

Tui House Limited

Introduction

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

The audit has been conducted by Health Audit (NZ) 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:	Tui House Limited
Premises audited:	Tui House
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 8 April 2015 End date: 10 April 2015
Proposed changes to current services (if any):	Ten beds are identified in Cecelia House as suitable for dual purpose beds as part of this audit.
Total beds occupied across all premises included in the audit on the first day of the audit:	69

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

Tui House can provide care for up to 74 residents. This certification audit was conducted against the Health and Disability Service Standards and the service contract with the District Health Board. A partial provisional audit was also undertaken to establish the level of preparedness of the provider to provide a further 10 dual purpose beds from rest home level care in one of the buildings named Cecelia House (verified as being able to provide rest home beds on 22 November 2013).

The audit process included the review of policies, procedures and residents and staff files, observations and interviews with residents, family, management, staff and a medical officer.

The management team includes the owner/registered nurse, facility manager, clinical nurse manager and assistant manager and they remain responsible for the overall management of the facility. Service delivery is monitored. Staffing levels were reviewed for anticipated workloads and acuity and the staffing policy adjusted to support the dual purpose beds in the one building.

The service has received a rating of continuous improvement for the activities programme.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Staff were able to demonstrate an understanding of residents' rights and obligations. This knowledge was incorporated into their daily work duties and caring for the residents. Residents were treated with respect and received services in a manner that considered their dignity, privacy and independence. Information regarding resident rights, access to advocacy services and how to lodge a complaint is available to residents and their family.

The residents' cultural, spiritual and individual values and beliefs were assessed on admission. Staff ensure that residents are informed and have choices related to the care they receive. All residents and family interviewed praised the service for care and support provided.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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Tui House has a documented quality and risk management system that supports the provision of clinical care and support. Policies are reviewed by the management team annually and quality and risk performance is reported through meetings at the facility and monitored by the organisation's management team. Review of service delivery includes incidents/accidents, infections, complaints and reports from the internal audit programme. The current quality improvement programme already includes review of residents receiving hospital level care.

There are human resource policies implemented around recruitment, selection, orientation and staff training and development.

Staff identified that staffing levels are adequate and interviews with residents and relatives demonstrated that they have adequate access to staff to support residents when needed. Staff are allocated to support residents as per their individual needs.

A review of staffing has been completed to ensure that there will be a registered nurse on duty at all times in the building named Cecelia House is confirmed through this partial provisional audit as being appropriate for ten dual purpose beds when residents requiring hospital level care are admitted. Staffing will be increased in Cecelia House as required according to the dependency of residents admitted.

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.		All standards applicable to this service fully attained with some standards exceeded.
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The entry criteria for the rest home and hospital level of care is clearly documented and communicated to the potential resident, family/whanau and referring agencies. If entry to the service was to be declined, a record was maintained and the potential resident and/or their family/whānau were referred to a more appropriate service.

Residents received timely, competent, and appropriate services in order to meet their assessed needs and desired outcome/goals. Each stage of service provision is undertaken by suitably qualified and/or experienced staff who are competent to perform the function. The processes for assessment, planning, provision, evaluation, review, and exit was provided within time frames that safely met the needs of the resident and contractual requirements. The service was coordinated in a manner that promoted continuity in service delivery and promoted a team approach to care delivery.

The needs, outcomes, and/or goals of residents are identified through the assessment process and were documented to serve as the basis for care planning. The care plans described the required supports and/or interventions to achieve the desired outcomes. The provision of services and interventions was consistent with, and contributed to, meeting the residents' needs. The care was evaluated at least six monthly, or sooner if there was a change in the residents' needs. Where progress was different from expected, the service responded by initiating changes to the care plan or with the use of short term care plans.

Resident support for access or referral to other health and/or disability service providers was appropriately facilitated or provided to meet residents' needs. Staff identified, documented, and minimised risks associated with each residents transition, exit, discharge or transfer.

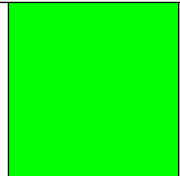
The service provided a planned activities programme. The activities were planned and provided to develop and maintain skills and interests that were meaningful to the resident. The activities programme is a strength of the organisation.

There were processes in place for safe medicine management. Staff responsible for medicine management were assessed as competent to perform the function for each stage they manage.

The residents expressed high praise for the meal services. The menu was reviewed by a dietitian as suitable for the older person living in long term care.

All processes and systems are in place in Cecelia House (through this partial provisional audit to accommodate ten dual purpose beds) to support residents who require hospital level care.

Safe and appropriate environment

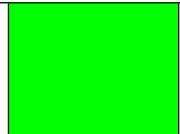
Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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All building and plant comply with legislation with a current building warrant of fitness was displayed. A preventative and reactive maintenance programme includes equipment and electrical checks. The environment is appropriate to the needs of the residents with both buildings having suitable rooms designated as dual purpose rooms (10 confirmed as being appropriate during the audit). The additional rooms in Cecelia House gives a total of 41 dual purpose beds in the two buildings located on the same site. The fixtures, fittings, floor and wall surfaces are made of accepted materials for this environment

Resident rooms are of an appropriate size to allow for care to be provided and for the safe use and manoeuvring of mobility aids.

