

Experion Care NZ Limited - Bardowie Retirement Complex

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Experion Care NZ Limited

Premises audited: Bardowie Retirement Complex

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 26 March 2015 End date: 28 May 2015

Proposed changes to current services (if any): This provisional audit was undertaken in preparation for a sale and purchase agreement which will result in a change in ownership.

Total beds occupied across all premises included in the audit on the first day of the audit: 20

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.

General overview of the audit

Bardowie Retirement Complex is a privately owned facility. It is an aged care residential facility located in the Napier area and holds a district health board contract to provide rest home level care. It has a total of 20 beds, all of which were occupied on the days of audit. The facility is fully staffed with 17 people employed either full time or part time. A full time nurse manager has responsibility for day to day management and also clinical oversight responsibilities.

The audit conducted is a certification against Health and Disability Services Standards NZS 8134:2008 and the contract with the District Health Board. A range of interviews were conducted with staff and residents and their families. A review of the organisations policies and procedures with their implementation was also undertaken alongside observations of the day to day operation of the facility.

During the audit high levels of resident and family satisfaction with the service were noted. Staff also reported a positive commitment to the organisation and the residents and many had been employed at the facility for a number of years. No general practitioner was available for interview.

Three areas for improvement were identified. These related to ensuring residents and their families have access to written information on resident rights and organisational processes; ensuring the name and designation of service providers making an entry in resident records is clear and legible; and completing weekly stock counts of controlled medications.

On 29 May 2015 a provisional audit was undertaken to determine a new owners preparedness to provide services from the Bardowie Retirement Complex. This consisted of an interview covering all the relevant criteria as per the requirements for these audits. There are no additional areas identified for improvement.

Additional notes from Provisional audit: This provisional audit was undertaken in preparation for a sale and purchase agreement which will result in a change in ownership. An interview with the prospective owner has confirmed that there will be no changes to the staffing and management of the service following a change in ownership. A comprehensive transition plan has been agreed. It will largely be business as usual with very little disruption anticipated to the residents or the smooth running of the facility. Policies and procedures along with the quality planning and implementation cycle will continue unchanged. The prospective owner has a good basic understanding of the business and has indicated a genuine desire to upskill and learn with the guidance of the current owner and management.

Consumer rights

Bardowie Retirement Complex provides services that respects residents' rights and individual needs. Staff were observed interacting with residents in a warm and professional manner. Processes are in place to ensure that residents' privacy is maintained, their cultural and spiritual requirements are met and informed consent is obtained. Residents and families spoke highly of the services provided to them and of the open communication with staff. Residents are encouraged and supported to maintain their links with the community.

Providing residents/families with all the written information required to ensure they are fully informed of rights, relevant policies and processes is an area for improvement.

The effective concerns/complaints system shows that the required response timeframes are met and usually exceeded. Both concerns raised in the last six months were low level and resolved satisfactorily.

Organisational management

Bardowie Retirement Complex is managed by an experienced and well qualified nurse manager who has had significant experience in the aged care sector. She is well supported by the owner who is also involved in taking the residents on outings, usually on a weekly basis. Planning is detailed and is responsive to any changes required both at legislative and facility level.

A comprehensive quality and risk management system is in place with robust reporting. There is a quality improvement plan which includes an annual calendar of internal audit activity to ensure all areas of the services provided are of a high standard. A suite of policies and procedures are current and reviewed regularly. The adverse events reporting system and subsequent corrective actions planning, feed into the quality improvement cycle to manage any further risk and ensure continuous quality improvement occurs.

The staff report feeling well supported by the management. A sound recruitment and appointment system is in place and staffing levels meet all the requirements. A comprehensive training programme maintains a high level of competence of all staff. Staff report job satisfaction and enjoy the supportive environment they work in.

Ensuring the names/designations of service providers making entries into the residents' clinical record are legible is an area requiring improvement.

Continuum of service delivery

The experienced nurse manager is on site five days a week and otherwise on call. She provides support and guidance to the care giving staff. Well-established staff communication channels promote continuity of care.

Residents at Bardowie Retirement Complex receive timely, competent and appropriate services which meet their identified needs and support the achievement of individualised goals. Assessments, care planning and the evaluation of progress towards identified objectives is detailed and undertaken in a timely manner. Residents are seen regularly by their general practitioner, and more frequently when clinically indicated.

The detailed activities programme, including frequent outings in the facility van, caters for a diverse range of activity needs. The facility design provides spaces for group activities, such as crafts and entertainment, and several smaller areas for quiet conversations and entertaining visitors. Although there is a dedicated activities coordinator, flexibility in staff roles ensures that activities are also available when the coordinator is not on duty.

Food service provision is a strength of the service. Residents reported high levels of satisfaction in relation to meals. The menu is varied and the food was attractively presented. Individual likes and dislikes and specific dietary needs are accommodated. A 'rolling breakfast' enables residents to have their breakfast at the time most convenient to them. The kitchen was noted to be clean and tidy and the dining room was light and airy. Kitchen staff have completed food safety training. All aspects of food service delivery and management complied with legislation and guidelines.

Medicines management is guided by a comprehensive medication policy. All staff administering medication have completed a medication-competency assessment. Resident self-administration of medication is supported and well-managed. Completing a weekly stock count of medications in the controlled drugs register requires improvement.

