

Seniorcare Geraldine Incorporated

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Seniorcare Geraldine Incorporated

Premises audited: Waihi Lodge Care Centre

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 16 April 2015 End date: 16 April 2015

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 17

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
	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

Waihi Lodge is a 19 bed rest home situated in Geraldine. The facility is governed by a community trust board. On the day of the audit there were 17 residents. Waihi Lodge is managed by a registered nurse who has been in the role for two months. The manager is also supported by a registered nurse and care staff. Family and residents interviewed spoke positively about the care and support provided.

This certification audit was conducted against the health and disability sector standards and the district health board contract. The audit process included the review of policies and procedures, the review of resident and staff files, observations and interviews with residents, family members, staff and management.

Improvements are required around completing internal audits, conducting annual appraisals for all employees, completing the annual education programme, aspects of care planning, aspects of medication documentation and staff competencies, review of the menu by a dietitian, aspects of kitchen management, ensuring staff have current first aid certificates, aspects of the maintenance programme and infection control training for the registered nurse.

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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The staff at Waihi Lodge strive to ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. The service functions in a way that complies with the Health and Disability Commissioner's Code of Consumers' Rights. Information about the code of rights and services is easily accessible to residents and families. Policies are implemented to support residents' rights. Information on informed consent is included in the admission agreement and discussed with residents and relatives. Care plans accommodate the choices of residents and/or their family/whānau. Complaints and concerns have been managed and a complaints register is maintained.

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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The quality and risk management programme includes service philosophy, goals and a quality planner. Residents meetings have been held three monthly and residents and families are surveyed annually. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported. Discussions with families identified that they are fully informed of changes in health status. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support.

Continuum of service delivery

<p>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.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Residents are assessed prior to entry to the service and a baseline assessment is completed upon admission. The admission agreement includes all requirements of the DHB contract. 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. Planned activities are appropriate to the resident's assessed needs and abilities and residents advised satisfaction with the activities programme. Medications are managed and administered in line with legislation and current regulations. There is no evidence of a dietitian review of the menu. The service provides meals that the residents and families report to be of a high standard. Fridge and freezer temperatures are not fully monitored.

Safe and appropriate environment

<p>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.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Waihi Lodge has a current building warrant of fitness. Reactive maintenance is carried out. There is a preventative maintenance schedule. Testing and tagging of electrical equipment, calibration of scales and hot water monitoring are not completed. Chemicals are stored securely and staff are provided with personal protective equipment. 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. There is not a staff member with a current first aid certificate on duty every shift. External garden areas are available with suitable pathways, seating and shade provided. Smoking is only permitted in designated external areas.

Restraint minimisation and safe practice

<p>Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.</p>		<p>Standards applicable to this service fully attained.</p>
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Waihi Lodge has restraint minimisation and safe practice policies and procedures in place. Staff receive training in restraint minimisation and challenging behaviour management. On the day of audit there were no residents with restraint and one enabler.

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.

Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidences that relevant infection control education is provided to all service providers as part of their orientation and also as part of the on-going in-service education programme. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated and reported to relevant personnel in a timely manner.