Essential emergency and security systems are in place with regular fire drills completed. Call bells allow residents to access help when needed and residents stated that these are answered in a timely manner.

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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Currently the service has no recorded restraints in use and some residents require the use of enablers. When enablers are used, these were voluntary and the least restrictive option. The only items used as enablers are lap belts on electric wheel chairs and a bed loop, these do not restrict the resident's normal movement and are used to maintain independent mobility.

Staff education covers all required aspects of restraint and enabler use along with alternatives to restraint and behavioural management. Staff were able to verbalise their knowledge and understanding of all correct restraint processes as identified in policy.

Infection prevention and control

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

Standards applicable to this service fully attained.

There is a managed environment, which minimised the risk of infection to residents, service providers, and visitors. The service has a clearly defined and documented infection control programme that is reviewed at least annually. There were adequate human, physical, and information resources to implement the infection control programme and meet the needs of the service. The documented policies and procedures for the prevention and control of infections reflect current accepted good practice and relevant legislative requirements. These policies and procedures are practical, safe, and suitable for the rest home and hospital level of care.

Surveillance for infection was conducted monthly with agreed objectives, priorities, and methods that have been specified in the infection control programme. Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes were acted upon, evaluated, and reported to staff and management in a timely manner. The infection control committee is incorporated into the staff meetings.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	1	44	0	0	0	0	0
Criteria	1	92	0	0	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Staff received education on the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) during their induction to the service and through the annual mandatory education programme. All staff have had training in 2014 and 2015.</p> <p>Interviews with the staff confirmed their understanding of the Code.</p> <p>Examples were provided on ways the Code was implemented in their everyday practice, including maintaining residents' privacy, giving them choices, encouraging independence and ensuring residents could continue to practice their own personal values and beliefs.</p> <p>The information pack provided to residents on entry includes how to make a complaint, code of rights pamphlet and advocacy information.</p> <p>The auditors noted respectful attitudes towards residents and family members.</p>
<p>Standard 1.1.10: Informed Consent</p>	FA	<p>There is an informed consent policy and procedure that directs staff in relation to the gathering of informed consent. Staff ensured that all</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>		<p>residents are aware of treatment and interventions planned for them, and the resident and/or significant others are included in the planning of that care.</p> <p>All resident files identified that informed consent was collected.</p> <p>Interviews with staff confirmed their understanding of informed consent processes.</p> <p>The service information pack included information regarding informed consent. The registered nurse, owner/registered nurse or the clinical nurse manager discuss informed consent processes with residents and their families/whānau during the admission process.</p> <p>The policy and procedure includes guidelines for consent for resuscitation/advance directives. A review of files noted that all had appropriately signed advanced directives.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	<p>FA</p>	<p>Information on advocacy services through the Health and Disability Commissioner's (HDC) Office is provided to residents and families. Written information on the role of advocacy services is also provided to complainants at the time when their complaint is being acknowledged. Resident information around advocacy services is available in both buildings.</p> <p>Staff training on the role of advocacy services is included in training on Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) – last provided for staff in 2014 and 2015.</p> <p>Discussions with family and residents identified that the service provided opportunities for the family/EPOA to be involved in decisions and they stated that they have been informed about advocacy services.</p> <p>The resident files included information on resident's family/whānau and chosen social networks.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	<p>FA</p>	<p>The service has an open visiting policy. Residents may have visitors of their choice at any time. The facility is secured in the evenings and visitors could arrange to visit after doors are locked.</p> <p>Families interviewed confirmed they could visit at any time and were</p>

		<p>always made to feel welcome.</p> <p>Residents were encouraged to be involved in community activities and to maintain family and friends networks.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The organisation's complaints policy and procedures is in line with the Code and included periods for responding to a complaint. Complaint forms are available at the entrance.</p> <p>A complaints register is in place and the register included the date the complaint was received; the source of the complaint; a description of the complaint; and the date the complaint was resolved. Evidence relating to each lodged complaint was held in the complaint's folder.</p> <p>Two complaints reviewed indicated that the complaints were investigated promptly with the issues resolved in a timely manner.</p> <p>Residents and family members interviewed stated that they would feel comfortable complaining.</p> <p>The owner/registered nurse stated that there have been no complaints with the Health and Disability Commission since the previous audit or with other authorities.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>The owner/registered nurse, clinical nurse manager or a registered nurse discusses the Code, including the complaints process with residents and their family on admission.</p> <p>Discussions relating to the Code can also be held at the monthly resident meeting.</p> <p>Residents and family interviews confirmed their rights were being upheld by the service.</p> <p>Information regarding the Health and Disability Advocacy Service is clearly displayed in the facility in both buildings with pamphlets provided to residents in the units. If necessary, staff could read and explain information to residents as stated by the caregivers and registered nurses interviewed. Information is also given to next of kin or enduring power of attorney (EPOA) to read to and discuss with the resident in private.</p> <p>Residents and family members were able to describe their rights and</p>