Safe and appropriate environment

The facility is purpose built and very well maintained. The residents' rooms are kept very clean, tidy, well ventilated and at a comfortable temperature for residents. There are a number of communal areas which provide a variety of spaces for residents to use, including an activities lounge and a conservatory. All rooms have their own toilet and hand basins and there are adequate shower rooms. An easily accessed and shaded outdoor area is well used by residents. The building has a current building warrant of fitness.

Robust systems are implemented for the management of waste and hazardous substances by staff who have been trained in this area.

Emergency procedures are well documented for ease of use and available in a number of places around the facility. Regular fire drills are held and there is a sprinkler system for use in case of fire. An emergency lighting system is in place and relevant supplies for civil defence and other emergencies are located inside and outside the facility.

Restraint minimisation and safe practice

The management are committed to providing a restraint free environment and there have been no incidents of any restraint being used in the past two years. Any use of enablers is for safety of residents in response to individual requests.

Infection prevention and control

The management of infection prevention and control is appropriate for the size of the facility. Bardowie Retirement Complex has well-developed policies and comprehensive resources related to infection prevention and control. Expert advice and support can also be accessed from the Hawke's Bay District Health Board if required.

The facility manager, who is the infection control coordinator, undertakes regular infection control education.

Regular staff education related to infection control is undertaken. Personal protective equipment is freely available to staff, and additional supplies are on site should there be an infection outbreak.

Infection surveillance is undertaken on a regular basis. Surveillance results are analysed and reported monthly to the directors and to staff.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	42	0	3	0	0	0
Criteria	0	90	0	3	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>The nurse manager explained that resident rights was one component of the staff orientation process. This was confirmed in staff records, and also during staff interviews. Staff received regular ongoing training in relation to residents' rights. The last staff training was in August 2014, sighted in training records. Staff demonstrated a good understanding of residents' rights, and knowledge of how to implement these in all aspects of service delivery.</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 provides direction for ensuring residents and their family/whānau are provided with the information necessary to make informed choices. Every resident's record reviewed contained a completed informed consent form. This includes consent to collect information, deliver treatment, take photographs, and for outings.</p> <p>The policy also includes a definition of advance directives and how this will be implemented in practice. Completed resuscitation forms were sighted in every resident's file reviewed, and the nurse manager advised that steps would be taken to ensure other valid advance directives</p>

		<p>would be implemented.</p> <p>Residents and family members confirmed they were satisfied with the information made available to them, and felt actively involved in decisions related to their care.</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>	FA	<p>The nurse manager advised that information on the Nationwide Health and Disability Advocacy Service was discussed verbally with residents and family members at the time of admission. Brochures on this service were also available at reception. (Refer to criterion 1.2.1.3).</p> <p>Residents and families interviewed advised they were familiar with the right to seek advocates/support persons and how to access these.</p> <p>Advocacy services were included in staff training in January (records sighted).</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>	FA	<p>The organisation has an open visiting policy. Family members interviewed advised they always felt welcome at Bardowie, and staff encouraged and supported residents to go out with family members and participate in events in the community.</p> <p>The nurse manager reported that staff frequently transport and accompany residents for visits to health professionals, such as general practitioners and dentists. Transport is also provided to enable residents to access, for example, beauty salons, shopping or the library. Two or three times a week residents have the opportunity to go on van outings to places of interest in the community, and attend church services or visit the RSA. This was sighted in monthly activity plan.</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 complaints policy meets the requirements of Right 10 of the Code. On entry the complaints process is explained to new residents and their families. Complaint forms are available in each room and the main office. All staff interviewed were clear in their understanding of the procedure to encourage and assist a resident in making a complaint. They report they will always inform the nurse manager if they became</p>

		<p>aware of any concerns. The nurse manager takes responsibility for all complaints and ensures there is early resolution, wherever possible.</p> <p>The complaints register sighted had two complaints recorded over the past six months and these had been satisfactorily resolved using the organisational policy and procedure.</p> <p>All residents and families interviewed report they had no concerns at this time and all felt very comfortable to raise any issues that may arise.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>PA Low</p>	<p>The nurse manager reported that residents and families were verbally advised of their rights as part of the admission process and that there were ongoing opportunities to discuss these further if the resident or family member so wished. Residents reported they felt comfortable about approaching the nurse manager if they had any queries or concerns about any aspect of their care.</p> <p>Residents confirmed they were verbally informed about their rights during the admission process and confirmed their understanding. Orientation checklists in the files of three recently-admitted residents recorded that these discussions had been undertaken. Copies of the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) were available at reception, with posters of the English and Maori versions on display near reception. Brochures on the Nationwide Health and Disability Advocacy Service were also available at reception. Hard copies of the Code, and other information related to aspects of residents' rights, such as the informed consent or complaints process, are not provided in written form to residents/families.</p> <p>Resident meetings were held every two or three months, and family meetings held twice a year (meeting minutes sighted). These provided a further opportunity for the discussion of resident rights.</p> <p>Provisional Audit:</p> <p>An interview with the new provider confirms he has a clear understanding of the Code. He has read information on the Health and Disability Commissioner website, the relevant brochures and comments from the recent audit and was able to discuss these in an informed way</p>

