

Home of St Barnabas Trust

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: Home of St Barnabas Trust

Premises audited: Home of St Barnabas

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 9 June 2015 End date: 10 June 2015

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 38

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

The Home of St Barnabas Trust was incorporated as a Charitable Trust under the Charitable Trusts Act 1957 in 2003 by the Anglican Diocese of Dunedin. The Trust is governed by a Board of Trustees. The home is certified to provide the rest home level care for up to 41 residents. This certification audit was conducted against the relevant Health and Disability Standards and the contract with the District Health Board. The audit process included the review of policies and procedures, the review of residents' and staff files, observations, interviews with families, residents, management, and staff.

There is an established quality and risk management programme. An implemented orientation and in-service training programme provides staff with appropriate knowledge and skills to deliver care and support. The service is managed by an experienced manager who has been with the service over 18 years. Feedback received from families about the service is very positive.

This audit identified improvements required around complaint management documentation, consumer information management system, documentation of nutritional profiles and short-term care planning.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Some standards applicable to this service partially attained and of low risk.
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The Code of Health and Disability Services Consumer Rights pamphlets are available in the main entry and posters are on the walls throughout the facility. Policies are being implemented to support residents' rights. Assessment and care planning includes individual choice. Staff training is provided on resident rights including advocacy services. The information pack provided to residents and their families includes the mission and philosophy. There is a Maori health plan to support practice and individual values are considered during care planning. There is a complaints register but individual response following a complaint has not been recorded. Residents and family members and staff interviewed verify on-going involvement with community groups and confirm that the service is respectful and responsive to their needs, values and beliefs.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some standards applicable to this service partially attained and of low risk.
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Home of St Barnabas has a current business plan, which includes a quality and risk management plan for 2015/2016. The implemented quality programme includes regularly reviewed policies, an internal audit programme, analysis of quality data, and a health and safety programme that includes hazard management. Quality information is reported to monthly senior management

meetings, three monthly quality meetings and other staff meetings. Residents and relatives have an opportunity to feedback on service delivery issues at the resident/family meetings and via annual satisfaction surveys.

Online education programme is initiated and the care manager undertakes the responsibility of monitoring staff training and maintains training records. Human resource management policies are in place. There is a two yearly in-service training programme along with online training offered to staff. Guest speakers are also part of the in-service programme and staff are supported to undertake external training. The service has a documented rationale for determining staffing levels. Caregivers, residents, and family members report staffing levels are sufficient to meet resident needs.

Resident files are integrated and care plans and notes are legible.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		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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Care plans are developed with residents by the registered nurses who also have the responsibility for maintaining and reviewing care plans. Residents and family members interviewed state that they are kept involved and informed about the resident's care.

The medication management system includes medication policy and procedures that follows recognised standards. Caregivers and registered nurses responsible for medication administration have current medication competencies completed.

A range of activities is available and residents provide feedback on the programme. The service focussed on the quality of its activity documentation through regular internal audits. St Barnabas Rest Home has food policies/procedures for food services and menu planning appropriate for this type of service. All meals are cooked on site.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The building has a current warrant of fitness. There is a preventative and planned maintenance schedule in place. Chemicals were stored safely throughout the facility. All resident rooms are single and some rooms have en-suites. There is sufficient space to allow the movement of residents around the facility using mobility aids. The hallways and communal areas are spacious and accessible. The outdoor areas are safe and easily accessible. Housekeeping staff maintain a clean and tidy environment. All laundry and linen is completed on-site.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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There are policies around restraint, enablers and the management of challenging behaviours. The service is restraint free. There are no residents using enablers. Policy dictates that enablers should be voluntary and the least restrictive option possible. The service has appropriate procedures, and documents for the safe assessment, planning, monitoring, and review of restraint and enablers should this be required.

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 nurse (ICN) is a registered nurse. An external consultant supports the ICN. All staff receive infection control education at orientation. Food services and housekeeping staff receive infection control education relevant to their areas. Infection control data is collated monthly and reported to meetings.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	41	0	3	1	0	0
Criteria	0	89	0	3	1	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>Policies and procedures adhere with the requirements of the Code of Health and Disability Services Consumer Rights. The service provides residents and family members with information on entry to the service and this information contains details relating to the Code. Staff receive training on the code at induction. Interviews with four caregivers, two registered nurses (RN) all showed an understanding of the Code of Consumer Rights.</p> <p>The auditors sighted respectful attitudes towards residents on the both days of the audit. Six residents interviewed confirmed that they were treated with respect and dignity.</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>Informed consent processes are discussed with residents and families on admission. Written general and specific consents were evident in the six resident files sampled. Caregivers and the care manager interviewed confirm consent is obtained when delivering cares. Resuscitation orders for competent residents were appropriately signed. The service acknowledges the resident is for resuscitation in the absence of a signed directive by the resident. The general practitioner (GP) discusses</p>