		advocacy services particularly in relation to the complaints process.
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>The service has a philosophy that promotes dignity and respect and quality of life.</p> <p>The service has policies and procedures that are aligned with the requirements of the Privacy Act and Health Information Privacy Code. Resident support needs are assessed using a holistic approach. The initial and on-going assessment included gaining details of people's beliefs and values with care plans completed with the resident and family member (confirmed by residents and family interviewed). Interventions to support these were identified and evaluated.</p> <p>Residents were addressed by their preferred name and this was documented in files reviewed.</p> <p>A policy is available for staff to assist them in managing resident practices and/or expressions of sexuality and intimacy in an appropriate and discreet manner with strategies documented to manage any inappropriate behaviour.</p> <p>The service ensures that each resident has the right to privacy and dignity and this is recognised and respected. The residents own personal belongings were used to decorate their rooms. Discussions of a private nature are held in the resident's room and there are areas in the facility which could be used for private meetings.</p> <p>Caregivers interviewed reported that staff knock on bedroom doors prior to entering rooms, ensure doors are shut when cares are being given and do not hold personal discussions in public areas – observed on the days of the audit. Residents and families interviewed confirm the residents' privacy is respected.</p> <p>Caregivers interviewed reported that they encourage residents' independence by encouraging them to be as active as possible. Residents who are more independent occupy the units and residents from the units and houses were seen to come and go into the community on the days of the audit.</p> <p>The service is committed to the prevention and detection of abuse and neglect by ensuring provision of quality care. Staff receive annual training on abuse and neglect. Staff were aware of the signs of abuse</p>

		<p>and neglect.</p> <p>Resident files reviewed identified that cultural and /or spiritual values and individual preferences are identified.</p> <p>There are church services at least weekly with some residents choosing to go to their own church in the community.</p> <p>There are clear instructions provided to residents on entry regarding responsibilities of personal belongings in their admission agreement.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>The service implements the policy around the Maori Health Plan and cultural safety procedures to eliminate cultural barriers. The rights of the residents/family to practise their own beliefs are acknowledged in the Maori health plan.</p> <p>Links to local kaumatua and Maori services are through the District Health Board and through Taikura Trust.</p> <p>There are at least 30% of residents who identify as Maori and there are staff who identify as Maori.</p> <p>Staff reported that specific cultural needs are identified in the residents' care plans and this was sighted in files reviewed.</p> <p>Staff were aware of the importance of whanau in the delivery of care for the Maori residents.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>The service identifies each resident's personal needs from the time of admission. This is achieved with the resident, family and/or their representative.</p> <p>There is a culture of choice with the resident determining when cares occur, times for meals, choices in meals, choices in activities etc. Caregivers were able to give examples of how choice was given to residents who have English as a second language e.g. for one resident who has basic English only although the resident can understand a lot of English. Family are encouraged to be actively engaged in the resident's care.</p> <p>Residents and family are involved in the assessment and the care planning processes. Information gathered during assessment included the resident's cultural values and beliefs. This information was used to</p>

		<p>develop a care plan.</p> <p>Residents at the facility come from diverse ethnic backgrounds and are supported by staff from equally diverse cultural backgrounds. Residents and family interviewed described the service as being culturally responsive to their needs and of staff being key in the ability of residents and families forming positive social relationships with each other.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>The facility implements policies and processes to ensure staff are aware of good practice and boundaries relating to discrimination, abuse and neglect, harassment and exploitation. Mandatory training includes discussion of the code of conduct and prevention of inappropriate care.</p> <p>Job descriptions included responsibilities of the position, ethics, advocacy and legal issues with a job description sighted in staff files reviewed.</p> <p>The orientation and employee agreement provided to staff on induction included standards of conduct. Interviews with staff confirmed their understanding of professional boundaries, including the boundaries of the caregivers' role and responsibilities.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>Policies at Tui House are aligned with the health and disability services standards and are reviewed two yearly and as changes occur. A quality framework supports an internal audit programme.</p> <p>There is a training programme for all staff. Specialised training and related competencies were in place for the registered nursing staff.</p> <p>Residents and families interviewed expressed a high level of satisfaction with the care delivered.</p> <p>The general practitioner reported a high standard of care provided at the service. The general practitioner confirmed that the service is able to cater for more residents requiring hospital level care.</p> <p>The management team provides hands-on support for staff.</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>Accident/incidents, the complaints procedure and the open disclosure procedure alert staff to their responsibility to notify family/enduring power of attorney of any accident/incident that occurs. These procedures guided staff on the process to ensure full and frank open</p>

		<p>disclosure was available. Family were informed if the resident had an incident, accident, had a change in health or a change in needs, as evidenced in completed accident/incident forms.</p> <p>Family contact was recorded in residents' files.</p> <p>Interviews with family members confirmed they were kept informed. Family also confirmed that they were invited to the care planning meetings for their family member and could attend the resident meetings.</p> <p>Interpreter services were available from the District Health Board. There were no residents requiring interpreting services and one resident with limited English has family who are actively engaged in the service. Staff were able to describe interpreting body language and sounds for one resident who was non-verbal with the family identified as a key advocate for the resident.</p> <p>The information pack was available in large print and this could be read to residents.</p> <p>Staff had training around communication in 2014.</p> <p>Residents signed an admission agreement on entry to the service. This provided clear information around what is paid for by the service and by the resident.</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>Tui House Limited is governed by the owner/registered nurse and is one of two age care facilities owned. Tui House has a management team that includes the owner/registered nurse, clinical nurse manager, assistant manager and facility manager. All work closely together with a monthly management meeting documented.</p> <p>There is a documented mission, values and goals. These were communicated to residents, staff and family through information in booklets and in staff training provided annually.</p> <p>The facility can provide care for up to 74 residents with 69 occupied during the audit (17 residents requiring hospital level care and 48 requiring rest home level care). Cecelia House - verified November 2013 to provide 24 as rest home beds is a purpose built building separate to the existing building (same site) ten beds of these beds</p>