		that demonstrated a commitment to ensure the implementing of these is continued in a positive way.
<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>Policies are in place for reporting and responding to any incidents or suspected of abuse and the maintaining the dignity of residents. The sexuality and intimacy policy provides guidance for staff to ensure privacy is maintained appropriately, and includes clear definitions of appropriate and inappropriate behaviour. Staff house rules also outline the conduct expected of staff, and the actions that would be taken if the code was not adhered to.</p> <p>During the audit visit residents were observed to be treated in a warm, courteous and unhurried manner. Staff consistently knocked on residents' doors prior to entering their rooms. All residents have a single room, which they were encouraged to personalise with personal belongings, such as photographs and bric-a-brac. Residents' personal privacy was maintained during cares.</p> <p>Residents and families confirmed that residents were residents were treated respectfully, with their privacy, dignity and independence being maintained. Staff were observed addressing residents in a respectful manner, using preferred names. Lifestyle plans reviewed included detailed information on the functional abilities of residents, and strategies to help promote and maintain independence.</p> <p>Education on residents' privacy was included in staff orientation (records sighted) and then on a regular basis, with the last training undertaken in August 2014. The nurse manager is on site 40 hours a week, and provides direct oversight of service providers and all aspects of care delivery. Staff interviewed were able to describe what would constitute resident abuse and/or neglect.</p> <p>Residents had individualised lifestyle plan, which included information on how the resident wished to be addressed, and a detailed section related to cultural and spiritual needs and preferences.</p> <p>It is recommended that the policy related to resident abuse is expanded to provide more details and examples for staff on what constitutes abuse and neglect. Training on abuse and neglect is scheduled for May</p>

		2015 as sighted in the education plan.
<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 were no residents who identify as Maori at the time of audit. The organisation has a well-developed Maori health plan which would guide service delivery for Maori clients if required. The plan outlines the vision for meeting the needs of residents who identify as Maori, and details strategies for achieving that vision.</p> <p>The health plan was developed in consultation with local iwi, and includes contact details of cultural support personnel. The nurse manager also reported that she attends the three-monthly rest home managers meeting, which is attended by the Maori Health Adviser from the Hawke' Bay District Health Board (DHB), who is always available for advice if required. Four staff identify as Maori, and take responsibility for blessing the room of a deceased resident prior to new residents being admitted. The nurse manager advised this practice is strictly adhered to, and staff consider it to be very valuable for all concerned.</p> <p>Staff last completed cultural awareness training in February 2015 (records sighted).</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 organisation's responses to differing cultural and spiritual beliefs is guided by the cultural and interpreter services policy.</p> <p>Each resident's individualised lifestyle plan contains information related to their ethnic, cultural and spiritual values and beliefs. Desired outcomes are described, and strategies to achieve these outlined.</p> <p>Residents and family members interviewed confirmed they were consulted about the residents' individual ethnic, cultural, spiritual values and beliefs as part of the care planning process. These discussions were held during the admission process, and an on ongoing basis. They also confirmed these values and beliefs were respected.</p>
<p>Standard 1.1.7: Discrimination</p>	FA	<p>The nurse manager reported that during the orientation process staff are required to read the policy on discrimination and then discuss with her</p>

<p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>		<p>how this would be implemented during service delivery. Staff interviewed confirmed their understanding of what constitutes discrimination and demonstrated good understanding of the requirements associated with maintaining professional boundaries.</p> <p>Residents and family members confirmed residents were free from discrimination.</p>
<p>Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>The nurse manager is a very experienced registered nurse. She is able to draw on her extensive clinical experience and professional networks when developing policies and procedures to guide service standards. The nurse manager advised that she regularly attends the three-monthly training days organised by the DHB. These include clinical updates, such as wound care and infection control, which are then incorporated into the service's policies and procedure. The DHB also provides a range of resource material that is incorporated into clinical policies, and the DHB Gerontology Nurse Specialist is also available as a resource person.</p> <p>The organisation has just implemented the new DHB medication-related falls risk assessment programme.</p> <p>Care delivery and coordination is the responsibility of the nurse manager. The small size of the facility means she has frequent contact with all residents and staff, and is well-situated to monitor service standards. Well-developed communication processes ensure that information is understood and implemented by staff. Residents' clinical files reviewed demonstrated that residents were referred to their general practitioner in a timely manner if their clinical needs changed. All residents and family members interviewed reported they were very satisfied with the service provided.</p> <p>No general practitioner was able to be interviewed as part of the certification audit. A number of general practitioners have patients who are resident at Bardowie Retirement Complex. The majority of residents have their medical reviews at the doctor's surgery, rather than at the facility. The general practitioner who provides services for the largest number of residents was on holiday and unable to be contacted. Other doctors have a very small number of patients at the facility. Despite</p>

		approaches by the nurse manager to four different medical practices to set up a phone interview, there was no response to her request.
<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>The nurse manager has an open door policy, and is available to residents and families at least 40 hours per week. Residents and families interviewed advised they were very satisfied with the information provided to them. Family members advised they had been kept informed in a timely manner of any changes in the resident's condition, and the outcomes of assessments and reviews. They advised the nurse manager was very approachable and acted promptly if they had any concerns or queries.</p> <p>Residents' meetings were held every two-three months and family meetings twice a year. This was confirmed in meeting notes sighted.</p> <p>Incident forms sighted documented that incidents involving residents had been reported promptly to both the resident and/or their next of kin.</p> <p>The nurse manager advised that interpreter services could be accessed from the Hawke's Bay DHB if required.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>The 2015-16 business plan, which was reviewed in January 2015, includes the organisational philosophy, mission, values and marketing strategy. The business states it is committed to ongoing staff education and has completed a 'SWOT' analysis to inform the planning process. The facility is managed by a nurse manager who has had 18 years' experience in the management of aged care facilities. The owner takes the role of the financial administrator responsible for the electronic processing and payment of all creditors, monthly accounts and fortnightly processing and payment of wages. A comprehensive suite of planning documents is sighted with a focus on quality aged care provision.</p> <p>The nurse manager confirms she has full management responsibility of the facility and is well supported by the owner with regular contact to discuss any matters that need attention.</p> <p>Provisional Audit: The new owner confirmed he is intending to maintain</p>

