

# CHT Healthcare Trust - Acacia Park

---

## Introduction

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

The audit has been conducted by 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:

<b>Legal entity:</b>	CHT Healthcare Trust
<b>Premises audited:</b>	Acacia Park
<b>Services audited:</b>	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 17 July 2014    End date: 18 July 2014
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	47

# Executive summary of the audit

---

## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

## General overview of the audit

Acacia Park is privately owned and operated and cares for up to 48 residents requiring rest home and hospital level care. On the day of the audit there were 47 residents.

This audit was undertaken to establish the level of preparedness of a prospective provider to provide a health and disability service and to assess conformity prior to a facility being purchased. The audit was conducted against the relevant Health and Disability standards and the contract with the District Health Board. The audit process included a review of policies and procedures; the review of resident's and staff files, observations and interviews with residents, relatives, staff and management.

The general manager is experienced and qualified for the role and will be remaining in the position with the new owners. The new owners, CHT, have 11 other aged care facilities. They have comprehensive policies and procedures to guide staff. It is CHT's intention to facilitate a smooth transition between owners and to minimise disruption to staff and residents. The organisation has a plan for the transition and change of ownership, which will see the implementation of CHT policies and procedures.

This audit has identified areas for improvement around open disclosure, review of the menu by a qualified dietitian and medication management around 'as required' medications.

## **Consumer rights**

Staff demonstrate an understanding of residents' rights and obligations. This knowledge is incorporated into their daily work duties and caring for the residents. Residents are treated with dignity and respect. Written information regarding consumers' rights is provided to residents and families during the admission process. The residents' cultural, spiritual and individual values and beliefs are assessed on admission and are being met by the service. Evidence-based practice is evident, promoting and encouraging good practice. A system for managing complaints is in place. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service.

## **Organisational management**

The new owners of Acacia Park are experienced providers of aged care services. CHT was formed in 1962 and is a charitable trust. The trust board is supported by a chief executive and a finance manager. The organisation has a transition plan in place to facilitate the smooth transition between owners with the least disruption of services for staff and residents, which includes the on-going employment of the general manager as unit manager. A CHT area manager will oversee the implementation of CHT policies and procedures.

Current services are planned, coordinated, and are appropriate to the needs of the residents. Business goals are documented for the service with evidence of regular reviews. A system is in place for the collation, trending, analyses and evaluation of quality and risk data that is regularly collected. Preventative measures are implemented and evaluated where opportunities for improvements are identified. The risk management programme includes managing adverse events and health and safety processes.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme and on-going education and training are in place for all staff.

Registered nursing cover is provided 24 hours a day, seven days a week. The integrated residents' files are appropriate to the service type.

## **Continuum of service delivery**

There is an admission package. A registered nurse assesses and reviews residents' needs, outcomes and goals with the resident and/or family input. Care plans are developed and demonstrate service integration. Changes to health status and interventions required are updated on the care plans to reflect the residents' current health status. Resident files include notes by the GP and allied health professionals.

Medication policies reflect legislative medicine requirements and guidelines. All staff responsible for administration of medicines complete education and medicine competencies.

An activities programme is in place. The programme includes outings, entertainment and activities that meet the recreational preferences and abilities of the residents.

All food is prepared on-site. All residents' nutritional needs are identified and documented. Choices are available. Meals are well-presented. Nutritious snacks are always available.

## **Safe and appropriate environment**

Acacia Park has a current 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.

The service has implemented policies and procedures for civil defence and other emergencies. Six monthly fire drills are conducted.

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 lounges and dining areas and small seating areas.

There is a designated laundry and cleaner's room. External garden areas are accessible with suitable pathways, seating and shade provided.

## **Restraint minimisation and safe practice**

Restraint policy and procedures are in place. The definitions of restraints and enablers are congruent with the definition in the restraint minimisation standard. The service had nine residents in the hospital assessed as using a restraint and one resident in the hospital using an enabler. A register is maintained by the restraint coordinator. Residents using restraints are reviewed three-monthly at a minimum. Staff regularly receive education and training in restraint minimisation and managing challenging behaviours.

## **Infection prevention and control**

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 coordinator is the clinical team leader. The infection control coordinator has attended external training. Staff attend annual infection control training. There is a suite of infection control policies and guidelines that meet infection control standards.

