

Lifeline Agedcare Limited

Introduction

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

The audit has been conducted by Health 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:	Lifeline Agecare Limited
Premises audited:	Palm Grove Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 26 May 2015 End date: 26 May 2014
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:	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.

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

Palm Grove rest home is privately owned and operated. The service is certified to provide rest home level of care for up to 30 residents. On the day of the audit there were 20 residents.

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

The owner/operator is supported by an experienced aged care manager (qualified diversional therapist). Both are responsible for the daily operation of the facility. They are supported by a part-time registered nurse.

The service has been actively reviewing the quality system, policies and procedures to enable staff to deliver best care. There have been a number of environmental improvements including upgrading and refurbishment of the facility. Clinical improvements include the development of a governance group with clinical representation, introduction of the medimap system and InterRAI assessment tools. Residents and family interviewed commented positively on the standard of care and services provided at Palm Grove.

This certification audit identified improvements required around meeting minutes, essential notifications, timeliness of care plan reviews, documented interventions and aspects of medication storage and expiry dates.

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

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 medium or high risk and/or unattained and of low risk.
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Palm Grove is implementing a quality and risk management system that supports the provision of clinical care. The service has a strategic business plan. There are annual quality activities that have been reviewed regularly. Quality data is collated for

infections, accident/incidents, concerns and complaints. Facility and resident meetings are held. Annual surveys have been collated.

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

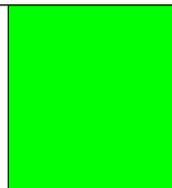
Continuum of service delivery

<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. Registered nurses are responsible for care plan development with input from residents and family. Residents and family interviewed confirmed that they participate in the development and reviews of care plans. Planned activities are appropriate to the resident's assessed needs and abilities and residents advised satisfaction with the activities programme. The service has introduced the Medimap medication chart system. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs are being met.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.

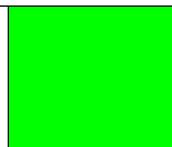


Standards applicable to this service fully attained.

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

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.



Standards applicable to this service fully attained.

The service has policies and procedures to appropriately guide staff around consent processes and the use of enablers. The registered nurse is the restraint coordinator. There are currently no residents using enablers or restraint. Staff receive training in restraint and managing challenging behaviour as part of the annual training plan.

Infection prevention and control

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

Standards applicable to this service fully attained.

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control co-ordinator (registered nurse) is responsible for coordinating education and training for staff. The infection control co-ordinator has attended external training. The infection control programme has been reviewed annually. There are policies and guidelines in place that reflect good practice. The infection control co-ordinator uses the information obtained through surveillance to determine infection control activities and education needs within the facility.

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	40	0	3	2	0	0
Criteria	0	88	0	3	2	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	Palm Grove has policies and procedures that align with the requirements of the Code of Health and Disability Services Consumer Rights (the Code). Two caregivers and one registered nurse (RN) were able to describe how they incorporate resident choice into their activities of daily living. Staff have received training around advocacy services that includes the Code of Rights, at orientation and as part of in-service programme.
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.	FA	Informed consent and advanced directives were recorded as evidenced in the five resident files reviewed. Advised by staff that family involvement occurs with the consent of the resident. Residents interviewed confirmed staff gained consent prior to any cares and they have choices in regards to medical treatments, of daily activities and recreation.
Standard 1.1.11: Advocacy And Support Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.	FA	Residents are provided with a copy of the Code of Health and Disability Services Consumer Rights and Advocacy pamphlet on admission. Interviews with residents confirmed they were aware of their right to access advocacy. Advocacy pamphlets are displayed in

		<p>the main entrance and there is a suggestion box for use.</p> <p>D4.1d; Discussions with family confirm that the service provides opportunities for the family/EPOA to be involved in decisions.</p> <p>ARC D4.1e. The resident files include information on residents' family/whanau and chosen social networks.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>D3.1h: Interview with residents and families confirm relatives and friends can visit at any time and are encouraged to be involved with the service and care. Residents are encouraged wherever possible to maintain former activities and interests in the community. They are supported to attend community events and groups.</p> <p>D3.1.e: Interview with residents confirm the staff help them access community groups.</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>There is a complaints policy to guide practice which aligns with Right 10 of the Code. The Privacy officer (manager) leads the investigation of concerns/complaints in consultation with the RN for clinical concerns/complaints. Concerns/complaints are discussed (as appropriate) at the monthly quality/staff meeting as sighted in the meeting minutes. Complaints forms are visible at the main entrance. There has been one complaint that has been managed appropriately and within the required timeframes. A complaints log is maintained.</p> <p>Residents and families interviewed know of the complaints process and state management are very approachable. Management operate an "open door" policy.</p> <p>D13.3h. 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>	FA	<p>There is a welcome pack that includes information about the Code and this is discussed during the admission process with the resident and family. Large print posters of the Code and advocacy information are displayed at the main entrance to the facility.</p> <p>D6.2 and D16.1b.iii the information pack provided to residents/families on entry includes how to make a complaint, Code of Rights pamphlet, advocacy and Health & Disability Commission.</p>