		<p>the current governance and management structure. He will continue in the role as owner and financial administrator responsible for the payment and management of all accounts and wages, while operational management responsibility will continue be the role of the nurse manager. There is a planned transition process to manage the business from the proposed settlement date of 10 August 2015 which will involve:</p> <ol style="list-style-type: none"> 1. A week onsite prior to settlement date of the purchase of the facility by the prospective owner. 2. A contractual arrangement is in place for the current owner to provide another month onsite working alongside the new owner. 3. A further two months support off site by phone and / or email from the current owner has also been agreed. 4. The prospective owner is also currently in discussions to retain a person with significant aged care experience to act in an advisory role. <p>In addition the prospective owner will be onsite at the facility to meet the staff and start the familiarisation process for a time in June.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>In the absence of the manager, the assistant manager who is a senior caregiver takes on the management role with RN input from a neighbouring rest home with which they have a reciprocal understanding. There is always a RN on call 24 hours a day. The nurse manager reports she had two weeks leave in November of last year. The absence was managed as per the policy and no issues were reported.</p> <p>Provisional Audit: There will no changes to the current management following the change of ownership and subsequently there will be no disruption to the current day to day operation of the facility.</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</p>	<p>FA</p>	<p>The quality and risk management plan, reviewed in March 2015, provides the framework for a systematic quality and risk management plan that ensures services achieve the best outcome for the residents. There is a variety of documentation that is used to support the cycle of</p>

<p>quality improvement principles.</p>	<p>continuous quality including the standards, policy, procedures and guidelines that are documented using evidence based and current research and quality Records including audit and survey reports, audit data, complaints records, incident reports. The organization has documented policies/procedures and guidelines to meet Infection Control Standards.</p> <p>Each year there is an internal audit plan developed by the nurse manager. The current plan was sighted and it details the range of audits completed and due for each month. The manager is responsible for undertaking/delegating these audits and reporting to the owner and staff.</p> <p>Key performance indicators include the monthly collation of accident/incidents, medication errors, complaints or concerns, infections and any hazards identified.</p> <p>Quality auditing and the data is collated, analysed and reported to the owner and to all staff at the monthly staff meetings. The minutes of the monthly 2015 meetings contained the reports of all the quality indicators for the previous month and these were discussed with staff with relevant corrective actions plans being implemented. Monitoring of all corrective actions is done as defined in the quality plan and reported to all stakeholders as a part of the process.</p> <p>Staff all state they are closely involved in all aspects of quality reporting and improvement initiatives. Any suggestions to improve quality service delivery are encouraged and included in the process. All organisational policies and procedures are reviewed regularly and updated as needed by the owner and management. All have been reviewed in the last six months.</p> <p>Residents meetings, which are minuted, and resident satisfaction surveys are used to inform improvements to services. A recent example has been the implementation of more activities to appeal to the men in the facility and this has been welcomed by the male residents interviewed.</p> <p>The hazard and risk register uses a risk matrix to identify the levels of risk and management processes are in place to manage these.</p> <p>Provisional Audit: All current policies and procedures will continue under</p>
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		<p>the proposed new ownership. There is no intention to make any changes and all currently meet the requirements of the Health and Disability Services Standards.</p> <p>The annual quality plan in place covers the transition phase and will be continuing to operate until the planned March 2016 review. All schedules will continue to guide and inform the quality programme.</p> <p>The prospective owner is very familiar with the principles of continuous quality improvement in his current role and will continue to ensure all planning activity will reflect these.</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 incident/accident reporting system is clear in the policy documents with good definitions and guidelines for the process to be used when an event occurs. References to occupational safety and health (OSH) reporting and the link into the quality cycle are described.</p> <p>The nurse manager is clear on relevant reporting where required and a recent norovirus outbreak was reported promptly to the DHB.</p> <p>The accident/ incident reporting template in use details clearly the event, the actions taken and if further action is required. The form includes documenting notification of family and medical professional as required. A copy is also filed onto the resident's notes. All incidents are reported to the manager who manages the response process. A monthly summary sheet is produced to collate all incidents/accidents and these are shared with staff with appropriate analysis and any quality improvement plans that need to be implemented. The register sighted was up to date and had all the relevant information recorded. Staff confirmed they were aware of the process and they record all events as necessary.</p> <p>Provisional Audit: There are no current legislative and compliance issues that are impacting on the service. All corrective actions from the certification audit are low risk and have been or are currently being addressed.</p>