		<p>were confirmed during this audit as being appropriate for dual purpose beds. This brings the number of dual purpose beds in both buildings to 41. There are no changes to governance or management required to support the additional 10 dual purpose beds.</p> <p>The owner/registered nurse has over 15 years' experience in aged care having owned the two facilities for the last nine years. She has completed training in aged care related topics.</p> <p>The clinical nurse manager has over five years' experience in aged care including hospital and rest home. She has completed an NZQA 8086 audit course and the InterRAI training. She has been employed in the role since 2010. Day to day operations are the responsibility of the facility manager. The facility manager has 15 years' experience as a caregiver and has been in the role since 2008. The assistant manager is newly appointed and has a bachelor in psychology.</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 the absence of the clinical nurse manager, the owner/registered nurse provides support. The management team works as a team and takes responsibility for relieving for each other when one is absent.</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>	FA	<p>There is a documented quality and risk management framework to guide practice. The business plan identified specific areas for development and the plan is reviewed by the owner/registered nurse with input from the managers.</p> <p>The service implements organisational policies and procedures to support service delivery. All policies are subject to reviews as required with all policies current. Policies are linked to the Health and Disability Sector Standard, current and applicable legislation, and evidenced-based best practice guidelines. Policies were readily available to staff in hard copy.</p> <p>Service delivery is monitored through complaints, review of incidents and accidents, surveillance of infections, and implementation of an internal audit programme with corrective action plans documented and evidence of resolution of issues completed. There is documentation that included collection, collation, and analysis of data.</p>

		<p>Meeting minutes evidenced communication with all staff around all aspects of quality improvement and risk management. Meetings included two weekly registered nurse meetings, monthly management, staff and resident meetings and quarterly quality meetings. Staff, residents and family reported that they were kept informed of quality improvements.</p> <p>There was an annual family and resident satisfaction survey with a high level of satisfaction documented.</p> <p>The organisation has a risk management programme in place. Health and safety policies and procedures are documented along with a hazard management programme. There was evidence of hazard identification forms completed when a hazard is identified. Hazards were addressed or risks minimised or isolated.</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>The management team was aware of situations in which the service would need to report and notify statutory authorities including police attending the facility, unexpected deaths, critical incidents, infectious disease outbreaks. There were no times since the last audit when authorities have had to be notified.</p> <p>The funder at the District Health Board and HealthCERT have been notified of the intention to use this audit as an opportunity to confirm that 10 beds in one building currently used for residents requiring rest home level of care only. Confirmation was received on the 9 April 2015 (email forwarded) from the district health board and HealthCERT.</p> <p>The service is committed to providing an environment where all staff are able and encouraged to recognise and report errors or mistakes.</p> <p>Staff receive education at orientation and as part of the ongoing training programme on the incident and accident reporting process. Staff understood the adverse event reporting process and their obligation to documenting all untoward events.</p> <p>Twelve incident reports reviewed had a corresponding note in the progress notes to inform staff of the incident. There was evidence of open disclosure for each recorded event either on the incident form or in the progress notes.</p> <p>Information gathered around incidents and accidents was analysed with</p>

		evidence of improvements put in place.
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>The owner/registered nurse, registered nurses and the clinical nurse manager held current annual practising certificates along with other health practitioner's involved with the service.</p> <p>Staff files included appointment documentation e.g. signed contracts, job descriptions, reference checks and interviews. There was an annual appraisal process in place. First aid certificates were held in the staff files with at least one staff member on duty with a first aid certificate.</p> <p>All staff completed an orientation programme and caregivers were paired with a senior staff member for shifts.</p> <p>The organisation has a mandatory education and training programme. Staff attendances are documented. Education and training hours was at least eight hours a year for each staff member.</p> <p>Staff who will be working in the building with the 10 dual purpose beds have already had training relevant to caring for residents requiring hospital level of care.</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>	FA	<p>The staff consideration policy is the foundation for work force planning. Staffing levels were reviewed for anticipated workloads, identified numbers and appropriate skill mix, or as required due to changes in the services provided and the number of residents. Rosters sighted reflected staffing levels that met resident acuity and bed occupancy with staff replaced if on leave.</p> <p>There were 51 staff including six registered nurses, two activities coordinators and 27 caregivers. The clinical nurse manager and the owner/registered nurse also provide hands on support for staff and residents.</p> <p>There is always at least one registered nurse on each shift in one building with two nurses often rostered onto morning duties. The second building, with the 10 dual purpose beds, will have a registered nurse rostered onto each shift as soon as there is one or more residents requiring hospital level of care – confirmed by the owner/registered nurse and as described in the staffing policy. The staffing policy also states that other staff will be added as per the acuity and needs of</p>