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	37	0	5	3	0	0
Criteria	0	83	0	6	4	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>Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) policy and procedure are being implemented. Discussions with staff (five caregivers, one activities coordinator, one registered nurse, and one manager) confirm their familiarity with the Code. Interviews with six residents and two relatives confirm the services being provided are in line with the Code of rights. Code of rights and advocacy training is required to be provided for staff (link #1.2.7.5).</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>The informed consent policy includes responsibilities and procedures for staff. Informed consent information is provided to residents and their families on admission. This is also discussed with residents and their families during the admission process and at resident reviews. Staff are familiar with the code of rights and informed consent. Informed consent forms are evident on all resident files reviewed. There is a resuscitation policy and advance directive policy and associated forms. A sample of five resident files all included signed consent forms.</p> <p>D13.1 there were five admission agreements sighted and these were all signed on the day of admission</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>An advocacy policy and procedure includes how staff can assist residents and families to access advocacy services. Contact numbers for advocacy services are included in the policy, in the resident information folder and in advocacy pamphlets that are available at reception. Residents' meetings include discussing previous meeting minutes and actions taken (if any) before addressing new items. Discussions with relatives identify that the service provides opportunities for the family/EPOA to be involved in decisions.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	<p>FA</p>	<p>Interviews with residents and relatives confirm that visiting can occur at any time. Family members were seen visiting on the day of the audit. Key people involved in the resident's life are documented in the care plans. Discussions with residents and relatives verify that they are supported and encouraged to remain involved in the community. Waihi Lodge staff support on-going access to community. Entertainers are invited to perform at the facility.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>A complaints policy and procedure are in place. Residents/family can lodge formal or informal complaints through verbal and written communication, resident meetings, and complaint forms. Information on the complaint's forms includes the contact details for the Health and Disability Advocacy Service. Complaints forms were available at reception. A review of the complaints log/register evidences that the appropriate actions have been taken in the management and processing of complaints. A complaints procedure is provided to residents within the information pack at entry.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>FA</p>	<p>The service provides information to residents that include the Code of Rights, complaints and advocacy information. Information is given to the family or the enduring power of attorney (EPOA) to read to and/or discuss with the resident. Interviews with residents and relatives identify they are well-informed about the code of rights. The manager and registered nurse provides an open-door policy for concerns or complaints.</p> <p>Resident meetings have been held providing the opportunity to raise concerns in a group setting. An annual resident satisfaction survey has been conducted. The survey includes questions relating to complaints process and residents rights, with respondents reporting they were overall satisfied or very satisfied.</p> <p>Advocacy pamphlets, which include contact details, are included in the information pack and are available at reception. The service has an advocacy policy that includes a definition of advocacy services, objectives and process/procedure/guidelines.</p>

<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>The service has policies which align with the requirements of the Privacy Act and Health Information Privacy Code. Staff were able to describe the procedures for maintaining confidentiality of resident records. 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. Church services are held weekly. Contact details of spiritual/religious advisors are available to staff. Residents and relatives interviewed confirm the service is respectful and that they are given the right to make choices. Five care plans reviewed identify specific individual likes and dislikes. Staff education and training on abuse and neglect has been provided.</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>There is a Maori health plan and an individual's values and beliefs policy which includes cultural safety and awareness. Discussions with staff confirm their understanding of the different cultural needs of residents and their whānau.</p> <p>There are no residents at Waihi Lodge who identify as Maori. There is information and websites provided within the Maori health plan to provide quick reference and links with local Maori. Interviews with staff confirm they are aware of the need to respond appropriately to maintain cultural safety. Policies include guidelines about the importance of whānau. Cultural awareness training has not been provided in the past two years (link #1.2.7.5).</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>Care planning includes consideration of spiritual, psychological and social needs. Residents interviewed indicate that they are asked to identify any spiritual, religious and/or cultural beliefs. Relatives report that they feel they are consulted and kept informed. Family involvement is encouraged e.g. invitations to residents meetings and facility functions. Care plans reviewed include 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>The staff employment process includes the signing of house rules and a Waihi Lodge code of conduct. Job descriptions include responsibilities of the position and ethics, advocacy and legal issues. The orientation programme provided to staff on induction includes an emphasis on dignity and privacy and boundaries, evidenced in interview with staff and management. Interviews with staff confirm their understanding of professional boundaries.</p>

