. Education planners over the last two years include training requirements (link 1.2.7.5). Staff complete relevant workplace competencies. Twelve of 19 caregivers have aged care qualifications. An environment of open discussion is promoted. Staff report the RNs and Manager are approachable and supportive. Allied health professionals are available to provide input into resident care.</p> <p>ARC A2.2: Services are provided at Masonic Court that adhere to the health &amp; disability services standards.</p> <p>ARC D17.7c: There are implemented competencies for caregivers and registered nurses. The clinical nurse manager and RN has access to external training. Discussions with residents and family were positive about the care they receive.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>There is a policy to guide staff on the process around open disclosure. Accident/incident forms have a section to indicate if family have been informed of an accident/incident. Ten of 10 incident forms reviewed for February 2015 identify family were notified following a resident incident/accident. The clinical nurse manager and RN confirm family</p>

		<p>are kept informed. The relative interviewed confirm they are notified promptly of any incidents/accidents. The resident satisfaction survey in September 2014 showed 100% satisfaction with communication.</p> <p>D12.1: Non-Subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The Ministry of Health “Long-term Residential Care in a Rest Home or Hospital – what you need to know” is provided to residents on entry.</p> <p>D16.1b.ii: The residents and family are informed prior to entry of the scope of services and any items they have to pay that is not covered by the agreement.</p> <p>There is access to an interpreter service.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Masonic Court rest home provides care for up to 53 rest home level of care residents. On the day of audit there were 33 residents which included two residents on intermediate care</p> <p>Masonic Court’s philosophy and values flow from the principles of the Freemasonry and underpins the business plan, quality goals and objectives. The 2015 business plan is to be tabled at the Trust meeting. Masonic Court is governed by a Trust of 12 board members with a range of experience and skills including clinical expertise. Subcommittees have delegated responsibilities.</p> <p>The secretary of the Board has been appointed interim manager as from January 2015. He has managerial and financial experience and has been involved in Masonic Court Trust for 12 years.</p> <p>There is a full-time RN appointed two and a half years ago. A part-time RN appointed a year ago has taken on clinical management responsibilities and has experience in quality management, education and previous clinical management.</p> <p>ARC,D17.3di, The interim manager has attended at eight hours of education including negotiation and communication seminars. The interim manager has access to external employment consultants and aged care specialists.</p>

<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>The clinical nurse leader provides cover for the manager leave supported by the general manager.</p> <p>D19.1a; a review of the documentation, policies and procedures and from discussion with staff, identified that the service has operational management strategies, quality assurance programme which includes culturally appropriate care, to minimise risk of unwanted events and enhance quality.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>PA Low</p>	<p>Masonic Court has a documented quality and risk management system. There are policies and procedures implemented to provide assurance that the service is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001.</p> <p>Policies are reviewed two yearly. A 2015 goal is to complete the review of all policies and procedures. The content of policy and procedures are detailed to allow effective implementation by staff. Staff interviewed confirmed they are made aware of new/reviewed policies.</p> <p>The meeting schedule had not been followed throughout 2014, however the schedule has been reviewed and meetings have commenced for 2015 as follows: staff, residents, clinical/quality meetings, cooks, laundry and cleaning. Meeting minutes are available to all staff.</p> <p>An improvement is required around internal audit corrective actions.</p> <p>Resident surveys for activities (February 2015) and food (June 2015) have been collated. There were positive comments on the services. Results were fed back to participants.</p> <p>D19.3: There is an implemented Health and Safety and risk management system in place including policies to guide practice. The service has a health and safety committee with specific role responsibilities. There is a current hazard register.</p> <p>D19.2g: Fall prevention strategies are in place that includes the analysis of falls incidents and the identification of interventions on a case by case basis to minimise future falls.</p>