		<p>residents.</p> <p>Residents and families interviewed confirmed staffing was adequate to meet the residents' needs.</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 service retains relevant and appropriate information to identify residents and track records. This includes information gathered at admission, with the involvement of the family. There is sufficient detail in resident files to identify residents' ongoing care history and activities.</p> <p>There are policies and procedures in place for privacy and confidentiality. Staff could describe the procedures for maintaining confidentiality of resident records. Files and relevant resident care and support information could be accessed in a timely manner.</p> <p>Entries are legible, dated and signed by the relevant caregiver, registered nurse or other staff member including designation.</p> <p>Resident files are protected from unauthorised access by being locked away in an office.</p> <p>Information containing sensitive resident information was not displayed in a way that could be viewed by other residents or members of the public. Individual resident files demonstrated service integration. This included medical care interventions. Medication charts were in a separate folder with medication.</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>The care facility provides rest home and hospital level care. The service had a number of residents with mental health issues, though they do not require secure dementia or psychogeriatric levels of care. The service has two residents under the age of 65 and four residents on individual funding through ACC (one of these residents is also under the age of 65). The service has enquiries for admission and pre-admission assessment forms. A younger person under the age of 65 and an ACC resident file are reviewed as part of the files sampled. The residents were required to have an assessment for the appropriate level of care. There is a pre-admission assessment conducted to ensure the service can meet the identified needs of the potential resident. The entry criteria, assessment and entry process was clearly documented and communicated to the potential resident and family/whanau.</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>	<p>FA</p>	<p>When admission was required to the acute care hospital, the service utilised the DHBs transfer form/envelope. The referral process documented any risks associated with each resident's transition, exit, discharge, or transfer. This included expressed concerns of the resident and family/whānau and a copy of any advance directives. With the transfer form/envelope, the RN reported that the service also provided a copy of any other relevant information, such as medication chart. A file of a resident reviewed with a recent admission to the acute care hospital evidenced that the transfer to and from the hospital was effectively managed.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Most of the medicines were supplied by the pharmacy in a pre-packed administration system. The medicines that were not pre-packed, such as liquid medicines, were individually supplied for each resident. The medicines and pre-packed medicine sheets were checked for accuracy by the RN when they were delivered. The pre-packed medicines and the signing sheets were compared against the medicine prescription. The GP conducted medicine reconciliation on admission to the service and when the resident had any changes made by other specialists. Safe medicine administration was observed.</p> <p>The medicines and medicine trolley were securely stored in both Cecelia House and the Hospital sections of the service. The medicine fridges were monitored for temperature daily, with the sighted temperatures within medicine storage guidelines. The medications in the hospital were stored and administered safely. All the medicine charts sighted had prescriptions that complied with legislation and aged care best practice guidelines. Each medicine was signed by the GP and had the required level of documentation to allow safe administration of the medicines. The medicine charts recorded the regular, short course and PRN medicines for each resident. When medicines were discontinued, these were signed and dated by the GP. The medicine charts sighted had a current photo of the resident and recorded any medicine related allergies. Sample signature verification was recorded for all staff who administer medicines. All of the medicine charts were reviewed by the GP in the past three months.</p>

		<p>Medication competencies were sighted for all staff who assisted with medicine management, this included the RNs and caregivers. The medication competencies cover routes of administration. Medications competencies are conducted at least annually or more frequently if there has been a medication administration error.</p> <p>The RN reported that there were no residents who self-administer medicines. The service has policies, procedures and self-administration guidelines to assess if a resident was competent to administer their own medicines.</p> <p>Partial provisional audit:</p> <p>The medication management system in Cecilia House is suitable for residents at hospital level of care. There are appropriate systems for prescribing, administration storage disposal and review of medicines.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The menu was reviewed by a dietitian as suitable for the older person living in long term care. No major changes had occurred to the menu since the last dietitian review. The service has a four week rotational menu with seasonal variations. Residents were routinely weighed at least monthly, and more frequently when indicated. Residents with additional or modified nutritional needs or specific diets had these needs met. The residents reported satisfaction with the meals and fluids provided. The food satisfaction survey conducted in October 2014 recorded 100% satisfaction with the size of the meals, variety and choices, sufficient input into meal planning and there is enough staff to assist at meal times.</p> <p>There are kitchens in the hospital building and the newer Cecelia House. Each kitchen is fully equipped and staffed to meet the needs of the residents. All aspects of food procurement, production, preparation, storage, delivery and disposal complied with current legislation and guidelines. Fridge and freezer recordings were undertaken daily and met requirements. All foods sighted in the freezer were in their original packaging or labelled and dated if not in the original packaging. Evidence was seen of all kitchen staff having completed safe food handling certificates and ongoing in house education.</p> <p>Partial Provisional audit:</p>