		<p>resuscitation with families and EPOA were evident.</p> <p>Discussion with five family members identifies that the service actively involves them in decisions that affect their relative's lives. Six admission agreements reviewed were signed within the required timeframe.</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>Information/admission packs include information in relation to advocacy services, including phone numbers and contact names being made accessible.</p> <p>The in-service programme includes orientation and on-going training on advocacy, and support persons. Code of rights training was last provided March 2014 and included advocacy/support services to residents.</p> <p>Staff interviewed demonstrated a good understanding of how residents can access advocacy service. Residents interviewed confirmed that advocacy support is available if required.</p> <p>Discussion with five members identified that the service provides opportunities for the family/EPOA to be involved in decisions. The resident files reviewed included information on resident's family/whānau and chosen social networks.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>The service has an open visiting policy. Family and friends are encouraged to visit the home and are not restricted to visiting times. Families interviewed confirmed that they could visit the home at times suitable to them. All six residents interviewed confirmed that relatives and friends were able to visit at any time. Visitors were observed attending the home.</p> <p>The service has a van and group and individual outings are provided. Community groups visit the home as part of the activities programme. Church services are provided at the home.</p> <p>Discussion with all staff, residents and relatives, confirmed that residents are supported and encouraged to remain involved in the community and external groups such as church.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood,</p>	PA Low	<p>D13.3h: There is a complaints policy that complies with Right 10 of the Code. Residents and their families are provided with information on the</p>

<p>respected, and upheld.</p>		<p>complaints process on admission. Complaint forms are available at the main foyer. Staff interviewed were aware of the complaints process and to whom they should direct complaints. The complaints process is in a format that is readily understood and accessible to residents and their families.</p> <p>Six residents interviewed confirmed that they understand the complaints process.</p> <p>Four complaints were documented on the complaint register. Documentation reviewed identified that these were all followed up and managed appropriately, however the register did not include documented acknowledgement of the complaint.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.</p>	<p>FA</p>	<p>Resident rights policy includes roles and responsibilities. The Code of Health and Disability Services Consumer Rights pamphlets are available in the main entry and posters are on the walls throughout the facility. If necessary, staff will read and explain information to residents.</p> <p>Six residents and five family members interviewed were able to describe their rights and advocacy services particularly in relation to the complaints process.</p> <p>The information pack provided to residents on entry includes how to make a complaint, advocacy services and the Code of Rights.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	<p>FA</p>	<p>The service has policies and procedures that are aligned with the requirements of the Privacy Act and Health Information Privacy Code and include confidentiality and privacy policy. Four caregivers, and two RNs interviewed described the procedures for maintaining confidentiality of resident information, and employment agreements bind staff to retaining confidentiality of resident information.</p> <p>Discussions with six residents and five family members identified that personal belongings are not used as communal property and that care staff respect resident's privacy.</p> <p>Personal belongings are documented and included in resident files.</p> <p>All residents and family members interviewed confirmed that the service is respectful and responsive to their needs, values, and beliefs.</p>

		<p>All six resident files reviewed identified individual preferences.</p> <p>There is an abuse and neglect policy and a harassment policy that includes definitions and examples of abuse. Staff could describe definitions. Discussions with four caregivers identify that there is a strong culture of reporting. Five family members interviewed said that the care provided was very good. Elder abuse training was last delivered in 2014.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>The four cornerstones of Maori health care are included in the policy manual to support Maori residents. Cultural awareness is part of the education programme. The service has Maori staff members who act as resource people when required. On the day of audit, there were no Maori residents. The management described connections with Maori organisations.</p> <p>The home identifies cultural safety issues for Maori and can manage these on an individual basis. Residents care plans identify the spiritual religion and cultural needs of 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>Family interviewed confirmed that they are encouraged to be involved in care planning process. The service provides a culturally appropriate service by ensuring initial assessments fully capture resident's information regarding culture and beliefs.</p> <p>Care plans reviewed included the resident's social, spiritual, cultural, and recreational needs.</p> <p>There is a chapel at the facility. The Chaplin provides weekly services. Interviews with staff and residents identified that residents are able to access spiritual support of their preference. Residents who wish to attend their own church in the community are assisted to do so.</p> <p>Residents are addressed by their preferred name. A review of resident files identified that preferred names are documented on file.</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>There are policies and procedures to ensure that consumers are not subjected to discrimination, coercion, harassment, and sexual or other exploitation. There is comprehensive documentation and orientation to ensure that professional boundaries are maintained. The Code of Conduct covers discrimination, harassment, professional boundaries,</p>