## 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)
<b>Standards</b>	0	47	0	3	0	0	0
<b>Criteria</b>	0	98	0	3	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	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>There is an implemented policy on residents' rights to guide practice. Discussions with care staff (two caregivers, four registered nurses (RNs), one clinical nurse leader, one activities assistant) confirmed their understanding of the Code of Health and Disability Consumers' Rights (the Code). Interviews with eight residents (five hospital level and three rest home level) and four relatives (with family at hospital level of care) confirmed the service is provided in line with the Code. Staff training on the Code begins during their orientation to the service and continues regularly as an in-service topic.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>The service is committed to meeting the requirements of the Code. There were signed general consents and signed transport consents in all seven of the residents' files randomly selected for review (three rest home level and four hospital level). Advance directives and resuscitation plans were appropriately signed in the files reviewed.</p> <p>Discussions with four registered nurses and two caregivers confirmed that they were familiar with the requirements to obtain informed consent</p>

		<p>for personal care and entering rooms. The four registered nurses stated that staff are familiar with advanced directives and that only the resident (deemed competent) could sign the advance directive.</p> <p>All seven admission agreements sighted were signed.</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>Residents are provided with a copy of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights and HDC Advocacy Services pamphlets on entry. HDC Advocacy pamphlets are displayed adjacent to the complaints form. Advocacy contact details are documented on the complaints forms. Interviews with the general manager and staff described how residents are informed about advocacy and support. Residents and families identified that the service involves them in decision-making. They confirmed that they are aware of their right to access advocacy support.</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>All families interviewed stated they could visit at any time and that they are encouraged to be involved with the service and care. Visitors were observed coming and going during the audit. The activities programme encourages links with the community. Activities include opportunities to attend events outside of the facility. Interviews with the rest home level residents confirmed that the activity staff helps them access the community.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints procedure is provided to residents and relatives during entry to the service. Discussions with residents and families confirmed they were provided with information on complaints during their entry to the service. Complaints forms and a suggestions box are located in a visible location at the entrance to the facility. Residents and families confirmed that they are comfortable speaking with the general manager or a registered nurse if they have a concern and that concerns are dealt with promptly.</p> <p>A record of all complaints is maintained by the general manager using a</p>

		complaints' register. One complaint received in 2015 (year to date) was reviewed and reflected evidence of responding to the complaint in a timely manner with appropriate follow-up action taken. Health and Disability Advocacy Services were requested by the general manager to be involved to assist in the management of this complaint. All documentation associated with the complaint was held in the complaints register. The complaint was signed off by the general manager as resolved.
Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.	FA	The Code posters and brochures are displayed in English and in Maori in public areas of the facility. The information pack given to prospective and admitted residents and their families include pamphlets on the Code and the Health and Disability Advocacy Service. The admission agreement contains information relating to the rights of residents. Interviews with residents and family confirmed that residents' rights were explained during the admission process. They also confirmed that residents' rights are being upheld by the service. Regular residents' meetings provide opportunities to discuss aspects of the Code.
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.	FA	There is an implemented policy supporting the privacy of residents. Residents' rooms are single, private rooms. Consent processes and visual privacy are upheld. Privacy signage and locks are on public toilet and shower doors. Discussions with residents and relatives confirmed their privacy is respected with examples provided.  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. Spiritual, religious, and cultural information is gathered during the entry process and is sufficient to support responding to the individual needs of the residents. A satisfaction survey is carried out annually to gain feedback. Seven residents' files reviewed (three rest home level and four hospital level) confirmed that cultural and/or spiritual values and individual preferences are identified.  Residents are supported and encouraged to maintain their

		<p>independence, confirmed in interviews with staff.</p> <p>The abuse/neglect policy includes definitions and the process for reporting to ensure resident safety. Abuse and neglect training is included in the staff orientation programme and continues as a regular in-service topic. Discussions with the general manager identified that there have been no reported incidents of abuse or neglect.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>There is a Maori health care plan in place. A list of hapū and marae contacts are listed and regularly reviewed. There is one resident at a hospital level of care who identifies as Maori but was not available to be interviewed. The resident's file identified the resident as Maori and documented the resident's cultural values. The resident receives visits by an elder from the community.</p> <p>Discussions with staff confirmed their understanding of the cultural needs of residents, including the importance of involving whanau in the delivery of care.</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>A culturally appropriate service is provided, which includes assessing residents' needs on admission. Even if family cannot be present during the admission process, the initial assessment on admission is reviewed with family. Individual values and beliefs are identified through the assessment and care planning process. Family are invited to be part of the care planning process, providing the opportunity to be involved in all aspects of care delivery. Staff and family are available as interpreters if needed. There were no residents at the facility where English is their second language. Families and residents interviewed expressed their satisfaction with the services that the residents are receiving.</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>Policies outline the service's responsibilities to ensure residents are not subjected to discrimination, coercion, harassment, and sexual or other exploitation. Education and training is provided to staff, beginning during their orientation to the service, including professional boundaries, code of conduct, abuse and neglect and residents' rights. Professional</p>