		The kitchen and nutritional services in Cecelia House are suitable for residents at hospital level of care. The kitchen can cater for additional nutritional needs, texture modified diets and any specialised equipment that would be required for residents at hospital level of care.
<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 clinical manager reported that they have not declined entry to any potential residents who have an appropriate needs assessment. The manager reported that if entry to the service was to be declined the referrer, potential resident and where appropriate their family/whānau would be informed of the reason for this and of other options or alternative services. The services enquiry form had a section to record reason for declining an admission if this was to occur.</p> <p>The admission agreement contained information on the termination of the agreement. The admission agreement documented if the residents needs changed and the service can no longer provide a safe level of care to meet the needs of the resident, they would be reassessed for the appropriate level of care. The manager reported residents requiring secure dementia care, psychogeriatric care and some complex medical issues have required to be transferred to a more appropriate facility.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	The service uses the interRAI assessment tools for the residents. The interRAI assessment, along with the organisational paper based assessment tools serve as a basis for identify needs and developing the care plan. The service used additional assessment tools for skin integrity/pressure area risk, falls risk, continence assessment, behaviour management, pain assessments and nutritional assessment. The assessment processes sighted in the resident's files covered the resident's physical, psycho-social, cultural and spiritual needs.
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	The service use of the interRAI assessment and uses their own care plan format. All the care plans reviewed evidenced individualised care plans that reflected the resident's individual needs. The files of the residents reviewed using tracer methodology had appropriate care plans that identified the resident's needs and care requirements for weight management and surgical wound treatment. The residents' files and care plans demonstrated service integration. The resident's files had one main folder that contained the medical information, nursing assessment, care plan, routine observations, activities, therapies, family

		<p>correspondence and specialist consultations.</p> <p>The residents and family/whanau interviewed reported that the staff have excellent knowledge and care skills. The families expressed that the involvement the care facility and residents had in the local community is a 'real strength' of the service. The GP interviewed expressed satisfaction with the care provided.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>The provision of services and interventions was consistent with, and contribute to, meeting the residents' assessed needs, and desired outcomes. The care plan format records the resident's needs, goals/aims and interventions. The care plans reviewed were individualised and personalised to meet the assessed needs of the resident. The care was flexible and focused on promoting quality of life for the residents. The service also conducted a review of the resident's satisfaction six weeks after admission, these indicated that the service is meeting the needs of the residents. All residents and family/whanau interviewed reported satisfaction with the care and service delivery.</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>	CI	<p>The residents were included in meaningful activities at the care facility and as part of the wider community. Feedback was sought from residents at the residents meeting and during activities. The residents and activities coordinator reviewed the activities every two weeks, and incorporated any feedback from the residents for inclusion or improvements in the activities programme. The activities programme is based on providing motivational activities for the residents. There are specific and modified activities for the higher level of care residents, cognitive impairment, the younger residents, group and individual activities. There are a number of smaller groups/clubs (such as walking, knitting, cards, gardening) that focus on these interests and are either run by the activities staff or run by the residents.</p> <p>The activities coordinator reported that they gauge the response of residents during activities and modified the programme related to resident's response and interests. The activities coordinator reported the activities are modified according to the capability and cognitive abilities of the residents. The activities programme covered physical, social, recreational and emotional needs of the residents. There was diversional therapy, activities, social and cultural assessments sighted in</p>

		<p>the residents' files reviewed. The activities coordinator used the assessments to develop an activities programme that was meaningful to the residents.</p> <p>Residents are encouraged and supported to participate in a range of community activities and support residents to keep up activities they took part in prior to coming into the service. For residents who are not able to independently participate in community activities, there are a number of community members who regularly visit the service and talk to residents, such as RSA, church services and local schools.</p> <p>The residents and family/whanau reported satisfaction with the activities provided.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Evaluations were documented, resident-focused, indicated the degree of achievement or response to the support and/or interventions, and progress towards meeting the desired outcomes. All the care plans sighted were developed, reviewed and evaluated at least six monthly.</p> <p>Where progress was different from expected, the service responded by initiating changes to the care plan or by use of short term care plans for temporary changes. Short term care plans were sighted in the files reviewed. Short term care plan have more frequent evaluations. The wound treatment plans sighted have documented evaluations of the wound at each dressing change. There was a white board in the nurse's office that documented when a resident was on a short term care plan.</p> <p>The residents and family/whanau interviewed reported high satisfaction with the care provided at the service.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	<p>FA</p>	<p>The service has one main GP, though residents were able to maintain their own GP if available. The RN or the GP arranged for any referral to specialist medical services when it was necessary. The residents files reviewed had appropriate referrals to other health and diagnostic services. Referrals were sighted for consultations that are appropriate to the assessment medical and nursing care and interventions. The GP interviewed reported that appropriate referrals to other health and disability services were well managed at the service. The GP reports that referrals, support and consultancy from other health specialists is one of the strengths of the service, supporting the complex and</p>

		specialised needs of residents.
<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 for the management of waste and hazardous substances were in place and incidents are reported on in a timely manner. Policies and procedures specify labelling requirements in line with legislation including the requirement for labels to be clear, accessible to read and are free from damage. Material safety data sheets are available throughout the facility and accessible for staff. The hazard register is current. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances.</p> <p>There was provision and availability of protective clothing and equipment that was appropriate to the recognized risks, for example: goggles/visors; gloves; aprons; footwear; and masks. Clothing was provided and used by staff. During a tour of the facility, protective clothing and equipment was observed in all high-risk areas.</p> <p>There are sharps bins for needles and staff describe these as being taken to the pharmacy when full. Continence products are bagged and then put into another rubbish bag. A contractor removes waste on a weekly basis.</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>A current building warrant of fitness is displayed – expiry date 13 November 2015. There have been no building modifications since the last audit.</p> <p>There is a planned maintenance schedule implemented. The following equipment is available: pressure relieving mattresses; shower chairs; chair scales, hoists and sensor alarm mats. There is an annual test and tag programme and annual calibration of medical equipment.</p> <p>Interviews with staff and observation of the facility confirmed there was adequate equipment.</p> <p>There are quiet areas throughout the facility for residents and visitors to meet and there are areas that provided privacy when required. During the audit, the deck and grass areas were well used with shade, seating and outdoor tables.</p> <p>There are two main buildings separated by an outdoor area and units. One building has residents requiring hospital and rest home level care</p>