		and expectations. Registered nurses described how they abide by their professional code of ethics. Performance appraisals are undertaken.
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>Services are provided that adhere to the Health and Disability Sector Standards. The quality programme was developed by an external contractor and is updated regularly. Annual reviews of the programme reflect the service's on-going progress around quality improvement. Policies and procedures cross-reference other policies and appropriate standards. All residents and families spoke positively about the care provided. There are implemented competencies for caregivers, and RNs. There are clear ethical and professional standards and boundaries within job descriptions.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>There is an open disclosure policy, complaints policy and incident reporting policy. Eleven incident forms reviewed identified that family members have been notified for adverse events affecting their family members. Residents meetings are held three monthly. Annual resident/relative surveys are completed. Staff have received training around open disclosure. The service has policies and procedures available for access to interpreter services. Interviews with staff confirmed knowledge around how to access interpreter services.</p> <p>Non-Subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so.</p> <p>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. Five family members interviewed report they are kept informed when their family member's health status changes.</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 Home of St Barnabas Trust was incorporated as a Charitable Trust under the Charitable Trusts Act 1957 in 2003 by the Anglican Diocese of Dunedin. The Trust is governed by a Board of Trustees that provide governance and direction. The home is certified to provide the rest home level care for up to 41 residents. On the day of audit, there were 38 residents.</p> <p>The general manager reports monthly to the governing board and chair. The report includes financial data, rest home activities, occupancy level, staffing, training, audit, quality, health and safety, infection control,</p>

		<p>restraint minimisation, food services and other general items.</p> <p>Monthly senior management meetings occur and meeting minutes showed discussions around quality activities.</p> <p>The facility has a current business plan, which includes a quality and risk management plan for 2015/2016. A quality management system includes gathering data and information to provide opportunities for quality improvement.</p> <p>The purpose, values, scope, direction, and goals of the organisation are clearly identified and these are recorded in the “mission statement, our charter, and philosophy” and regularly reviewed. This information is readily available in the admission pack and pamphlets displayed in the main entry.</p> <p>The service is managed by an experienced manager (RN). The manager has been in the role for over 18 years. The manager has completed over 35 hours training related to her current role from 2014 YTD. She is supported by the senior management team and the trust board.</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 temporary absence of the general manager, the manager’s role is held by two senior staff that are suitably qualified to undertake this role. The kitchen services manager makes operational management decisions. The quality manager provides clinical support.</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>FA</p>	<p>There is a business, quality, and risk management plan that includes aims and ambitions for the year 2015. Progress with the quality and risk management plan is monitored through the monthly senior management meetings, three monthly quality meetings, and three monthly general staff meetings. All meeting minutes from January to May 2015 were reviewed. Minutes for this meeting included actions to achieve compliance where relevant and these are available for staff to read. Quality meetings include audits, training, complaints, incidents and hazards, restraint, health and safety, infection control, food services, staffing and other general items. These meetings are held as per planner and include discussion, monitoring and reporting on all quality activities.</p>

		<p>The general manager reports to the board on a monthly basis and her report includes quality data and achievements that have been made over a month period.</p> <p>There is evidence of more frequent internal audit activity around infection control, short-term care planning, activities documentation and care planning. Internal audit results reviewed were in the staff and quality meetings and corrective actions were followed-up and signed off upon completion.</p> <p>There are implemented health and safety policies and procedures.</p> <p>The infection control programme is reviewed annually and the last report was discussed in the quality meetings, staff meetings and at board level. The service had an infectious outbreak in 2014 resulting in review of policies, additional training around hand washing and use of standard precautions and several internal audits were completed to ensure compliance.</p> <p>Document control policy outlines review of policies and procedures. Documents no longer relevant to the service are removed and archived. An external consultant who provides regular updates develops the policies.</p> <p>Staff and resident accident/incident data are collected. Incident and accident investigation results are discussed with staff through quality meetings, and staff meetings. Corrective action plans have been developed following meetings, audits, and surveys to identify opportunities for improvement.</p> <p>A resident/family survey conducted in July 2014 identified that residents and families were very satisfied with the service. Survey outcome is communicated to the residents and relatives through meetings.</p> <p>D19.2g: Falls prevention strategies are in place that include the analysis of falls incidents and the identification of interventions on a case-by-case basis to minimise future falls. This has included particular residents identified as high falls risk and managing this population appropriately.</p>
<p>Standard 1.2.4: Adverse Event Reporting All adverse, unplanned, or untoward events are systematically</p>	<p>FA</p>	<p>A review of 11 incident forms identified that they were all fully completed and followed up appropriately by the care manager or RNs, including completing neurological observations for three residents with suspected</p>