<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>Ten accident/incident forms for the month of February 2015 were sampled. There has been RN notification and clinical assessment completed within a timely manner. Accidents/incidents were recorded in the resident progress notes. There is documented evidence the family/whanau had been notified.</p> <p>D19.3c: The service collects incident and accident data and reports aggregated figures to the health and safety committee meeting. Staff interviewed confirm incident and accident data are discussed at the staff meeting and information is made available.</p> <p>D19.3b; The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made. Trending data is considered.</p> <p>Discussions with the manager, confirms an awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been no outbreaks to report.</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>PA Low</p>	<p>There are human resources policies to support recruitment practices. Seven staff files sampled contained all relevant employment documentation. Current practising certificates were sighted for the clinical nurse leaders, RNs and allied health professionals. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. Staff interviewed believed new staff were adequately orientated to the service on employment. There is an improvement required around performance appraisals.</p> <p>The 2014 education planner has been completed as per schedule. There is an improvement required around the provision of compulsory education.</p> <p>Care staff have access to an aged care education programme. Clinical staff complete competencies relevant to their role including medication competencies.</p>
<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>	<p>FA</p>	<p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. There is a RN on duty Monday to Friday and on-call. There is</p>

		<p>a part-time clinical nurse manager.</p> <p>The recreational officer works Monday to Friday. There are dedicated cleaning, laundry and food services staff. The caregivers, residents and family interviewed inform there are sufficient staff on duty at all times.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within required timeframes into the resident's individual record. Information containing personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Individual resident files demonstrate service integration including records from allied health professionals and specialists involved in the care of the resident.</p> <p>D7.1 Entries were legible, dated and signed by the relevant caregiver or registered nurse including designation. Policies contain service name.</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>Residents are assessed prior to entry to the service by the needs assessment team and an initial assessment was completed on admission. The service has specific information available for residents and families at entry and it included associated information such as the Health and Disability Code of Rights, advocacy and complaints procedure. The admission agreement reviewed aligned with the ARC contract and exclusions from the service were included in the admission agreement.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>The transfer /discharge/exit procedures included a transfer/discharge form and the completed form is placed on file. The service stated that a staff member escorts the resident, if no family were available to assist with transfer, and copies of documentation were forwarded with the resident.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The service uses individualised medication blister packs, which are checked in on delivery. A medication competent caregiver (supervisor) was observed administering medications correctly. Medications and associated documentation were stored safely and securely and all medication checks were completed and met requirements. Medications are reviewed three monthly with medical reviews by the attending GP.</p>

		<p>Resident photos and documented allergies or, nil known, were on all 14 medication charts reviewed. An annual medication administration competency was completed for all staff administering medications and medication training had been conducted.</p> <p>There is a self-medicating resident's policy and procedures in place. There were no residents who self-administered medications. Individually prescribed resident medication charts are in use and this provides a record of medication administration information. Medication charts reviewed recorded indication for use of as required medication (PRN) by the GP. As required medication (PRN) was reviewed by a registered nurse each time, prior to administration, and a time was recorded on the medication signing sheet.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>All meals at Masonic Court are prepared and cooked on site. Meals are prepared in a well-appointed kitchen adjacent to the dining room and served directly to residents. Kitchen staff are trained in safe food handling and food safety procedures were adhered to. Staff were observed during the audit assisting residents with their lunch time meals and drinks. Diets are modified as required. Resident dietary profiles and likes and dislikes are known to food services staff and any changes are communicated to the kitchen, via the registered nurse. Supplements are provided to residents with identified weight loss issues. Weights are monitored monthly or more frequently, if required and as directed by a dietitian/GP. Initiatives are implemented to encourage residents to increase their fluid levels such as fruit milkshakes and ice blocks. Resident meetings and surveys allow for the opportunity for resident feedback on the meals and food services generally. Residents and family members interviewed indicated satisfaction with the food service.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>The reason for declining service entry to residents to the service would be recorded on the declined entry form, and when this has occurred, the service stated it had communicated to the resident, family and the appropriate referrer.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are</p>	FA	<p>All residents are admitted with a care needs level assessment completed by the needs assessment and service co-ordination team</p>