		<p>(verified as appropriate for 31 dual purpose beds through a partial provisional audit completed 08 February 2013 with rooms 7, 8, 9 and one bed in Rm 35 not deemed appropriate as dual purpose bedrooms) and the second building has residents requiring rest home level of care (verified through an audit undertaken on 22 November 2013). Ten rooms in the second building (Cecelia House) have been confirmed as being appropriate for dual purpose use with all being tested on the day of the audit to confirm that a hoist and at least two staff could be in the room on either side of the bed. All doors are wide enough for an ambulance stretcher and an ambulance can access the main front door of the building. Rooms designated as being appropriate for dual purpose beds are 36, 37, 38, 39, 40, 41, 42, 43, 44, 45. The use of these rooms as dual purpose will allow residents already living in the building to stay in their home.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities 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>FA</p>	<p>There are adequate numbers of accessible toilets/bathing facilities located in each building with some rooms and all units having ensuites. Six of the bedrooms designated at this audit as being dual purpose have shared ensuites and there is a large bathroom/toilet that is able to accommodate equipment if required beside the other four rooms.</p> <p>Visitors, toilets and communal toilets are conveniently located close to communal areas. Communal toilet facilities have a locking system.</p> <p>Appropriately secured and approved handrails are provided in the toilet/shower/bathing areas, and other equipment/accessories was made available to promote resident independence.</p> <p>Residents and family members interviewed reported that there were sufficient toilets and showers.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>There is adequate personal space provided in all bedrooms to allow residents and staff to move around within the room safely. Residents interviewed all spoke positively about their rooms. Equipment was sighted in rooms requiring this (including the 10 rooms designated at this audit as being dual purpose) with sufficient space for both the equipment e.g. hoists, at least two staff and the resident.</p> <p>Rooms are personalized with furnishings, photos and other personal</p>

		<p>adornments and the service encourages residents to make the room their own.</p> <p>There is room to store mobility aids such as walking frames and mobility scooters.</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>Each building has lounge/dining areas that include areas that are used for activities with smaller lounge areas also available. Each unit has its own lounge/dining area. All areas are easily accessed by residents and staff. Residents are able to access areas for privacy, if required. Furniture is appropriate to the setting and arranged in a manner which enables residents to mobilise freely.</p> <p>Two family members interviewed particularly commented on the way in which their family member had 'blossomed' with more social interaction than when they were at home. They both stated that this had dramatically changed their family member's lives positively. The outdoor deck areas and courtyards are also used for activities including dining.</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>Laundry is subcontracted out. Personal laundry is done by staff in each building. There are plans to build a laundry and extra sluice room in one building in the future. Staff are required to return linen to the rooms. Residents and family members stated that the laundry was well managed and they get back their clothes in a timely manner.</p> <p>There are cleaners on site during the day, seven days a week. The cleaners have a lockable cupboard to store chemicals. All chemicals were in appropriately labelled containers. Cleaning is monitored through the internal audit process and through the annual satisfaction survey for residents with no issues identified in audits or surveys.</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>An evacuation plan was approved by the New Zealand Fire Service on 6 November 2013. There have been no building reconfigurations since this date. An evacuation policy on emergency and security situations is in place. A fire drill takes place six-monthly with a copy sent to the New Zealand Fire Service. The orientation programme includes fire and security training. Staff confirmed their awareness of emergency procedures. The lift has an annual check – last completed in September 2014 and displayed in the lift itself. There are also annual gas and hot</p>

		<p>water checks by an external contractor.</p> <p>There is always one staff member at least with a first aid certificate on duty.</p> <p>All required fire equipment was sighted on the day of audit and all equipment had been checked within required timeframes.</p> <p>A civil defence plan is in place. There are adequate supplies in the event of a civil defence emergency including food, water, blankets and gas BBQ's. A generator has been recently purchased.</p> <p>An electronic call bell system utilises a pager system. There are call bells in all resident rooms, resident toilets, and communal areas including the hallways, dining room and lounges. Call bell audits are routinely completed and residents and family stated that there were prompt responses to call bells.</p> <p>The doors are locked in the evenings. Staff complete a check in the evening that confirmed that security measures had been put in place. There are also security cameras monitoring areas around the units with gates locked at night. Residents and family are able to still get in and out of the gates if they choose to.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>There are procedures to ensure the service is responsive to resident feedback in relation to heating and ventilation, wherever practicable. Residents are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. There is a designated external smoking area.</p> <p>Family and residents interviewed confirm the facilities are maintained at an appropriate temperature.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>FA</p>	<p>The clinical nurse manager has the role of infection prevention and control coordinator. The job description for the infection control coordinator defined their roles and responsibilities. There were clear lines of accountability for infection control matters in the service through the staff, RN and management meetings. The staff meeting incorporates the infection control committee, which has representatives from management, care staff, education, kitchen, activities, household and health and safety.</p>