<p>recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>		<p>head injury.</p> <p>Incident/accident and hazard data is collected. This data is analysed by the quality manager monthly. Quality improvements have been identified when required and monitored by the quality manager. Meeting minutes reviewed included discussions around incidents and action plans. Review of incident and accident forms, meeting minutes and quality action sheets, confirm that corrective actions and identified risks have been managed effectively.</p> <p>Management interview (the general manager and the care manager) confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications.</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 comprehensive human resources policies. All new staff receive an orientation programme and onsite support with a senior staff member.</p> <p>Eight staff files were reviewed (two registered nurses, one cleaning staff, one laundry staff and four caregivers), all included up to date documentation. Relevant checks were completed to validate the individual's qualifications, experience and veracity. A copy of practicing certificates is maintained in the staff files.</p> <p>There is a two yearly education programme that covers contractual requirements. A number of education sessions are compulsory to attend. External educators are frequently utilised. Attendance records are maintained and quiz and learning feedback forms are completed after each session. Since the previous audit, an online education programme has been implemented. The care manager undertakes the responsibility of monitoring staff training. RNs have participated in an external wound care study day. Two RNs have completed syringe driver training provided by the local hospice. Following the recent outbreak, staff received infection control training. Staff who administer medication have current medication competencies that include warfarin and insulin management competency. Four caregivers interviewed confirmed that they have completed competencies at least yearly or earlier if required by the care manager following a medication error. The annual training programme exceeds eight hours annually.</p>

<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>The service employs 62 staff in various roles. There is a staffing policy that includes staff skill mix. The service maintains stable staffing and the general manager described staff turnover as low. The roster includes an RN on morning duty over seven days a week. There are four caregivers on morning duty (2x eight hours and 2x five hours), three on afternoon duty (2 eight hours and 1x three hours) and two staff on night duty (2x eight hours).</p> <p>Staffing levels and skill mix are appropriate for the service level. Family and resident interviews confirm sufficient staffing. The service employs four RNs experienced in aged care. Two RNs are InterRAI competent. The GP interview confirms an experienced nursing team who provide appropriate and timely referrals on behalf of their residents.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	<p>PA Low</p>	<p>The resident files are appropriate to the service type. Resident files reviewed were integrated and included GP assessment and reviews. There is evidence of external health professional involvement where relevant. Care plans and notes reviewed were legible. Designation of the person who completed the entry documentation was not always recorded and nutritional assessments did not always have the completed date on them. Clinical files are kept in the secure nurse's station.</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 service has comprehensive admission policies and processes in place. Residents receive an information booklet around admission processes and entry to the service. The care manager screens all potential residents prior to entry to services to confirm they meet the level of care provided at the facility. Six rest home residents and five relatives interviewed, confirmed they received information prior to admission and discussed the admission process and admission agreement with the general manager. Six admission agreements viewed were signed. Exclusions from the service and special charges are 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>	<p>FA</p>	<p>Transfer information reviewed in one file was completed by the care manager or general manager and communicated to support new providers or receiving health provider. The information meets the individual needs of the transferred resident. Relatives interviewed</p>