		D16.1bii. the families and residents are informed of the scope of services and any liability for payment for items not included in the scope. This is included in the service agreement.
<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>There are policies in place to guide practice in respect of independence, privacy and respect. Staff were observed to be respectful of residents' personal privacy by knocking on doors prior to entering resident rooms during the audit. Five residents interviewed confirmed staff respect their privacy and support them in making choices. Resident files were stored out of sight. Staff receive training around abuse and neglect.</p> <p>D3.1b, d, f, i: The service has a philosophy that promotes quality of life, involves residents in decisions about their care, respects their rights and maintains privacy and individuality. Resident preferences are identified during the admission and care planning process with resident/family involvement as appropriate. The service actively encourages residents to have choices and this includes voluntary participation in daily activities.</p> <p>D4.1a: Five resident files sampled identified that cultural and/or spiritual values and individual preferences are identified on admission and integrated with the residents' care plan. Interviews with residents confirm their values and beliefs are considered.</p> <p>D14.4: There are clear instructions provided to residents on entry regarding responsibilities of personal belongings in their admission agreement. Personal belongings are documented and included in resident files.</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>Palm Grove has a Māori health plan that includes a description of how they will achieve the requirements set out in A3.1 (a) to (e) of the district health board contract (DHB). All staff attended Māori Health and cultural safety training March 2015.</p> <p>D20.1i: There is a cultural safety policy to guide practice including recognition of Māori values and beliefs and identify culturally safe practices for Māori. Staff interviewed were able to describe how they would ensure Māori values and beliefs are met. Family/whanau involvement is encouraged in assessment and care planning. A Māori</p>

		<p>care plan would be developed in consultation with the resident and their family/whanau and kaumatua/iwi link as desired.</p> <p>At the time of audit there were no Māori residents.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>The resident and family are invited to be involved in care planning and any beliefs or values are further discussed and incorporated into the care plan. Six monthly reviews occur to assess if needs are being met. Discussion with relatives and residents confirm values and beliefs are considered. Residents are supported to attend church services of their choice.</p> <p>D4.1c: Care plans reviewed included the residents' social, spiritual, cultural and recreational needs.</p> <p>Twenty five per cent of the resident group are of another ethnicity. The residents do not speak any English. The care plans viewed document specific cultural beliefs and values. The caregivers interviewed were able to describe techniques used to effectively communicate with the consumer group including sign language and picture cards. One of the cooks recently employed is of the same ethnicity and is able to act as a translator as required. She attends the resident meetings as a translator and advocate for the resident group. The owner/director sources authentic foods to ensure the food preferences of the ethnic group are met.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>Job descriptions include responsibilities of the position and signed copies of all employment documents are included in the five staff files sampled. Staff comply with confidentiality and the code of conduct. Qualified staff and allied health professionals practice within their scope of practice. Monthly staff meetings with the owner/director and manager include discussions on professional boundaries and concerns as they arise (minutes sighted). Interviews with the RN and caregivers confirmed an awareness of professional boundaries.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>Palm Grove policies and procedures reflect good practice and meet the health and disability sector standards. Staff are made aware of new/reviewed policies and sign to declare they have read the policy. Education planners include the required training and education. Staff complete relevant workplace competencies. An environment of open</p>