<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>Policies and procedures for recruitment and appointment of staff, including an Equal Opportunities policy reflect current legislation and good employment practice.</p> <p>Staff files reviewed have all the required documentation including police checks, reference checks, job descriptions, individual employment contracts, curriculum vitae (CVs), induction records and current performance appraisals. Also included are training records for all individuals. All new staff receive a comprehensive orientation programme which is completed over a two day period. A senior carer confirmed the programme for new staff ensures they are competent to meet the requirements of the job when satisfactorily completed. All orientation records are completed and signed off by the trainer and filed in personal staff files.</p> <p>The individual practising certificates of relevant staff were sighted and were current.</p> <p>A comprehensive training programme is in place. Most of this is delivered as part of an in-service programme managed by the nurse manager. A smaller number of modules are externally provided workshops that staff are supported to attend. Recent training has taken place on nutrition and chemical safety and the programme for the remainder of the year has been planned. This covers essential topics to support appropriate service delivery. Attendance at training is recorded both on individual files and on a spreadsheet kept by the nurse manager. Training is incorporated into monthly staff meetings, with the minutes kept in the office giving relevant details for those who were not able to attend. These are signed off as read.</p> <p>The carers interviewed all felt they received adequate training and were confident in their ability to do their job effectively and safely. They also felt that due to the smaller size of the organisation they are able to get lots of personal support with training which helped them in their daily duties.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from</p>	<p>FA</p>	<p>The staffing rationale policy sets out the requirements for staffing. The current and the previous four weeks rosters were reviewed and</p>

<p>suitably qualified/skilled and/or experienced service providers.</p>		<p>confirmed the requirements for staffing were met. The occupancy levels are consistent, with a waiting list in place, so the staffing requirements are also generally consistent. Given the numbers of residents and the rest home level of the facility, there have been no concerns with ensuring full staffing levels are able to be maintained within the current staff availability. Staff report staffing levels are satisfactory to ensure they are able to provide effective support to the residents. Residents and families spoken to all confirm the staff numbers are sufficient to ensure their needs are met.</p> <p>Provisional Audit: The current policy pertaining to staff skill mix to meet contractual obligations and acuity of residents is to continue unchanged.</p> <p>There are no planned changes to key personnel following the change in ownership. There has been verbal agreement by both the new owner and the nurse manager to continue in her role. It has also been conveyed to the new owner that current staff are all intending to continue in their roles.</p>
<p>Standard 1.2.9: Consumer Information Management Systems Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	<p>PA Low</p>	<p>Processes and systems are in place to ensure that resident-related information is appropriately managed, uniquely identifiable, easily accessible, and remained confidential.</p> <p>The organisation has a well-organised system for collecting resident information. Residents' files contain their unique national health index (NHI) number. Resident files are integrated and include information from the interRAI (clinical assessment tool), Needs Assessments and Service Coordination (NASC) assessment, hospital discharge summaries, medical notes and allied health professional notes.</p> <p>Residents' files are stored in a locked filing cabinet in the nurse manager's office. Archived material is stored securely and easily retrievable.</p> <p>Residents' progress notes reviewed were updated at least daily and more frequently if required. The names and/or designations of service providers making entries into those notes is not consistently legible.</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>	<p>FA</p>	<p>The nurse manager reported that she meets with residents and/or their family prior to the resident's admission. This provides an opportunity to provide information on entry requirements and funding options.</p> <p>Prospective residents must have completed the Needs Assessment and Service Coordination (NASC) process through Options Hawke's Bay and be assessed as requiring rest home care. The entry to service policy details what is to be included in the facility information booklet which is known as the information kit. Refer to criterion 1.1.2.3. Signed admission agreements and NASC assessments were in every resident's file reviewed.</p> <p>An orientation checklist was completed, which records the information that has been provided to the resident/family. This was sighted in the files of three recently-admitted residents. Family members described the experiences of the entry/admission process as being positive, helpful and straightforward.</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>The nurse manager outlined the processes that are followed to ensure residents receive a planned and coordinated transfer or discharge from the service. When residents are admitted to hospital, for example, the organisation uses the DHB 'yellow envelope' system to transfer relevant clinical information, such as the resident's medication and resuscitation forms and family contact details.</p> <p>When a resident is transferred to another aged residential care facility, copies of the resident's current lifestyle plan and recent progress notes are also included in the information that is transferred with the resident.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Low</p>	<p>A comprehensive policy gives clear definitions, information about the management system, controlled drugs, storage, medication review and respite care guidelines.</p> <p>Medication management at Bardowie Retirement Complex is systematic and complies with current legislative requirements and safe practice guidelines. The one exception relates to weekly stock counts of</p>

		<p>medications in the controlled drugs register not being completed.</p> <p>The reviewed medication charts complied with all legislative requirements and medication administration records were complete. Evidence was sighted of medication reviews being undertaken at least three monthly. Medication charts were legible and included information on the resident's allergy status. Copies were sighted of general practitioner and pharmacists' practising certificates. A signature log was maintained in each resident's medication record.</p> <p>Evidence was sighted of medicine reconciliation being completed by the nurse manager when medications were received from the pharmacy. Unwanted or expired medications were returned promptly to the pharmacy. The medication fridge temperature was recorded daily (records sighted).</p> <p>Observation of a medication round confirmed that medications were administered in a safe manner.</p> <p>Staff members who administered medications were all medication competent (records sighted), with competency assessments completed annually. Appropriate processes were in place to ensure medication safety for residents who self-administer medication.</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 management and provision of food services is a strength of the organisation.</p> <p>The kitchen manager has eleven years' experience in the role. All kitchen staff have completed NZQA Unit Standard 167 food safety. On inspection, the kitchen was well maintained, clean and tidy. Food storage complied with all current legislation. Food in the fridge and freezers was dated and covered. Cleaning schedules and records of regular maintenance of the sanitiser for dishes were sighted. Fridge and freezer temperatures were monitored daily and remained within recommended ranges (records sighted).</p> <p>The kitchen catered for a range of nutritional requirements, including diabetic and soft diets. A four weekly menu, with summer and winter options, was last reviewed by a qualified nutritionist in January 2014 and is currently with the nutritionist for another review. Staff training in</p>