<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>The quality programme is designed to monitor contractual and standards compliance and the quality of service delivery in the facility. Staffing policies include pre-employment, and the requirement to attend orientation and on-going in-service training. The recent resident satisfaction survey reflects high levels of satisfaction with the services that are received. Policies and procedures have been updated by the previous manager and are available to staff. Staff meetings and residents meetings have been conducted.</p> <p>Residents and relatives interviewed spoke very positively about the care and support provided. Staff had a sound understanding of principles of aged care and state that they feel supported by the new manager and new registered nurse. There are implemented competencies for caregivers and registered nurse. There are clear ethical and professional standards and boundaries within job descriptions.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>Policies are in place relating to open disclosure. Residents interviewed stated they were welcomed on entry and were given time and explanation about the services and procedures. A sample of incident reports reviewed, and associated resident files, evidenced recording of family notification. Relatives interviewed confirm they are notified of any changes in their family member's health status. The manager and registered nurse can identify the processes that are in place to support family being kept informed.</p> <p>Non-Subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. Residents and family are informed prior to entry of the scope of services and any items they have to pay for that are not covered by the agreement.</p> <p>The facility has an interpreter policy to guide staff in accessing interpreter services. Residents (and their family/whānau) are provided with this information at the point of entry. Families are encouraged to visit.</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>Seniorcare Geraldine (Inc.) is the proprietor of Waihi Lodge Care Centre in Geraldine. The facility manager is a registered nurse and maintains an annual practicing certificate. She has qualifications in aged care, oncology and management. The facility manager reports to the governing board on a monthly basis on a variety of topics relating to quality and risk management. The manager has been in the role for the past two months. The manager is also support by a registered nurse (also new to the role) who is experienced in community nursing. The service has a current strategic and business plan which includes a current quality and risk management plan. A quality management system is implemented which includes gathering data and information to provide opportunities for quality improvement (with exceptions link #1.2.3.6). The organisation has a philosophy of care which includes</p>

		a mission statement.
<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	In the absence of the facility manager, the registered nurse is in charge with support from senior care staff and the board. A review of the documentation, policies and procedures and from discussions with staff, identifies the service's operational management strategies, and quality and risk programme are in place to minimise the risk of unwanted events and enhance quality.
<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>	PA Low	<p>The quality manual and the business, quality, and risk management planning procedures describe Waihi Lodge's quality improvement processes. The risk management plan describes objectives, management controls and assigned responsibility. Progress with the quality and risk management programme is monitored by the senior management team and discussed at general monthly staff meetings. Monthly and annual reviews have been completed for all areas of service. Meeting minutes are maintained and staff are expected to read the minutes and sign off when read. Minutes for all meetings include actions to achieve compliance where relevant. Discussions with the registered nurse and caregivers confirm their involvement in the quality programme. Resident/relative meetings are held. Restraint and enabler use is reported within the quality management meetings.</p> <p>Data is collected on complaints, accidents, incidents, infection control and restraint use. There is an internal audit schedule; however, not all aspects of the calendar have been completed. Areas of non-compliance identified through quality activities are actioned for improvement. The service has a health and safety management system. There are implemented risk management, and health and safety policies and procedures in place including accident and hazard management. The service has comprehensive policies/ procedures to support service delivery. There is a document control policy that outlines the system implemented whereby all policies and procedures are reviewed regularly. Falls prevention strategies are implemented for individual residents and staff receive training to support falls prevention. Residents are surveyed to gather feedback on the service provided and the outcomes are communicated to residents, staff and families.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p>	FA	There is an accidents and incidents reporting policy. Accidents and near misses are investigated by the manager and analysis of incident trends occurs. There is a discussion of incidents/accidents at