gathered and recorded in a timely manner.		prior to admission. Personal needs information is gathered during admission which formed the basis of resident goals and objectives. Assessments are reviewed at least six monthly, or as condition changes. Appropriate risk assessments had been completed for individual resident issues.
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	Resident files include all required documentation. The long-term care plan records the resident's problem/need, objectives, interventions and evaluation for identified issues. The service has a specific acute health needs care plan that included short-term cares. Resident files reviewed identified that family were involved in the care plan development and on-going care needs of the resident.
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	Care plans are current and interventions reflect the assessments conducted and the identified requirements of the residents. Interviews with staff (registered nurses and caregivers) and relatives confirmed involvement of families in the care planning process. Dressing supplies were available and a treatment room was stocked for use. Continence products were available and resident files included a urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice was available as needed and this could be described. Wound assessment and wound management plans were in place for ten residents.
<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	There is a qualified diversional therapist and two recreation assistants who work Monday and Thursday and two volunteers. The activities staff provided an activities programme over five days a week with activities arranged for the weekends. The programme is planned monthly and residents received a personal copy of planned monthly activities. Activities planned for the day were displayed on notice boards around the facility. A diversional therapy plan is developed for each individual resident based on assessed needs. Residents' were encouraged to join in activities that were appropriate and meaningful and were encouraged to participate in community activities. Residents were observed participating in activities on the days of audit. Resident meetings and satisfaction surveys provided a forum for feedback relating to activities. Residents and family members interviewed

		discussed satisfaction with the programme and the diversity offered to all residents.
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	Care plans reviewed were updated as changes were noted in care requirements. Care plan evaluations are comprehensive, related to each aspect of the care plan and recorded the degree of achievement of goals and interventions. Short-term care plans are utilised for residents and any changes to the long-term care plan were dated and signed. Short-term care plans were in use. Care plans are evaluated within the required time frames.
<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	The service facilitates access to other services (medical and non-medical) and where access occurred, referral documentation is maintained. Residents' and or their family are involved, as appropriate, when referral to another service occurs.
<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	All chemicals are appropriately stored and labelled with manufacturer labels. There are designated areas for storage of cleaning/laundry chemicals and chemicals were stored securely. Product use charts were available and the hazard register identifies hazardous substances. Gloves, aprons, and goggles are available for staff. Safe chemical handling training has been completed by staff.
<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	Masonic Court provides a clean and safe environment, which are well maintained and appropriate for its purpose. Reactive and preventative maintenance occurs. The building holds a current warrant of fitness (13 June 2015). Electrical equipment is checked annually by an approved technician. The external areas and gardens are well maintained. There is wheelchair access to all areas. The lounge area and activities lounge are spacious and seating arrangements provide for individual and group activities. All required equipment is available. There are quiet, low stimulus areas that provide privacy when required. The outside area for residents is well designed and appropriate for residents who like to go outside.
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p>	FA	There is sufficient toilets and showers for the residents. Communal toilets and bathrooms have appropriate signage and shower curtains

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.		installed.
Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.	FA	The resident rooms were spacious enough to meet the assessed resident needs. Residents were able to manoeuvre mobility aids around the bed and personal space. All beds height were able to be adjusted appropriately for the residents. Caregivers interviewed reported that rooms have sufficient space to allow cares to take place. The bedrooms were personalised.
Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.	FA	There is a large lounge and spacious dining room, plus small seating areas. There was also a large activities lounge. The dining room was located directly off the kitchen/servery area. All areas are easily accessible for the residents. The furnishings and seating are appropriate for the consumer group. Residents interviewed report they were able to move around the facility and staff assisted them when required.
Standard 1.4.6: Cleaning And Laundry Services Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.	FA	There is a separate laundry area where all linen and personal clothing is laundered by designated laundry staff. There are secure cleaners cupboard with cleaners trolleys. Staff have attended infection control and safe chemical handling education and there was appropriate protective clothing available. Manufacturer's data safety charts are available. Residents and family interviewed reported satisfaction with the laundry service and cleanliness of the rooms and the facility.
Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations.	FA	The service has an approved evacuation plan dated 10 November 1998. Six monthly fire drills are held the last one being February 2015. Staff receive training in emergency management. There is at least one first aider on duty at all times. There is an emergency plan and disaster preparedness policies and procedures. There is adequate water store, food supply, barbeques and civil defence equipment available in the event of an emergency. The call bell system is available in all bedrooms, bathrooms and communal areas. The facility is secure after hours.