		<p>nutrition was last conducted in March 201.</p> <p>A dietary profile was completed when residents are admitted and details of their likes/dislikes and special nutritional needs recorded on the kitchen whiteboard. Residents are weighed monthly and nutritional supplements administered as prescribed. Specialised crockery, such as lip plate and feeding cups, are available, along with large handled cutlery.</p> <p>A 'rolling breakfast' is available to residents over a two hour period each morning. Residents are able to choose whether to have breakfast on a tray served in their room, or to come and eat in the light and airy dining room. During the lunch time meal observed residents were served attractively presented meals in a calm and unhurried manner. Residents and family members spoke glowingly about the meals at Bardowie Retirement Complex. Six monthly food satisfaction surveys are conducted with 100% satisfaction attained in the most recent survey (records sighted).</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 nurse manager advised that the organisation has not had to decline entry to the service, although they do sometimes operate a waiting list. If entry were to be declined, or delayed, the nurse manager would advise the client/family of the reasons for this, contact the NASC service and the referral agency, and support the client/family to explore other options.</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>Information from a variety of sources is utilised as part of the assessment process. These included an appropriate range of clinical assessments and functional assessments, together with information from the interRAI (clinical assessment) and NASC assessments, hospital discharge information, and referral information. Assessments were completed in a timely manner as sighted in residents' records. Comprehensive wound assessments were noted in several residents' files.</p> <p>The nurse manager, a registered nurse, completes all resident assessments. She advised that nine of the twenty residents were now</p>

		<p>on the interRAI system.</p> <p>The organisation has recently adopted the DHB medication review tool related to falls risk. These have now been completed for all residents and the nurse manager advised these will be updated on a regular basis.</p> <p>All residents are weighed monthly.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Care plans are individualised and detailed, developed in a timely manner and reflect the integration of a variety of assessment information. All plans reviewed included considerable detail about the resident's functional abilities, personal preferences, likes/dislikes, and spiritual and cultural needs. Resident-focused goals were identified, and strategies detailed to achieve those goals. Wound assessments were noted to be particularly comprehensive.</p> <p>Residents and family members confirmed their involvement in and satisfaction with the care planning process.</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 organisation ensures that residents received appropriate and adequate services to meet their assessed needs and desired outcomes. Every resident's file reviewed showed evidenced of interventions and care delivery based on the needs identified through the assessment process.</p> <p>The nurse manager is on site five days per week and available on call for staff outside of those hours. The nurse manager is involved in care delivery and is well positioned to be able to monitor service delivery and provide support and guidance to care delivery staff. Clinical policies and procedures are also available.</p> <p>Residents and family members confirmed their satisfaction with the services provided.</p>
<p>Standard 1.3.7: Planned Activities</p>	FA	<p>A recently-appointed activities coordinator, with four years previous</p>

<p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>		<p>experience, facilitates the activities programme at Bardowie Retirement Complex. The previous activities coordinator, who had many years of experience in that role, remains on staff, and acts as a resource and support.</p> <p>The activities coordinator is employed for 10 hours per week with care giving staff and volunteers providing additional activities at other times.</p> <p>Residents' previous and current interests are assessed on admission and individual activity plans completed within three weeks and reviewed six monthly (sighted). These help inform the development of the monthly activity programme, which all residents receive a personal copy of. Activities planned for March included quiz games, bingo, story times, crafts, baking, word games and a number of outings in the facility van. The van, which has a current warrant of fitness and registration, is used for resident outings two-three times each week. Residents were also taken individually to activities that were important to them, such as the resident who has a weekly trip to a beauty salon.</p> <p>Resident satisfaction with the activities programme was surveyed in November 2014. In response to the 83% satisfaction rate, the organisation increased the number of activities for male residents, such as, 'the men's club' and increased the number of activities overall. Residents confirmed their enjoyment of the activities programme and the support given to them to follow their own particular interests, such as tending the vegetable garden.</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>Care plans are evaluated at least six monthly and more frequently if clinically indicated (sighted). Evaluations are undertaken by the nurse manager and detail the resident's progress towards achieving their identified goals. The evaluation of wounds was particularly detailed in the files reviewed.</p> <p>Short term care plans were also reviewed in a timely manner. When progress was different from expected, care plans were updated accordingly.</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>If other services are indicated or requested, either the general practitioner or the nurse manager will seek specialist service provider assistance, such as the wound specialist nurse, physiotherapist, podiatrist, mental health for the elderly service. This was confirmed by the nurse manager. Residents are also supported to attend external appointments, such as going to the dentist, or attending a hospital clinic.</p> <p>Residents and family members confirmed they were aware of their options to access other health and disability services and were also consulted and kept informed when referrals to specialist services were necessary.</p> <p>Residents retain the services of their own general practitioner on admission to the service. Residents were usually taken to the surgery for their medical reviews but the general practitioners will visit the facility if the situation is urgent or the resident is unable to travel to the surgery. If a family member is unable to accompany the resident, a staff member always accompanies them as confirmed in staff interviews.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>A policy that addresses recyclable, food, non-hazardous and hazardous waste outlines the processes the organisation uses to manage waste. The Health and Safety Committee has a role to minimise risk and ensure these processes are followed. The storage of chemicals is detailed.</p> <p>Within the infection control documentation is a waste management section which includes policy and procedures for waste (blood and bodily fluids) management and disposal. In the waste management policy staff are instructed to report any exposure to waste / substances or needle stick injuries using the incident / accident reporting procedures.</p> <p>The door to the chemical and cleaning store is locked and is located in the laundry. An outside firm is contracted to supply all chemicals and cleaning products with relevant training.</p> <p>A training register shows that the person who manages the laundry and the cleaner attended a training session in the previous month. They were both able to detail process and procedures required for the safe</p>