<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>monthly staff meetings including actions to minimise recurrence. Clinical follow up of residents is conducted by a registered nurse. Discussions with the manager confirm that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. There is an open disclosure policy and family members interviewed stated they are informed of changes in health status and incidents/accidents. Family notification was recorded on incident forms and in progress notes reviewed.</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 resource management policies in place which includes recruitment and staff selection. Process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. Copies of practising certificates including the registered nurse and general practitioners are kept. Five staff files were reviewed and evidence that reference checks are completed before employment is offered. The service has in place a comprehensive orientation programme that provides new staff with relevant information for safe work practice. In-service education programme for 2014 has not been completed. Caregivers have completed an aged care education programme. The manager and registered nurse are able to attend external training including sessions provided by the local DHB. Annual staff appraisals were not evident in all staff files reviewed. Six monthly fire evacuation drills have been conducted.</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 good employer policy includes staff rationale and skill mix. Sufficient staff are rostered on to manage the care requirements of the rest home residents. There is at least one staff rostered on at any one time with one staff on-call. The manager and registered nurse share on call after hours and weekends. Extra staff can be called on for increased resident requirements. Interviews with five caregivers, six residents and two family members identify that staffing is adequate to meet the needs of residents.</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>	<p>FA</p>	<p>The resident files reviewed were appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Residents' files are protected from unauthorised access by being locked away in the nurses' station. Informed consent to display photographs is obtained from residents/family/whānau on admission. Information containing sensitive resident information is not displayed in a way that can be viewed by other residents or members of the public. Entries in records were legible, dated and signed by the relevant caregiver or registered nurse. Individual resident files demonstrate service integration. This includes medical care interventions and records of the activities coordinator. Medication charts were in</p>

		a separate folder.
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	Residents are assessed prior to entry to the service by the needs assessment team, and an initial assessment is completed on admission. The service has specific information available for residents/families/whānau at entry and it includes associated information such as the Health and Disability Code of Rights, advocacy and complaints procedure. The admission agreement reviewed aligns with the ARC contract and exclusions from the service are included in the admission agreement.
<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	The transfer /discharge/exit procedures include a transfer/discharge form and the completed form is required to be placed on file. The service stated that a staff member escorts the resident if no family are available to assist with transfer, and copies of documentation are forwarded with the resident.
<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>	PA Moderate	<p>The service uses individualised medication blister packs which are checked in on delivery. A medication competent caregiver was observed administering medications correctly. Medications and associated documentation were stored safely and securely and all medication checks were completed and met requirements. Medications are reviewed three monthly with medical reviews by the attending GP. Resident photos and documented allergies or nil known were on all 10 medication charts reviewed. An annual medication administration competency is completed but not current for four of eight staff responsible for medication administration.</p> <p>There is a self-medicating resident's policy and procedure in place. There were no residents who self-administer medications. Individually prescribed resident medication charts are in use and this provides a record of medication administration information. Six of ten medication charts reviewed did not record 'indication for use' of 'as required' medication by the GP. Medication charts reviewed identified that the GP had reviewed the resident three monthly and the medication chart was signed.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are</p>	PA Low	All meals at Waihi Lodge are prepared and cooked on site. There is a six week winter and summer seasonal menu which has not been reviewed by a dietitian. 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. Staff were observed 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

<p>met where this service is a component of service delivery.</p>		<p>staff and any changes are communicated to the kitchen via the registered nurse or nurse manager. Supplements are provided to residents with identified weight loss issues. Weights are monitored monthly or more frequently if required and as directed by a dietitian or GP. 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. Fridge and freezer temperatures are not being fully monitored.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	<p>FA</p>	<p>The service records the reasons for declining service entry to residents should this occur and communicates this to residents/family/whanau. Anyone declined entry has been referred back to the Needs Assessors or referring agency for appropriate placement and advice.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>All residents are admitted with a care needs level assessment completed by the needs assessment and service coordination team prior to admission. Personal needs information is gathered during admission which forms the basis of resident goals and objectives. Assessments have been reviewed at least six monthly. Appropriate risk assessments have been completed for individual resident issues. The nurse manager (RN) has completed InterRAI training and the assessment tool was evident in resident files, the RN will be undertaking the InterRAI training in May 2015.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>Four of five resident files include all required documentation. One resident did not have a long term care plan (link 1.3.3.3). The long term care plans reviewed included the resident's problem/need, objectives, interventions and evaluation for identified issues. The service utilises special needs plan/short term care plan for acute needs. Resident files reviewed identified that family were involved in the care plan development and on-going care needs of the resident</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</p>	<p>FA</p>	<p>Four of five care plans reviewed were current and interventions reflect the assessments conducted and the identified requirements of the residents. Interviews with staff (registered nurse and caregivers) and relatives confirmed involvement of families in the care planning process. Dressing supplies are available and a treatment room was stocked for use. Continence products are available and resident files included a urinary continence assessment, bowel management, and continence products identified</p>