		confirmed they are kept well informed about all matters pertaining to residents, especially if there is a change in the resident's condition.
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>All medication is managed appropriately in line with required guidelines and legislation. RNs and care staff responsible for the administering of medication, completes annual medication competencies and attends annual medication education. There were evidence of syringe driver competency, administration of warfarin competency and insulin administration competency. The service uses individualised medication blister packs for medications. Medications are checked on delivery against the medication chart and recorded. Medication trolley contents were all within expiry dates and all eye drops were dated on opening. There was one self-medicating resident. All documentation and storage were within the policy guidelines and completed within stated timeframes. Medication administration practice was observed to be compliant. As required medications have the date and time of administration on the signing sheet. Twelve medication charts sampled meet legislative prescribing requirements.</p> <p>Twelve medication charts reviewed identified three monthly medication reviews signed by the GP.</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>	PA Low	<p>St Barnabas Rest Home has a food service that is managed by an experienced cook (deputy manager). All meals for St Barnabas Rest Home residents are prepared and cooked on site. The main cook is supported by other cooks. All kitchen staff has completed food safety and all caregivers have completed food handling since the last audit. Residents' diet profiles are kept in a folder in the kitchen. The food service is notified of dietary requirements via a nutritional profile form, which is completed by the registered nurse and sent through to the kitchen. However, only three of 34 forms were signed and dated (link 1.2.9.9) and four of 38 residents did not have a nutritional profile completed.</p> <p>Three nutritional profiles in the six files reviewed did not correlate with the information on the care plan; for example, one care plan stated the resident had no dislikes but the nutritional profile listed a variety of dislikes. Food is served directly in the dining room from a bain marie by the kitchen staff.</p>

		Food temperatures are monitored and recorded. Fridge and freezer temperatures are recorded daily. Food storage preparation and disposal is according to required guidelines and service delivery policies. There was evidence of additional snacks and food supplements available. A registered dietitian is available for assessment of residents with specific nutritional needs. Residents' weights and BMI are recorded monthly and appropriate interventions are taken for weight loss. Residents interviewed were complimentary of the food service.
Standard 1.3.2: Declining Referral/Entry To Services 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.	FA	The manager at every stage will inform the resident/family of other options. The service records the reason for declining service entry to residents should this occur and communicates this to residents/family/whanau. Anyone declined entry is referred back to the needs assessors or referring agency for appropriate placement and advice.
Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	The following personal needs information is gathered during admission (but not limited to): personal and identification and next of kin, ethnicity and religion, current and previous health and/or disability conditions, medication and allergies, activities of daily living, equipment needs, family/whanau support, activities preferences, food and nutrition information and mental cognition. The service has not fully integrated InterRAI with the current documentation system. Behaviours assessments and monitoring charts were used for residents that exhibit challenging behaviours. Risk assessment tools were sighted as completed and reviewed at least six monthly or when there was a change to a resident's health condition. Care plans reflected the outcome of the risk assessments for the six resident files sampled.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	PA Moderate	The long-term care plan includes nursing diagnosis, actual or potential/deficits, outlined objectives of nursing care, setting goals, and details of implementation. Resident/family/whanau involvement in the care planning process was evidenced in the family meeting document in the files sampled. Residents and relatives interviewed confirmed they were involved in their care plans. Three of the six files reviewed included detailed interventions to support