		<p>discussion is promoted. There are handovers between shifts. Allied health professionals are available to provide input into resident care.</p> <p>ARC D17.7c: There are implemented competencies for caregivers and the registered nurse. The RN has access to external training.</p> <p>Discussions with residents and family were positive about the care they receive. Interview with caregivers inform they are well supported by the owner/director, manager and RN who are also available after hours.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>There is a policy to guide staff on the process around open disclosure. Accident/incident forms have a section to indicate if family have been informed of an accident/incident. Nine of 11 incident forms reviewed (10 for February and one for April 2015) identify family were notified following a resident incident. Two residents did not have any next of kin. The RN and manager confirm family are kept informed. Family interviewed confirm they are notified promptly of any incidents/accidents. There is access to an interpreter service. Resident meetings are held where residents are kept informed on facility matters and services provided. Residents have the opportunity to provide feedback on the services.</p> <p>D12.1: Non-Subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The Ministry of Health “Long-term Residential Care in a Rest Home or Hospital – what you need to know” is provided to residents on entry.</p> <p>D16.1b.ii: The residents and family are informed prior to entry of the scope of services and any items they have to pay that is not covered by the agreement.</p> <p>D16.4b: There is documented evidence on the family contact sheet of family notification when their relatives health status changes.</p> <p>D11.3: The information pack is read for those with visual impairment and translated to residents as required.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are</p>	FA	<p>Palm Grove provides rest home level of care for up to 30 residents (includes five double rooms). On the day of audit there were 20 residents.</p>

<p>planned, coordinated, and appropriate to the needs of consumers.</p>		<p>The owner/director purchased the facility in August 2014. He is an accountant and is responsible for business and financial operations. The owner/director is involved in the daily operations and is on-site most days.</p> <p>The manager is a registered diversional therapist with 26 years' experience working in aged care. She has been in the role of manager at Palm Grove for four years. A registered nurse is employed for 18 hours a week with flexibility to increase hours to meet the resident needs.</p> <p>There is a strategic business plan in place that is due for review in December 2015 and includes goals around marketing, occupancy, community links and service delivery. Specific goals for 2015 include (but not limited to) changing the heating unit from panel heating to central heating, upgrade of call bell system in all areas with the ability to connect sensor mats and formal governance meetings with the newly formed governance group. The governance group comprises of the owner/director, manager and nursing. Clinical governance is provided by an experienced registered nurse with management and district health board background. Responsibilities of the governance group include the review and development of the business plan, service quality goals and review of policies and procedures. 2014 quality activities have been reviewed and are on-going.</p> <p>The mission statement states: "We aim to provide a community based on care and trust where our residents feel at home". Residents and families stated they feel safe and well cared for in a home-like environment.</p> <p>ARC, D17.3di, The owner/director and manager have attended at least eight hours of education relating to managing a rest home including aged care provider meetings. They have attended on-site education such as elder protection, open disclosure, informed consent and resident code of rights and complaints. The manager has a current first aid certificate.</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</p>	<p>FA</p>	<p>The clinical governance appointee/registered nurse provides cover for the manager and registered nurse leave as required.</p> <p>D19.1a; A review of the documentation, policies and procedures and</p>

<p>provision of timely, appropriate, and safe services to consumers.</p>		<p>from discussion with staff, identified that the service has operational management strategies, quality assurance programme which includes culturally appropriate care, to minimise risk of unwanted events and enhance quality.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>PA Low</p>	<p>Palm Grove is implementing a quality and risk management system. The 2014 quality activities plan has been evaluated with examples of quality improvements as follows:</p> <p>1) Refurbishment of the dining room, including new dining chairs, 2) re-decorating of bedrooms as they become vacant including replacement of wardrobes, 3) upgrade of internal phone system, 4) review of suppliers to include education and training, 5) internal painting, 6) RN has attended InterRAI training and InterRAI assessments in progress, 7) introduction of Medimap medication system, and 8) upgrade and replacement of kitchen fridge and range hood.</p> <p>There are policies and procedures implemented to provide assurance that the service is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. Policies are reviewed on a regular basis. The content of policy and procedures are detailed to allow effective implementation by staff. Staff interviewed confirm they are made aware of new/reviewed policies and sign to declare they have read and understood the content.</p> <p>There are monthly combined infection control, health and safety and quality meetings held prior to the staff meeting. Outcomes of internal audits are not all discussed at meetings. The results of surveys have not been collated, feedback to participants or discussed at meetings.</p> <p>D19.3: There is an implemented health and safety and risk management system in place including policies to guide practice. The service has a health and safety coordinator (RN) with specific role responsibilities. There is a current hazard register (reviewed January 2014) that identifies hazards for each area of work. Staff complete a hazard identification form for hazards. Staff were able to describe their responsibilities in regards to health and safety and reporting of accident/incidents.</p>