desired outcomes.		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 four residents.
Standard 1.3.7: Planned Activities 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.	FA	The activities staff provide an activities programme over 15 hours each week. The programme is planned weekly and displayed on notice boards around the facility. Diversional therapy plans have been developed for each individual resident based on assessed needs. Residents are encouraged to join in activities that are appropriate and meaningful and are encouraged to participate in community activities. The service uses a community van for resident outings. Residents were observed participating in activities on the days of audit. Resident meetings provided a forum for feedback relating to activities. Residents and family members interviewed discussed enjoyment in the programme and the diversity offered to all residents
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	Care plans reviewed were updated as changes were noted in care requirements. Care plan evaluations reviewed were within timeframes, comprehensive, related to each aspect of the care plan and included 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.
Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.	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.
Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm	FA	All chemicals were labelled with manufacturer labels. There are designated areas for storage of cleaning/laundry chemicals and chemicals were stored securely. Laundry and sluice rooms are locked when not in use. Product use charts were available and the hazard register identifies hazardous substances. Gloves, aprons, and goggles are available for staff.

as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.		
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>PA Moderate</p>	<p>The service displays a current building warrant of fitness which expires on 1 July 2015. Hot water temperatures are not regularly monitored to ensure they are in a safe temperature range. Medical equipment and electrical appliances are overdue to be tested and tagged. The resident scales have no evidence of being calibrated. Other regular and reactive maintenance occurs. Residents were observed to mobilise safely within the facility. There are sufficient seating areas throughout the facility. The exterior has been well maintained with safe paving, outdoor shaded seating, lawn and gardens. Caregivers interviewed confirmed there was adequate equipment to carry out the cares according to the resident needs.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>All resident rooms in Waihi Lodge are single rooms. Nine rooms have full or shared ensuite. There are sufficient numbers of communal toilets in close proximity to resident rooms and communal areas. Residents interviewed state their privacy and dignity was maintained while attending to their personal cares and hygiene. The communal toilets and showers were well signed and identifiable and include large vacant/in-use signs.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>The resident rooms are spacious enough to meet the assessed resident needs. Residents were able to manoeuvre mobility aids around the bed and personal space. Caregivers interviewed reported that rooms have sufficient room to allow cares to take place. The resident rooms were personalised.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with</p>	<p>FA</p>	<p>There is a large lounge and spacious dining room. The dining room is located directly off the kitchen/server area. All areas are easily accessible for the residents. The furnishings and seating are appropriate for the consumer group. Residents interviewed report they are able to move around the facility and staff assist them when required. Group activities are conducted in the lounge.</p>

safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.		
<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	Waihi Lodge has monitored the effectiveness and compliance of cleaning and laundry policies and procedures. There is a separate laundry area where all personal clothing is laundered by caregiving staff. Linen is laundered by a contracted external company. Staff have attended infection control education and there is 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 room/facility
<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>	PA Low	The service has a fire and emergency procedures manual. The fire evacuation scheme was approved in 1993. There is no evidence that there is a staff member with a current first aid certificate on each shift. Fire safety training has been provided. A call bell light over each door and a panel alerts staff to the area in which residents require assistance. Visitors and contractors sign in at reception when visiting. Fire drills have been conducted six monthly. Civil defence and first aid resources were available. Sufficient water is stored for emergency use and alternative heating and cooking facilities are available. Emergency lighting is installed. Security checks are conducted each night by staff. There is a generator that starts automatically if there is a power failure.
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	All communal and resident rooms 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>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service</p>	FA	Waihi Lodge retirement home has an established infection control programme. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. It is linked into the incident reporting system. The registered nurse is the designated infection control nurse with support from the manager and quality management committee (infection control team). Minutes are available for staff. Audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation. The infection