		<p>the current assessed needs of the residents. One care plan reviewed included care and support for behaviours that challenge, including triggers, associated risks, and management. Care plans sampled included instructions and/or interventions noted by allied health.</p> <p>Short-term care plans were in use for changes in health status. Examples sighted were for urinary tract infection, chest infection, weight loss, skin tears, and other skin conditions.</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>	<p>FA</p>	<p>Residents interviewed reported their needs were being met. Relatives interviewed stated their relative's needs were being appropriately met and they were informed of any changes to health and interventions required. Communication was evidenced in the progress notes with a relative contact stamp. When a resident's condition alters, the registered nurse initiates a review and if required, a GP visit. Faxes to the GPs for residents change in health status were sighted in the residents' files. Care delivery is recorded by caregivers on each shift and evaluated by the care manager in the progress notes, when changes are identified (or at least weekly). Six residents interviewed and five family members interviewed were complimentary of the service and care received.</p> <p>Dressing supplies are available and treatment rooms sighted were adequately stocked for use. Wound assessment, wound treatment, wound management and evaluations were completed for six wounds. Two of six wounds reviewed were pressure areas on lower limbs. Pressure area cares and interventions were documented in the long-term care plans for the two residents on palliative care. Wounds are documented on a short-term care plan and transferred to a long-term care plan after 28 days. The care manager interviewed confirmed access to external wound specialist if required.</p> <p>Continence products are available and resident files include a three-day urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice is available as needed and this could be described by the care manager interviewed.</p> <p>Monitoring forms in place include (but not limited to); monthly weight, blood pressure and pulse, food and fluid charts, blood sugar levels and behaviour charts.</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>	<p>FA</p>	<p>One activity coordinator has been in the role for the six months. Activities are Monday to Friday 32.5 hours per week. Activities were observed. The activity programme includes (but not limited to); musical moments, crafts, news and quiz, van outings, active games and exercises. Resources are available for staff use at any time. Daily contact is made and one-on-one time spent with residents who prefer not to participate in group activities, or choose not to be involved in the activity programme. The service has its own van that can be used for outings. The residents interviewed confirmed their satisfaction with the current activities programme. One relative expressed satisfaction with the improvement of the activities programme.</p> <p>The files reviewed showed all have an activity assessment, activity plan development, six monthly evaluation, and monthly progress notes including attendance pattern of each resident. There were monthly internal audits completed for the last six months to monitor the progress and improvement of activity documentation.</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>The long-term care plan is developed within three weeks of admission in the files reviewed.</p> <p>Five long term resident files evidence that care plans have been evaluated at least six monthly by the care manager and updated, as health care needs change. One resident was on respite care and has only been admitted recently. Files evidence the care plans have been reviewed when there has been a change in the resident's condition. Integration of allied health input is evident in the care plans. Families are invited to attend the family meetings.</p> <p>There are short-term care plans to focus on acute and short-term issues. STCPs reviewed evidenced evaluation and were noted to be signed off by the care manager. Short-term care issues were evidenced for blood sugar monitoring, nutrition needs, challenging behaviour, skin tears, and other skin conditions. Caregivers interviewed confirmed that they are updated as to/or any changes to resident need at handover between shifts.</p> <p>General practitioners conduct medication and clinical reviews for residents either three monthly (residents recorded as stable and can be seen three monthly), when requested or when health needs change. All</p>

		six resident files reviewed, identified that the GP had seen the resident within two working days. Documentation of GP visits were evident that reviews were occurring in the timeframes documented in all twelve resident medication and medical notes reviewed.
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>There is a referral policy. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. The care manager interviewed stated they initiate referrals to nurse specialist services. Specialist referrals are made by the GP. Referrals and options for care have been discussed with the family as evidenced in interviews and medical notes. Referrals sighted on the resident files sampled were as follows: physiotherapy needs assessor, dietitian, hospice, community speech and language therapist, pain clinic, respiratory medicine and radiology.</p> <p>Discussions with the care manager identified that the service has access to a dietitian, physiotherapy, speech language therapist, wound care specialist, podiatrist, hospice nurses, and specialists.</p> <p>The service provided examples of where a resident's condition had changed and the resident was reassessed.</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>	FA	<p>There are implemented policies to guide staff in waste management. Staff interviewed were aware of practices outlined in the relevant policy. Gloves, aprons, and goggles were available and staff were observed wearing personal protective clothing while carrying out their duties. Infection control policies state specific tasks and duties for which protective equipment is to be worn. Chemicals were labelled correctly and stored safely throughout the facility. Safety data sheets were available. Relevant staff have attended chemical safety training.</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 has a current building warrant of fitness, which expires in March 2016. There is no maintenance person on site and the service utilises outside contractors for reactive and planned maintenance. Contractors are available 24/7 for essential services. There is a 12 monthly planned maintenance schedule in place that includes the calibration of medical equipment and functional testing of hoists and equipment. Hot water temperatures in resident areas are monitored and stable between 43-45 degrees Celsius. The facility has wide corridors</p>

		<p>and staircases with sufficient space for residents to mobilise using mobility aids. There is adequate storage and space for safe manoeuvring of hoists within bedrooms for those who require it.</p> <p>Residents are able to access the outdoor gardens and courtyards safely. Seating and shade is provided.</p> <p>Four caregivers and the care manager interviewed, stated they have sufficient equipment to safely deliver the cares as outlined in the resident care plans, including the following equipment; sensor mats, standing and lifting hoists, mobility aids, transferring equipment, chair scales and pressure relieving mattresses and cushions.</p> <p>The lounge areas are designed so that space and seating arrangements provide for individual and group activities.</p> <p>There are quiet areas that provide privacy when required.</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>There are communal toilets located closely to the communal areas. Toilets have privacy locks. Residents interviewed confirmed their privacy is assured when staff was undertaking personal cares. There are adequate toilet and shower facilities for the number of residents in the facility.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>All residents rooms are single and of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in ensuites. Residents are encouraged to personalise their bedrooms.</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>There is a lounge and dining area. There are seating and family rooms available for quiet private time with visitors. The communal areas are easily and safely accessible for residents. There is adequate space to allow maximum freedom of movement while promoting safety.</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</p>	FA	<p>The service has documented systems for monitoring the effectiveness and compliance with the service policies and procedures. Laundry and cleaning audits have been completed. The laundry has a defined clean/dirty area. The service has a secure area for the storage of</p>