		D19.2g fall prevention strategies were in place that includes the analysis of falls incidents and the identification of interventions on a case by case basis to minimise future falls. Falls risk assessments were completed on admission and following falls.
<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>PA Moderate</p>	<p>Eleven accident/incident forms (10 for February and one for April) were sampled. There has been RN notification and clinical assessment completed within a timely manner. Accidents/incidents were recorded in the resident progress notes. There was documented evidence the family/whānau had been notified for nine of 11 incidents/accidents. There was no next of kin/representative for two residents.</p> <p>D19.3c: The service collects incident and accident data and reports aggregated figures monthly to the combined infection control/health and safety/quality meeting and staff meeting.</p> <p>D19.3b: The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made. Trending data is considered.</p> <p>Discussions with the manager identified district health board notification (DHB) had not occurred following an incident involving police notification.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>There are human resources policies to support recruitment practices. Five staff files sampled contained all relevant employment documentation. Current practising certificates were sighted for the RN and allied health professionals. The service has an orientation programme that provides new staff with relevant information for safe work practice. Two staff interviewed stated they were adequately orientated to the service on employment. Performance appraisals are up to date.</p> <p>The 2014 and 2015 annual education planner covers all the compulsory training requirements. There is good staff attendance. The RN has attended external education including InterRAI and infection control training.</p> <p>Clinical staff complete competencies relevant to their role including</p>

		medication competencies.
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. There is a registered nurse on-site Monday, Wednesday and Friday (18 hours). Hours are increased as needed to meet resident needs such as an admission. The RN is on-call 24/7. There are dedicated cleaning and food services staff. The caregivers, residents and relatives interviewed inform there is sufficient staff on duty at all times.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within required timeframes into the resident's individual record. Information containing personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Individual resident files demonstrate service integration including records from allied health professionals and specialists involved in the care of the resident.</p> <p>D7.1 Entries were legible, dated and signed by the relevant caregiver or registered nurse including designation.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>Residents are assessed prior to entry to the service by the needs assessment team, and an initial assessment was completed on admission. The service has specific information available for residents/EPOA at entry and it included associated information such as the Health and Disability Code of Rights, advocacy and complaints procedure. The admission agreement reviewed aligned with the ARC contract and exclusions from the service were included in the admission agreement.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>The transfer/discharge/exit procedures included a transfer/discharge form and the completed form is placed on file. The service stated that a staff member escorts the resident if no family are available to assist with transfer, and copies of documentation were forwarded with the resident.</p>

<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>The service uses individualised medication blister packs which are checked on delivery. A medication competent caregiver was observed administering medications correctly. Medications and associated documentation are stored safely and securely and all medication checks were completed and met requirements. There was documented evidence that medication charts are reviewed three monthly by the GP. Resident photos and documented allergies or nil known were on all ten medication charts reviewed. The service has introduced the medimap system. An annual medication administration competency was completed for all staff administering medications and medication training had been conducted.</p> <p>There is a self-medicating resident's policy and procedures in place. There were currently no residents who self-administered medications. Individually prescribed resident medication charts are in use and this provides a record of medication administration information. As required medication, is reviewed by a registered nurse prior to administration. Management shortfalls around dating opened eye drops, expired medications and storing of residents' topical medications were noted.</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>All meals at Palm Grove are prepared and cooked on site. There is a six weekly menu which has been reviewed by a dietitian. Meals are prepared in a well-appointed kitchen adjacent to the rest home dining room and served directly to residents. The cooks have been trained in safe food handling and food safety procedures were adhered to. 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 staff and any changes are communicated to the kitchen, via the registered nurse or caregiver. Resident meetings and surveys allow for the opportunity for resident feedback on the meals and food services generally. Residents and family members interviewed indicated satisfaction with the food service.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the</p>	<p>FA</p>	<p>The reason for declining service entry to residents to the service would be recorded on the declined entry form, and when this has occurred, the service stated it had communicated to the resident/EPOA/family</p>

organisation, where appropriate.		and the appropriate referrer.
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	Files reviewed identified that all residents have been admitted with a care needs level assessment. The assessment has been completed by the needs assessment and service co-ordination team prior to admission. Personal needs information has been gathered during admission and has formed the basis of resident goals and objectives. Assessments reviewed had been reviewed at least six monthly, or more frequently when condition had changed. Appropriate risk assessments had been completed for individual resident issues. The registered nurse has completed InterRAI training and the use of the assessment tool was evident in resident files.
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	PA Low	The long-term care plan records the resident's problem/need, objectives, interventions and evaluation for issues identified through the risk assessment process. Shortfalls were identified around current interventions in care plans. The service utilises a specific acute health needs care plan that includes interventions and management for short-term cares. Resident files reviewed demonstrate service integration with medical and allied health professional notes.
<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>Family interviewed confirmed they are notified of any changes to health for their relative. The RN initiates a medical review for any resident concerns. Staff state they are made aware of any resident changes at handover and in the short term care plans.</p> <p>Adequate dressing supplies were sighted and a treatment room was stocked for use. Contenance products were available and resident files included a urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice was available as needed and this could be described. Wound assessment and wound management plans were in place for six residents.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	The activity co-ordinator provides an activities programme over five days each week. The programme is planned monthly and residents receive a personal copy of planned monthly activities. Activities planned for the day are displayed on notice boards around the facility. A diversional therapy plan was developed for each individual resident