		<p>use of any chemicals. All staff have regular training in the management of waste and hazardous substances and training records confirmed this.</p> <p>Aprons, gloves and masks were seen in all areas where personal cares are involved and also in the laundry. Staff were observed using these throughout the facility as appropriate during the audit.</p> <p>All incidents are reported and documented and then fed into the quality management system. The Health and Safety Committee monitor all relevant processes and incidents as per the organisational policy and the manager reports she does a regular internal audit. This is included on the audit programme. Staff reported they were clear about the process for incident reporting in this area.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The building WOF sighted is current and expires on 1 June 2015. Regular testing of electrical equipment is completed and calibrations as necessary, although the nurse manager reports new equipment is often purchased in lieu of testing.</p> <p>The facility is purpose built with wide hallways around the whole facility with handrails installed to assist with safe mobility for the residents.</p> <p>All outside areas are easily accessed from the facility with ramps and handrails. A large sunshade over the internal courtyard with tables and seating provides a large and safe outside area for use by residents and families. A number of smaller outside areas are also provided including undercover access to the facility van.</p> <p>Provisional Audit: The prospective owner has confirmed there will be no environmental changes at the facility in the foreseeable future.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>The facility has 20 single rooms which all have their own bathroom with a toilet and hand basin. There are three showers located evenly around the facility. These are all spacious, hygienic and well maintained with privacy locks on all doors to ensure privacy. One larger shower area also has a bath available. All toilets and showers are well labelled with easily turned locks to assist with privacy. Separate toilets are available</p>

		for staff and visitors.
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>All rooms are single, most of a reasonable size. A smaller number are quite compact and not always suitable for those who use mobility aids. However all residents who are in a smaller room can request a change to a larger room when one becomes available. This option has been used but some residents are quite comfortable with their smaller room. All the rooms are kept clean, tidy and free from clutter to ensure maximum space is available in rooms to promote independence. All residents spoken with expressed satisfaction with their personal rooms. All rooms have the resident's name clearly displayed on the door. Many residents have their own television.</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>The facility has one large lounge area which is also used as the activity centre. It also has two smaller lounge areas, one with a large television and another that is used as a sitting and reading area. A separate conservatory looks out onto the road. The dining area is light and airy. All these rooms are warm and light with plenty of suitable seating and are observed to well used by residents. The furnishings are appropriate and well maintained. All communal areas are clean and tidy.</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>An outside agency is contracted to supply detergents and to maintain the machines. The chemicals are all colour coded and well labelled.</p> <p>Data sheets were observed on the laundry wall to provide information on all products in use.</p> <p>A procedure information sheet is also on the laundry wall to give guidance to the process used to ensure all laundry is cleaned according to the policy and guidelines and to ensure safe and hygienic management of all dirty, soiled and clean laundry. Internal audits are done on a regular cycle to monitor effectiveness with results being used to ensure standards are maintained. The laundry manager described the process used to manage laundry. A yellow bucket is used by all staff should there be any soiled linen to be collected from rooms for</p>

		<p>transportation to the laundry and sluice area.</p> <p>The most recent audit completed by the nurse manager was sighted and another is now due. The locked store room in the laundry is used to store all chemical and cleaning products.</p> <p>Resident satisfaction surveys show there were few concerns with the personal laundry services and the cleanliness of the whole facility was observed to be of a particularly high standard.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>There are polices / procedures and guidelines for emergency planning, preparation and response. There are disaster planning guides which direct the facility in their preparation for disasters and describe the procedures to be followed for fire evacuations and regular practices. There is a list of what supplies are held in the emergency civil defence bin which is stored outside and an emergency bin which is stored inside the manager's office. These contain appropriate supplies for use in the event of an emergency.</p> <p>Emergency evacuation procedures are located around the facility. A fire evacuation drill is held six monthly with the last one completed on 2 March 2015. This was observed by the fire department and documented to record no concerns identified.</p> <p>Staff training for emergencies occurs regularly and orientation includes an emergency training module. The nurse manager reported that regular training at staff meetings was used to reinforce required procedures. Evacuation training was included in the March staff meeting.</p> <p>The approved evacuation plan was sighted. This was completed in 1997.</p> <p>Emergency lighting is activated in the hallways and by exit doors in an emergency. All night staff have torches available. All rooms and hallways have smoke alarms and sprinklers.</p> <p>All rooms are equipped with a call bell which is monitored in the office. Bells were observed to be answered promptly during the audit.</p> <p>The doors are locked by 8 pm at the latest and windows are checked.</p>