<p>being provided.</p>		<p>cleaning and laundry chemicals for the laundry. Material safety data sheets and personal protective clothing is readily accessible. The laundry assistant interviewed explained the management of linen and personal clothing.</p> <p>There is a dedicated cleaning and laundry person on duty each day. All linen and personal clothing is laundered on-site. Residents interviewed stated they were happy with the cleanliness of their bedrooms. Residents interviewed also confirmed their clothing was treated with care and returned to them in a timely manner.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>There are emergency and disaster manuals to guide staff in managing emergencies and disasters. Emergencies, first aid, and CPR are included in the mandatory in-service programme. There is a first aid trained staff member on every shift. There is an approved fire evacuation plan and fire drills occur six monthly. Smoke alarms, sprinkler system and exit signs in place. The service has alternative cooking facilities (BBQ) available in the event of a power failure. Emergency lighting is in place. There are civil defence kits in the facility and stored water. Call bells are evident in resident's rooms, lounge areas, and toilets/bathrooms. The facility is secured at night.</p>
<p>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.</p>	<p>FA</p>	<p>General living areas and resident rooms are appropriately heated and ventilated. All rooms have external windows with plenty of natural sunlight.</p>
<p>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.</p>	<p>FA</p>	<p>Home of St Barnabas has an infection control programme and its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. There is an infection control policy and procedure manual which is readily accessible to all staff. Infection control (IC) is a standing agenda item at the quality meetings and staff meetings where all issues and infections are discussed with staff. All results and IC matters are reported to the general manager on a monthly basis or sooner if there is an issue. The infection control co-ordinator collates a monthly record of infections data and provides a report to the quality meetings. RNs are also involved in prevention and management of IC activities and the IC nurse and the resident's general practitioner</p>

		<p>are notified promptly of any positive pathology that is identified as an infection. Any notifiable disease or serious outbreaks are notified to the appropriate authorities. A RN is always available for emergent issues.</p> <p>Several training took place after 2014 infectious outbreak. Staff are well informed about infection control practices and reporting, these are entered into residents' progress notes and in the communication book.</p> <p>Policies and procedures include IC and management activities for staff, visitors, and residents and all are used to minimise the risk of exposing residents and staff to others with infection risk. Staff are advised about prevention of transmission of disease and, if sick, to remain at home. Visitors are informed of any outbreak issues and advised not to visit if unwell.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The IC nurse is an experienced RN who is responsible for infection control and prevention and collection of surveillance data. She had completed level 7 IC management paper and receives regular updates from infection control and prevention Nurses College. The IC nurse described how to access external support from the experts, the IC specialist team through the local DHB and the public health services.</p> <p>Infection control training starts at orientation and on-going training takes place throughout the year. Infection control education occurs as part of all quality and staff meetings, through hand washing audits and is included as part of the in-service training programme. There is a registered nurse on morning duty seven days a week. There are adequate resources to implement the IC programme for the size and complexity of the organisation.</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>	FA	<p>D 19.2a: The IC programme outlines a comprehensive range of policies, standards, and guidelines and includes defining roles, responsibilities and oversight, the infection control team, training and education of staff. IC policies and procedures are developed by an external consultant who also provides regular updates. Any changes or updates to the infection control policies are discussed at quality and staff meetings. All staff are involved in the implementation of policies.</p>
Standard 3.4: Education	FA	The IC nurse has completed a level 7 infection control management