		boundaries are assessed in staff performance appraisals. Residents and families interviewed confirmed that they do not feel they are discriminated against.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	<p>Evidence-based practice is evident, promoting and encouraging good practice. The general manager and staff are committed to continuous quality improvement processes. Registered nursing staff are available seven days a week, 24 hours a day with two registered nurses available on the am and pm shifts in addition to the clinical nurse leader who is available Monday - Friday. Residents identified as stable are reviewed by a general practitioner (GP) every three months, with more frequent visits scheduled for those residents whose condition is not deemed stable.</p> <p>The service receives support from the Bay of Plenty District Health Board and local hospice service. Examples include visits from the mental health team, nurse specialists; and palliative care nursing visits by the community hospice. A physiotherapist is onsite three hours each week.</p> <p>There is a regular in-service education and training programme for staff that exceeds contractual requirements. Staff competency assessments are completed for a range of topics, including but not limited to medication, hand hygiene, fire, wound care, restraint use and manual handling. All caregiver staff receive supervision by registered nurses.</p> <p>The service has maintained strong links with the local community and encourages their active residents to remain independent with examples provided. Residents interviewed spoke positively about the care and support provided. Care staff interviewed has a sound understanding of the principles of aged care and state that they are supported with their on-going professional development.</p>
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	PA Low	Policies and procedures relating to accident/incidents and open disclosure identify staff responsibility to notify family/next of kin of any accident/incident that occurs. Evidence of communication with family/whanau is recorded on the accident/incident form and in the family

		<p>contact notes that are held in each resident's file. During the audit interviews with family, they confirmed that they are kept informed when their family member's health status changes and following any adverse event.</p> <p>Contact details of available interpreters are available. Staff and family assist as they are able. The information pack is available in large print and is read to residents who require assistance.</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. The residents and family are informed prior to entry of the scope of services and any items they have to pay that are not covered by the agreement.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>This provisional audit was conducted to assess the preparedness of the new owners for the facility and included an interview with the CHT Area Manager, review of the CHT transition plan and interviews with the current general manager, clinical nurse leader and care staff. The new owners, CHT, own and operate 13 other aged care facilities. CHT has comprehensive policies and procedures to guide staff. It is CHT's intention to facilitate a smooth transition between owners and to minimise disruption to staff and residents. The organisation has a plan for the transition and change of ownership, which will see the implementation of CHT policies and procedures.</p> <p>Acacia Park Rest Home and Hospital is a 48-bed facility. The facility is a member of the Cavell Group, which is comprised of six independent aged care providers who share policies and provide collegial support while maintaining their independent businesses. On the day of audit, there were 47 residents, 20 rest home level of care and 27 hospital level of care.</p> <p>An overall mission statement and philosophy are in place. Strategic goals have been documented with evidence of annual reviews.</p> <p>The general manager (GM) has been in this role for two years and will continue to manage the facility after the change in ownership. She is a registered nurse with a current practising certificate, holds 14 years of experience managing aged care facilities and has recently completed</p>

		<p>her post-graduate certificate in palliative care. She keeps up to date with the aged care sector through regular attendance at Cavell Group meetings, New Zealand Aged Care provider forums and district health board forums. She has maintained over eight hours of professional development relating to managing aged care facilities and is supported by a clinical nurse leader/RN and an office manager.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>The general manager is supported by the office manager and a clinical nurse leader/registered nurse. They are responsible for the day-to-day operations in the general manager's absence.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>A 2015 quality and risk management programme is in place. This programme is guided by the Cavell Group standard operating procedures. Interviews with the general manager and staff reflect their understanding of the quality and risk management systems that have been put into place.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. A document control system is in place. Policies are regularly reviewed. Policies and procedures have been updated to include reference to InterRAI for an aged care service. New policies or changes to policy are communicated to staff, evidenced in meeting minutes.</p> <p>Data collected (e.g. falls, medication errors, wounds, skin tears, challenging behaviours) are collated, analysed, evaluated and used for service improvements with evidence of preventative measures identified, implemented and evaluated to determine their overall effectiveness and outcomes achieved. Internal audits are completed as documented in the audit schedule. Areas of non-compliance include the implementation of a corrective action form (CAF). Corrective actions are discussed with staff in the staff meetings and are signed off by the general manager when implemented.</p> <p>Falls prevention strategies include implementing resident-specific</p>