		based on their assessed needs. Residents are encouraged to join in activities that are appropriate and meaningful and are encouraged to participate in community activities. The service had a van that is used for resident outings. Residents were observed participating in activities on the days of audit. Resident meetings provide a forum for feedback relating to activities. Residents' and family members interviewed expressed 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	Long-term care plans reviewed were updated as changes were noted in care requirements. Care plan evaluations reviewed were comprehensive, related to each aspect of the care plan and recorded the degree of achievement of goals and interventions. Short-term care plans are utilised for residents and any changes to the long-term care plan were dated and signed. Short-term care plans were in use (link 1.3.5.2). Long-term care plans were evaluated within the required time frames in four of five resident files reviewed (1.3.3.3).
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/EPOA 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 as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.	FA	All chemicals are 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. Safe chemical handling training has been provided.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	The service displays a current building warrant of fitness which expires 21 August 2015. Hot water temperatures are checked weekly. Medical equipment and electrical appliances have been tested, tagged and calibrated. 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 as identified in the care plans.
<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	All resident rooms in Palm Grove are single rooms. Residents' share communal toilets and showers. There are sufficient numbers of resident communal toilets in close proximity to resident rooms and communal areas. Residents interviewed state their privacy and dignity is maintained while attending to their personal cares and hygiene. The communal toilets and showers are well signed and identifiable and include large vacant/in-use signs.
<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	The resident rooms are spacious enough to meet the assessed resident needs. Residents are able to manoeuvre mobility aids around the bed and personal space. All beds are of an appropriate height for the residents. Caregivers interviewed reported that rooms have sufficient room to allow cares to take place. The bedrooms were personalised.
<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	There is a large lounge and separate dining room, and a small seating area. The dining room is spacious, and located directly off the kitchen/servery area. All areas are easily accessible for the residents. The furnishings and seating are appropriate for the consumer group. Residents interviewed report they are able to move around the facility and staff assisted them when required. Activities take place in the lounge.
<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	There is a separate laundry area where all linen and personal clothing is laundered by designated laundry staff. There are secure cleaners cupboard with cleaners trolleys. Staff have attended infection control and safe chemical handling education and there was appropriate protective clothing available. Manufacturer's data safety charts are available. Residents and family interviewed reported satisfaction with the laundry service and cleanliness of the room/facility.
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during</p>	FA	The service has an approved evacuation plan dated 10 August 2006. Six monthly fire drills are held with the last drill in March 2015. Staff

emergency and security situations.		receive training in emergency management. There is at least one first aider on duty at all times. There is an emergency plan and disaster preparedness policies and procedures. Emergency flip charts were sighted in staff areas. There is adequate water store, food supply, barbeque and civil defence equipment available in the event of an emergency. The call bell system is available in all bedrooms and communal areas. Updating the call bell system is a quality goal for 2015. A technician was on site on the day of audit providing recommendations and quote. The facility is secure after hours.
Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.	FA	All communal and resident bedrooms have external windows with plenty of natural sunlight. General living areas and resident rooms are appropriately heated and ventilated. Residents and family interviewed stated the environment is warm and comfortable.
Standard 3.1: Infection control management 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.	FA	The infection control programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. The infection control coordinator is the registered nurse (job description sighted). The infection control programme was reviewed at the time of policy review January 2015. Visitors are asked not to visit if they have been unwell. Influenza vaccines are provided. There are hand sanitizers throughout the facility and adequate supplies of personal protective equipment.
Standard 3.2: Implementing the infection control programme There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.	FA	Infection control is managed by the infection control coordinator and infection control representative (caregiver). The infection control coordinator has attended an infection control workshop at the DHB. There is access to an external infection control specialist, gerontology nurse specialist, public health, and GP and laboratory personnel. There have been no outbreaks.
Standard 3.3: Policies and procedures 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	FA	D 19.2a: The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes the infection control programme, responsibilities and oversight, training and education of staff. Infection control policies have been reviewed January 2015 in consultation with the infection control coordinator and