<p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>		<p>paper and receives regular updates from Infection Control and Prevention Nurses College and is supported by an external consultant related to changes in IC practices. All staff receive IC education at orientation. Food services and housekeeping staff receive IC education relevant to their areas. IC is included in the annual in-service training programme. Online training programme includes IC training, which is provided in April and May 2015. The care manager monitors staff training, and a record of attendance maintained and sessions are evaluated by attendees. Visitors are advised of any outbreaks of infection and are advised not to attend until the outbreak has been resolved. Information is provided to residents and visitors that is appropriate to their needs and this is documented in medical records.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. Internal monitoring is also undertaken via the internal audit programme - IC surveillance audit was last undertaken May 2015. Monthly infection data is collected for all infections based on signs and symptoms of infection. Surveillance of all infections is entered on to a monthly infection summary. This data is monitored and evaluated monthly and annually. Outcomes and actions are discussed at the senior management meetings, quality meetings, and three monthly staff meetings. If there is an emergent issue, it is acted upon in a timely manner. The 2015 annual review of the IC programme was presented to the board and staff.</p> <p>A gastroenteritis outbreak involving 10 residents and four staff in September 2014 was well managed. Public health authorities were promptly notified and IC management activities were increased. The IC nurse was away during this time and a RN undertook the role managing the outbreak. The general manager stated that they were well supported by the public health authorities. Document review showed several IC training during and after the outbreak and the outbreak debriefing report showed several changes to the IC practices such as location of sterigels and increased supervision around hand washing and use of personal protective equipment.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively</p>	<p>FA</p>	<p>There are policies around restraint, enablers and the management of challenging behaviours. The service is restraint free. There are no residents using enablers. Policy dictates that enablers should be</p>

<p>minimised.</p>		<p>voluntary and the least restrictive option possible. Restraint/enabler use and restraint minimisation are discussed at senior management meetings, at staff meetings and at the three monthly quality meetings. Staff received training around restraint minimisation and safe practice (last March 2014). Management of challenging behaviours education was provided twice in January 2015 through online training, and staff and management are very proud of non-restraint use practice at Home of St Barnabas. They believe that increased training and awareness of management of challenging behaviour assist staff to create a non-restraint environment. The service has appropriate procedures and documents for the safe assessment, planning, monitoring and review of restraint and enablers should this be required.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.1.13.1</p> <p>The service has an easily accessed, responsive, and fair complaints process, which is documented and complies with Right 10 of the Code.</p>	PA Low	<p>Since the last audit, four complaints were recorded on the complaint register. Three of these complaints were related to the same issue that resulted in extensive investigation and follow up and on-going monitoring. All complaints were followed up and managed appropriately. However, there was no documented evidence that the complaint was acknowledged verbally or in writing.</p>	<p>Four complaints lodged since the previous audit had no documented acknowledgement.</p>	<p>Ensure that complaints are acknowledged and this is documented on the complaint register.</p> <p>90 days</p>
<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	<p>Resident’s records are legible, but the designation of the service provider was not always documented.</p>	<p>Six resident files reviewed did not include designation of the person who completed the admission documentation and nutritional assessments did not always have the completed date on them. Only three out of 34 nutritional assessments</p>	<p>Ensure the designation of the staff member is identifiable in documentation. Ensure that nutritional assessment completion dates are recorded and the person who completes the assessment is identifiable.</p>

			were signed and dated.	180 days
<p>Criterion 1.3.13.1</p> <p>Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer group.</p>	PA Low	<p>The cook interviewed confirms the food service can cater for a variety of modified meals. Additional snacks and optional meals are available as needed. The food service is notified of dietary requirements via a nutritional profile form, which is completed by the registered nurse and sent through to the kitchen. Nutritional profiles were completed for 34 of 38 residents. Three long-term care plans of six files reviewed reflected the information gathered in the nutritional profile. Six residents interviewed were complimentary of the food service.</p> <p>Weights are monitored monthly and associated weight loss is appropriately acted on.</p>	<p>i) Four of thirty-eight residents did not have a nutritional profile completed.</p> <p>ii) Three nutritional profiles in the six files reviewed did not correlate with the information on the care plan; for example, one care plan stated the resident had no dislikes but the nutritional profile listed a variety of dislikes.</p>	<p>i) Ensure all residents have a nutritional profile completed.</p> <p>ii) Ensure the nutritional profile information is transferred to the long-term care plan.</p> <p>60 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 Moderate	<p>The long-term care plans includes information from the assessment tools and outline objectives of nursing care. Resident and relatives interviewed confirmed their involvement in setting goals in the care planning process. Care plans are available to staff to guide in the care of the resident. Three of the six files reviewed included detailed interventions to support the current needs of the residents.</p>	<p>i) The long-term care plans for the two residents on palliative care did not include care plan goals and interventions to guide staff in the support of end of life care.</p> <p>ii) The long-term care plans for two residents (including one of two residents on palliative care) do not include care plan goals and interventions to guide staff in the support of hypo and hyperglycaemia.</p>	<p>i) Ensure long-term care plans include goals and interventions for all identified needs.</p> <p>60 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.