<p>providers, and visitors. This shall be appropriate to the size and scope of the service.</p>		<p>control programme was last reviewed in April 2015.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	<p>FA</p>	<p>The registered nurse at Waihi Lodge is the infection control nurse. There are adequate resources to implement the infection control programme for the size and complexity of the organisation. The IC nurse and IC team (comprising the quality management team and care staff) has good external support from the local laboratory infection control team and IC nurse specialist at the DHB. The infection control team is representative of the facility. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely 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>There is infection control policy and procedures appropriate to for the size and complexity of the service. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. The policies were developed by an external provider and have been reviewed and updated annually by the previous manager.</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>PA Low</p>	<p>The infection control policy states that the facility is committed to the on-going education of staff and residents. Formal infection control education for staff has not occurred in the past two years (link #1.2.7.5). Going forward, education will be facilitated by the infection control nurse with support from the manager. The registered nurse is required to complete infection control training. Visitors are advised of any outbreaks of infection and are advised not to attend until the outbreak has been resolved. Information is provided to residents and visitors that is appropriate to their needs and this is documented in medical records.</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>Infection surveillance is an integral part of the infection control programme and is described in Waihi Lodge's infection control manual. Monthly infection data is collected for all infections based on signs and symptoms of infection. An individual resident infection form is completed which includes signs and symptoms of infection, treatment, follow up, review and resolution. Surveillance of all infections are entered on to a monthly infection summary. This data is monitored and evaluated monthly and annually. Outcomes and actions are discussed at infection control meetings, and monthly staff meetings. If there is an emergent issue, it is acted upon in a timely manner. Reports are easily accessible to the temporary manager.</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 documented systems in place to ensure the use of restraint is actively minimized. The facility was not utilising restraint on audit day and one resident has an enabler (bedrails). All necessary documentation has been completed in relation to the enabler. Staff interviews and staff records evidence guidance has been given on RMSP, enabler usage and prevention and/or de-escalation techniques. Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0. Staff education on RMSP /Enabler has been provided. Restraint use audit has been conducted and restraint has been discussed as part of quality management meetings. The manager is the designated restraint coordinator.</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)
Criterion 1.2.3.6 Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate,	PA Low	Quality improvement activities are conducted including internal audits, feedback from residents and staff, staff and resident meetings, and surveys. The resident survey was conducted in June 2014 with positive feedback and comments from residents about the over care and services provided at Waihi Lodge. The previous manager has been responsible for managing the quality programme and conducting internal audits. The new manager is now responsible for the quality programme with assistance from the registered nurse and senior care staff. On review of the completed internal audits and meetings minutes, the previous and current managers have developed corrective actions for those areas that evidence opportunities for improvements. Completion and sign off of corrective actions has been conducted to show the improvements made. Meeting minutes reviewed for 2014 evidence that internal audit outcomes have been discussed with staff. The internal audit schedule has only been partially completed for 2014.	Internal audits (as per the 2014/2015 schedule) have not been conducted for clinical/care plans, laundry service, and medication management.	Provide evidence that all internal audits are conducted as per the internal audit schedule. 90 days