		<p>An annual review of the infection control programme has been conducted in the past 12 months. Reviews have been conducted for the rest home, hospital and the units. The review included the analysis of data for the past 12 months, education, actions implemented and review of the processes for the domestic, kitchen and care services.</p> <p>The service has policies about staff, residents and visitors suffering from, or exposed to and susceptible to, infectious diseases. Staff reported that they do not come to work if they were unwell. There was a notice in the staff room about different infections, signs and symptoms and exclusion periods from the workplace. Notices were placed at entrances at times of the year when there was an increased risk of infections to ask visitors not to visit if they are unwell, or had been exposed to others who are unwell. The infection control coordinator reported that residents were asked to stay in their room if they have an infection risk. There was sanitising hand gel throughout the service for residents, visits and staff.</p> <p>Partial provisional audit:</p> <p>The current infection control programme and management system would be suitable for hospital level of care residents in Cecelia House (which is currently all rest home level of care).</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>	FA	<p>The infection control coordinator attended ongoing education. The infection control coordinator demonstrated current knowledge of infection prevention and control best practice. The infection control coordinator reported they can access external advice from the previous infection control coordinator, the GP, product supplier, DHB and Ministry of Health services as required. Infection prevention and control was discussed at staff meetings. The fortnightly RN meeting also covers infection prevention and control and reviews in more detail issues and actions to be implemented for individual residents.</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</p>	FA	<p>The service used policies and procedures that were developed by a specialist infection prevention and control advisory service. The sighted policies and procedures are referenced to current accepted good practice. The infection control coordinator demonstrated sound knowledge on infection prevention and control. As observed at the time of audit staff demonstrated good infection prevention and control</p>

<p>are practical, safe, and appropriate/suitable for the type of service provided.</p>		<p>practices.</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>Infection control education is provided by the infection control coordinator, RNs and external specialists. This infection control coordinator maintained their knowledge of current practice. The in-service programme contained education and attendance sheets for infection prevention and control education sessions. The service also uses online education through the DHB. These sessions were referenced to current accepted good practice. Informal education was provided as required. The infection control coordinator gave examples of encouraging residents with fluids and personal hygiene for a resident who was having recurring urine infections. There is also more formal discussion of infection prevention and health promotion at the monthly residents meetings.</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 clinical manager (CM) is responsible for the surveillance programme for this service. Clear definitions of surveillance and types of infections (e.g. facility-acquired infections) were documented to guide staff. Information was collated on a monthly basis. Surveillance was appropriate for the size and nature of the services provided.</p> <p>Information gathered was clearly documented in the infection log maintained by the clinical manager/infection control coordinator. Surveillance for infection was carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme. Infection control processes were in place and documented.</p> <p>The infection control surveillance register included monthly infection logs and antibiotics use. The organisation had an internal benchmarking system. Infections were investigated and appropriate plans of action were sighted in meeting minutes. The surveillance results were discussed in the staff meeting.</p> <p>The service conducted monthly surveillance for infections. The service used standardised definitions of infections that are appropriate to the long term care setting.</p> <p>The infection and surveillance data is collated, analysed, trended and corrective actions implemented to reduce infections where indicated.</p>

		<p>The analysis report for 2015 records that there was an increase in chest infections. The staff meeting and RN meeting minutes recorded the actions implemented to reduce the infections, which included further staff education, increase in fluids, hand hygiene and informal education with the resident.</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>The service has implemented policy and procedures to guide staff in the safe use of restraint. This was confirmed in documentation sighted and during staff and management interviews. Policies identified that the use of enablers is voluntary and the least restrictive option to meet the needs of the resident to promote independence and safety.</p> <p>Currently there are no restraints in use. There are two residents with a safety belt and six residents with a bed loop as enablers. The enablers are used to provide safety for residents in electric wheelchairs or in the case of the bed loops to improve independence and mobility getting out of bed. The service conducts an annual review of restraint and enabler use (last conducted August 2014). This review records that the service has been able to avoid restraint use through effective management of challenging behaviours. The staff demonstrated good knowledge on enabler use and strategies for avoiding the use of restraints.</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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.3.7.1</p> <p>Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>	CI	<p>The service has conducted a formal review of the activities programme to look at ways at improving the residents and their family/whanau satisfaction with the home. The review of activities for the hospital level of care residents has demonstrated better interactions amongst social groups within the service. The residents who are more independent and live in the units are participating at greater levels in the planned activities programme, and a number of residents run some of the social activities and groups. The review of the activities programme has also focused on the diversity of the residents (younger, older, different levels of independence and cultural). The project includes conducting focus groups with residents to gain greater insight into what residents want and what will prove to further enhance the wellbeing of the residents. The feedback from the fortnightly review of the activities</p>	<p>Achievement beyond the expected full attainment was evidenced for how meaningful activities are planned, proved and facilitated to engage and motivate residents. A review process has occurred of the activities programme, review of activities attended and evaluations of the individual activities. The review process included analysis and reporting of findings as part of the project. There was evidence of action taken based on findings and improvements to service provision. As part of the review processes satisfaction surveys from residents and relative’s showed positive outcomes improving resident and family/whanau satisfaction within the service.</p>

		programme with the residents, the monthly residents meeting and feedback from resident and family/whanau satisfaction surveys has demonstrated positive feedback on what the activities programme has offered them.	
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End of the report.