<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>All communal and resident bedrooms have external windows with plenty of natural sunlight. General living areas and resident rooms are appropriately heated and ventilated. Residents and family interviewed stated the environment was warm and comfortable.</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>PA Low</p>	<p>The infection control coordinator is the Registered Nurse (job description sighted). The infection control committee comprise of representatives across the clinical and non-clinical services. Infection control matters and monthly data are discussed at the infection control and health and safety committee meetings. The meetings are chaired by the manager.</p> <p>Visitors are asked not to visit if they have been unwell. Influenza vaccines are provided. There are hand sanitizers throughout the facility and adequate supplies of personal protective equipment. Residents and staff are offered influenza vaccines.</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>Infection control is managed by the infection control coordinator and infection control committee. The infection control coordinator has attended external education. There is access to an external infection control specialist, district health board (DHB) infection control nurse, public health, GP and laboratory personnel. The service has an outbreak management kit that is readily available.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	<p>FA</p>	<p>D 19.2a: The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes the infection control programme, responsibilities and oversight, training and education of staff.</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 coordinator is responsible for coordinating/providing education and training to staff (link 1.2.7.5). Resident education is expected to occur as part of providing daily cares and discussed at resident meetings as appropriate.</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>There is a policy describing surveillance methodology for monitoring of infections. The infection control coordinator collates information monthly. Surveillance data is used to determine infection control activities and education needs in the facility. Definitions of infections are in place appropriate to the complexity of service provided. Infection control data is reported at the committee meetings. Information is displayed for staff. Trends are identified and quality initiatives put in place such as providing hand hygiene facilities in all bedrooms. There have been no outbreaks.</p> <p>Systems are in place are appropriate to the size and complexity of the facility.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>There is a documented definition of restraint and enablers which is congruent with the definition in NZS 8134.0. The policy includes restraint procedures. The policy identifies that restraint is used as a last resort. There were no enablers or restraints in use. The registered nurse is the restraint coordinator. Training in restraint and challenging behaviour is provided. Restraint/enablers are discussed at the clinical meetings.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.1.13.3</p> <p>An up-to-date complaints register is maintained that includes all complaints, dates, and actions taken.</p>	PA Low	There were six concerns/complaints to date for 2015. Investigations were documented.	Four out of five complaints did not evidence follow-up and resolution to the satisfaction of the complainant. The complaints register is not up-to-date.	<p>Ensure documentation reflects complaints are followed-up and resolved to the satisfaction of the complainant. Maintain a current complaints register.</p> <p>90 days</p>
<p>Criterion 1.2.3.8</p> <p>A corrective action plan addressing areas requiring improvement in order to meet the specified Standard or requirements is developed and implemented.</p>	PA Low	The internal audit programme includes audits for support services, clinical audits and environmental. Audits are delegated to appropriate personnel to complete. An audit results from summarises the outcome and identifies areas for corrective action	Three out of five internal audits completed for this year do not have corrective actions/recommendations signed off	<p>Ensure corrective actions are signed off when completed.</p> <p>90 days</p>

<p>Criterion 1.2.7.3</p> <p>The appointment of appropriate service providers to safely meet the needs of consumers.</p>	PA Low	Performance appraisals were current in two of seven staff files sampled.	Performance appraisals had not been completed annually in five of seven staff files sampled.	<p>Ensure performance appraisals are completed annually.</p> <p>180 days</p>
<p>Criterion 1.2.7.5</p> <p>A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.</p>	PA Low	There is a 2015 education planner in place. There has been good staff attendance in-service. RN's have access to external education.	Staff have not attended Code of Rights, open disclosure and complaints management within the last two years. Staff have not attended annual infection control education	<p>Ensure all staff attend compulsory education requirements.</p> <p>90 days</p>
<p>Criterion 3.1.3</p> <p>The organisation has a clearly defined and documented infection control programme that is reviewed at least annually.</p>	PA Low	The 2014 infection control programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. The 2015 infection control programme is currently being developed.	There has been no annual review of the infection control programme.	<p>Ensure the infection control programme is reviewed annually.</p> <p>90 days</p>

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

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

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

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

No data to display
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End of the report.