consumers.				
<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	<p>Five staff files reviewed evidence that recruitment and staff selection processes have been followed. Reference checks are conducted prior to employment. Annual appraisals have been conducted for three of five staff files reviewed. The service has an in-service education plan which has not been completed for 2014. On-line training for caregivers has been available with sessions completed in 2014 relating to medications, restraint, and hydration, dementia, ageing process and pain management. First aid training and CPR was conducted for all staff in 2014.</p>	<p>a) Annual appraisals have not been completed for all employees; b) education around code of consumer rights, wound care, cultural safety, infection control and chemical safety has not been provided.</p>	<p>a) Ensure that all employees have an annual staff appraisal completed; b) ensure that the annual education programme is implemented</p> <p>180 days</p>
<p>Criterion 1.3.12.3</p> <p>Service providers responsible for medicine management are competent to perform the function for each stage they manage.</p>	PA Moderate	<p>Annual competency assessments are required for all staff administering medication; four of eight staff responsible for administering medication have current medication competencies in their file.</p>	<p>Four of eight staff responsible for medication administration do not have a current medication competency.</p>	<p>Ensure all staff administering medication have a current medication competency.</p> <p>30 days</p>
<p>Criterion 1.3.12.6</p> <p>Medicine management</p>	PA Moderate	<p>As required' medication is required to clearly state indications for use. Four of ten medication charts reviewed documented the 'indications for use' of 'as required' medications.</p>	<p>Six of ten medication charts did not have indications for use of as required</p>	<p>Ensure all medication charts evidence indications</p>

information is recorded to a level of detail, and communicated to consumers at a frequency and detail to comply with legislation and guidelines.			medications documented.	for use of as required medications. 30 days
Criterion 1.3.13.1 Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer group.	PA Low	Dietitian audit and review of the menu is a requirement to meet contractual obligations and ensure it meets the dietary needs of the residents. There is a rotating seasonal menu in place with no dietitian approval.	There is no evidence of dietitian review of the menu.	Ensure the menu has been approved by a dietitian to meet the requirements of the residents 90 days
Criterion 1.3.13.5 All aspects of food procurement, production, preparation, storage, transportation, delivery, and	PA Low	Monitoring of all fridge and freezer temperatures are required to be taken regularly as per policy. One temperature is recorded but there is no record of which fridge or freezer was tested. The temperature testing is not occurring regularly.	One temperature is recorded but there is no record of which fridge or freezer was tested. The temperature testing is not occurring regularly.	Ensure all fridges and freezers have regular temperature monitoring recorded. 90 days

disposal comply with current legislation, and guidelines.				
<p>Criterion 1.3.3.3</p> <p>Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.</p>	<p>PA Moderate</p>	<p>Four of five resident files evidenced that a long term care plan was generated three weeks after admission. Evaluations reviewed have been completed within six months.</p>	<p>One resident admitted in October 2014 had no long term care plan in place</p>	<p>Ensure all residents have a long term care plan developed within three weeks of admission.</p> <p>30 days</p>
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	<p>PA Moderate</p>	<p>Testing and tagging of all electrical equipment was not current. Calibration of scales for resident weighs should be current, there was no evidence of any calibration of either sit on or wheelchair scales. Monitoring of hot water temperatures is taken but not recorded, there is no evidence that water is at a safe temperature for residents.</p>	<p>(i) Testing and tagging of electrical equipment was due in September 2014 and has not been completed; (ii) Scales used for resident weighs (stand on and wheelchair) have no evidence of calibration. (iii) Hot water monitoring has not been</p>	<p>(i) Ensure all electrical equipment is tested and tagged; (ii) Ensure calibration of equipment; (iii) Ensure regular monitoring of hot water temperature</p>

			conducted as per facility policy.	monitoring 30 days
<p>Criterion 1.4.7.1</p> <p>Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	PA Low	There should be one staff member on every shift with a current first aid certificate. A night shift staff member in sole charge, the facility manager and the RN who share on call work do not have a current first aid certificate	Three staff (two RNs and a night caregiver) do not have current first aid certificates.	<p>Ensure that there is always one person on each shift with a current first aid certificate.</p> <p>90 days</p>
<p>Criterion 3.4.1</p> <p>Infection control education is provided by a suitably qualified person who maintains their knowledge of current practice.</p>	PA Low	The registered nurse has been in the position for less than two months. Education for staff has been provided informally at handover times and when there is an emergent issue. The registered nurse has not completed recent formal training around infection prevention and control.	The registered nurse (infection control coordinator) has not completed formal infection control training.	<p>Provide evidence that the infection control coordinator has completed IC training.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.