		<p>Security lighting is used in outside areas.</p> <p>Residents interviewed felt safe in the facility.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>Individual rooms and communal areas have opening external windows. The facility was well ventilated and light on the days of audit. Heating, when needed, is either with heat pumps or fan heaters in the communal areas. Individual rooms are heated with fan heaters or have been upgraded with wall panel heaters. This process of upgrading is ongoing.</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>	FA	<p>An appropriate infection prevention and control programme is implemented at Bardowie Retirement Complex to provide a managed environment that minimises the risk of infection to residents, staff and visitors.</p> <p>The systematic approach to infection control management includes surveillance, policies and procedures and staff education.</p> <p>Infection control processes are guided by an external provider's infection control manual, which has been adapted to meet practices specific to the organisation. The manual is next due for review in January 2016. Reporting lines are clearly defined, with the infection control coordinator reporting to the Directors. Monthly infection control data is also reported at the monthly staff meetings.</p> <p>Notices at the entrance to the facility asks visitors who are unwell to check with the nurse manager about visiting. The nurse manager reported that families and visitors are respectful of those requirements. The infection control manual, and a separate policy on staff with infections and illnesses, provides information for staff about when they should not be at work.</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</p>	FA	<p>The infection control coordinator is a very experienced registered nurse, whose knowledge of infection control practices was informed by her clinical experience, training, and access to resources, such as the infection control nurse at the DHB. The nurse manager attends three-</p>

<p>the organisation.</p>		<p>monthly infection group meetings. Comprehensive resources to guide infection control processes are also contained in the infection control manual.</p> <p>The organisation is well resourced in relation to personal protective equipment, hand sanitisers, and hand washing facilities.</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>The organisation uses a comprehensive policy and procedures manual developed by an external provider to guide infection prevention and control. A second manual of infection control resources, mostly originating from the DHB, is also available.</p> <p>Cleaning, laundry, caregiving and kitchen staff were observed to be compliant with generalised infection control 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>The nurse manager advised that infection control education was included as part of the staff orientation process. This was noted to be included in training records and confirmed in staff interviews. In-service education related to infection control is provided at least annually with, for example, training on standard precautions undertaken in May 2014.</p> <p>Additional training is undertaken on an as-required basis, such as during an infection outbreak. Staff interviewed confirmed they felt confident about the requirements related to infection control practices.</p> <p>Education for residents normally occurs on an informal basis, such as a reminder to wash hands before meals. Additional education is provided as clinically indicated, for example, during an infection outbreak. The nurse manager advised that she has tried to include education at resident meetings, but finds an individual approach, repeated as frequently as required, to be more effective.</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</p>	<p>FA</p>	<p>Surveillance of a range of infections is undertaken on a monthly basis. This includes data related to wounds, urinary tract infections, respiratory, eye/ear, gastrointestinal and systemic infections. Detailed records of the surveillance results are reported to the Directors, to the</p>

infection control programme.		monthly staff meetings, and also at staff handovers. An annual surveillance report was developed (sighted). The infection control coordinator reported that surveillance results were compared across the months and years to identify any significant trends. Infection incidence at the facility has been consistently low.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	<p>The policy for restraint states any use of restraint is only as a last resort and is only considered when all other alternatives have been tried. The process for any use that could occur in the future is detailed in the guidelines and procedures which cover assessment, approval, monitoring and evaluation. There are forms for; consent, application, approval group recommendations, monitoring and review. The nurse manager, who is also the restraint coordinator, confirmed no form of restraint has been used in the two years she has been managing the facility and she is clear the philosophy of the organisation is to have a restraint free environment at all times.</p> <p>Staff reported they are clear about the use of restraint and that enablers are voluntary and at the request of a resident. Regular training occurs and this is documented in the training plan. Two residents have requested 'hooped grab rails' to assist them with getting out of bed. Although these do not restrict normal movement, they are documented on a register and in the residents' care plans. All residents are monitored overnight by staff on duty.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.1.2.3</p> <p>Opportunities are provided for explanations, discussion, and clarification about the Code with the consumer, family/whānau of choice where appropriate and/or their legal representative during contact with the service.</p>	PA Low	<p>The entry to the service policy contains a detailed list of the written information that is to be provided to residents and their families at the time of admission. This includes information on informed consent, residents’ rights, and complaints. Although the nurse manager and residents and families reported that this information was discussed verbally as part of the admission process, it is not provided in a hard copy form.</p> <p>A brief ‘information kit’ was given to all new residents, which included information on a limited range of topics related to day-to-day living in the rest home. There was no reference in this kit to resident rights, or the processes associated with those rights, such as the complaints process. Hard copies of the Code, and</p>	<p>The facility information kit given to new residents does not contain all information required to ensure residents and families are fully informed of rights, relevant policies and processes including complaints.</p>	<p>Residents/families are provided with all the information necessary to ensure they are fully informed of their rights, and relevant policies/processes including complaints.</p> <p>180 days</p>

		information on the Advocacy Service were available at reception, but residents were not personally provided with copies of these.		
<p>Criterion 1.2.9.9</p> <p>All records are legible and the name and designation of the service provider is identifiable.</p>	PA Low	Residents' progress notes are updated at least daily and more frequently when clinically indicated. The majority of the names and/or the designations of the service providers making those entries were illegible in the five clinical records reviewed.	The name and designation of service providers making entries into the resident's clinical file are not consistently legible and/or the designation is not identifiable.	<p>The name of every service provider making entries into residents' records is legible and their designation identifiable.</p> <p>180 days</p>
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	PA Low	The controlled drugs register contained evidence of six monthly stocktakes. The required weekly stock count of medication in the controlled drug register had not been undertaken since November 2014.	The required weekly stock-count of medications in the controlled drugs register has not been undertaken on a regular basis as required.	<p>Weekly stock counts of medications in the controlled drugs register are undertaken.</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.