<p>implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>		<p>clinical governance representative (RN). Policies reflect current best practice.</p>
<p>Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>The infection control coordinator is responsible for coordinating/providing education and training to staff. The IC coordinator has completed appropriate IC training.</p> <p>Staff receive infection control orientation on employment and attend annual infection control education. Resident education occurs as part of providing daily cares for example care of catheters. Infection control awareness is also discussed at resident meetings as appropriate.</p>
<p>Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>There is a policy describing surveillance methodology for monitoring of infections. The infection control coordinator collates information obtained through surveillance to determine infection control activities and education needs in the facility. Definitions of infections are in place appropriate to the complexity of service provided. Infection control data is collated monthly and reported at the combined health and safety and infection control meetings, held prior to the staff meetings. Monthly and annual trends are identified and quality initiatives/goals are put in place. Caregivers interviewed confirm infection control and surveillance data is available and discussed at staff meetings.</p>
<p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>There is a documented definition of restraint and enablers which is congruent with the definition in NZS 8134.0. The policy (reviewed January 2015) includes restraint procedures. The policy identifies that restraint is used as a last resort. There were no residents with enablers or restraints in use. The RN is the restraint coordinator with a job description that defines the role and responsibilities. Training in restraint and challenging behaviour (for clinical and non-clinical staff) has been provided. Restraint/enablers are discussed at the staff meetings. Staff complete restraint competencies. Care staff interviewed are able to describe the definition of enablers and restraints.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.3.6</p> <p>Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.</p>	PA Low	<p>Quality data including infection control, health and safety, education, concerns/complaints and enablers/restraint is discussed at meetings as sighted in the meeting minutes. Staff confirm discussion is held around quality data. Annual staff and resident/relative satisfaction surveys have been completed annually. Internal audits have been completed as per schedule and include environmental and clinical audits. Corrective action plans were raised for identified deficits.</p>	<p>There is no documented evidence of the outcomes of internal audits discussed at meetings. The results of surveys have not been collated, feedback to participants or discussed at meetings.</p>	<p>Ensure staff are aware of the outcomes of internal audits. Collate survey results and ensure outcomes are feedback to staff and participants.</p> <p>90 days</p>
<p>Criterion 1.2.4.2</p> <p>The service provider understands their statutory and/or regulatory obligations</p>	PA Moderate	<p>The manager is aware of essential notification to the DHB for outbreaks, emergency facility events, coroner enquiry and change of manager etc.</p>	<p>There was no evidence of DHB notification following an absconding incident involving a police search.</p>	<p>Ensure the DHB is notified for all essential notifications under Section 31.</p>

in relation to essential notification reporting and the correct authority is notified where required.				30 days
<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 Moderate	Palm Grove have policies and procedures around the safe management, administering, storage of residents' medications. This was evident when accessing the medication trolley and treatment room. All but one resident's medications were appropriately stored and met safe guidelines.	There was one opened eye drops not dated. There was one expired nasal spray medication. One resident had prescribed topical medications stored on top of the drawers in the bedroom.	<p>Ensure all eye drops are dated on opening. Ensure checks on medication are completed and expired medications are disposed of. Ensure all prescribed medications are securely stored.</p> <p>60 days</p>
<p>Criterion 1.3.3.3</p> <p>Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.</p>	PA Low	There are policies around completing assessments and long-term care plan reviews and evaluations. Four of five resident files long-term care plans were reviewed six monthly.	One long-term care plan had not been reviewed six monthly.	<p>Ensure that all long-term care plans are reviewed six monthly.</p> <p>90 days</p>
<p>Criterion 1.3.5.2</p> <p>Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.</p>	PA Low	Three of four short-term care plans reviewed had been evaluated, signed off or transferred to the long-term care plan. Three of five resident long-term care plans included appropriate interventions that instructed staff how to support residents.	One short-term care plan did not have interventions resolved or evaluated or updated in the long term care plan. One long-term care plan had no interventions identified around a resident who is at risk of wandering. One long-term care plan did not have interventions identified to support the management of a chronic wound.	Ensure short-term care plans are evaluated with interventions resolved or documented on the long-term care plan. Ensure that long-term care plans include interventions to guide care staff in the delivery of current resident care.

				60 days
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.