		<p>strategies to reduce falls, the use of sensor mats, hi-lo beds and fall-out mats.</p> <p>A health and safety programme is in place. The health and safety team meets two-monthly (minutes sighted). Hazard identification forms and a hazard register are in place with evidence of hazards being monitored and controlled. Staff orientation includes health and safety. The facility has achieved the tertiary level for ACC Workplace Safety Management Practices (expiry 29 February 2016).</p>
<p><b>Standard 1.2.4: Adverse Event Reporting</b></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>	FA	<p>Individual reports are completed for each incident/accident with immediate action noted including any follow up action(s) required. Incident/accident data is linked to the organisation's quality and risk management programme and is used for comparative purposes. Fifteen accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. Data collected on incident and accident forms are linked to the quality management system. Missing on accident/incident forms was consistent evidence around open disclosure (link to finding 1.1.9.1).</p> <p>The general manager is aware of her responsibility to notify relevant authorities in relation to essential notifications. During a recent flu outbreak, there is documented evidence of the timely notification to the public health authorities who provided guidance and support throughout the outbreak.</p>
<p><b>Standard 1.2.7: Human Resource Management</b></p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>Human resources policies address recruitment, orientation and staff training and development. Nine staff files that were randomly selected for review (four caregivers, one registered nurse, one clinical nurse leader, one cook, one cleaner, one activities assistant) included evidence of the recruitment process, employment contracts, completed orientation, and annual performance appraisals. The orientation programme provides new staff with relevant information for safe work practice and is developed specifically to worker type. Staff interviewed stated that new staff are adequately orientated to the service. Current annual practising certificates were sighted for the registered health</p>

		<p>professionals.</p> <p>There is an annual education and training schedule that exceeds eight hours per annum. In-services are complimented by monthly competency assessments. Aged Care Education (ACE) is undertaken by the caregivers. Education and training for registered nursing (RN) staff is supported by the Bay of Plenty DHB and the local community hospice. Four out of twelve RN's have completed their InterRAI training, which is adequate to meet contractual requirements. Two yearly chemical safety training is in place for staff who handle hazardous cleaning chemicals.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>Staffing levels meet contractual requirements. The general manager and clinical nurse leader are registered nurses who are available during weekdays. Adequate on-site RN cover is provided 24 hours a day, seven days a week with two RN's (or one RN and one enrolled nurse) covering the am and pm shifts and one RN on the night shift. RNs are supported by sufficient numbers of caregivers. Activities staff provide seven day a week cover (48 hours per week). Interviews with the residents and relatives confirmed staffing overall was satisfactory.</p> <p>The new owners plan to adjust the current staffing plan as part of the transition plan. One RN will be rostered 24 hours a day, seven days a week with additional support provided by the clinical nurse leader/RN and general manager/RN five days a week. Activities hours are scheduled to be rostered at 35 hours per week.</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 relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial support plan is developed in this time. The RNs are currently in the process of completing InterRAI assessments for the residents. All new admissions (effective 1 July 2015) have an InterRAI assessment completed.</p> <p>Information containing personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Resident files are protected from unauthorised access by being held in secure metal filing cabinets. Archived records are stored securely on the</p>

		<p>premises.</p> <p>Individual resident files demonstrate service integration. Entries are legible, timed and signed by the relevant caregiver or health professional.</p>
<p><b>Standard 1.3.1: Entry To Services</b></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>There is an admission policy and an admission procedure. The service has information available for potential residents. There is an admission pack, which includes all relevant aspects of service and family/whanau are provided with associated information such as the Health and Disability Code of Rights and how to access advocacy. There is written information on the service philosophy and practices in the information pack. All potential admissions are screened to check they have a completed needs assessment and the service can provide the level of care. The clinical team leader and the four registered nurses interviewed stated that there is good liaison with the needs assessors, social worker, mental health team and general practitioners.</p> <p>The admission agreement reviewed aligns with the ARC contract. The seven admission agreements sighted had all been signed within the required timeframe. Exclusions from the service are included in the admission agreement.</p>
<p><b>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</b></p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>There are guidelines for death, discharge, transfer and follow up. When transferring all relevant information is documented and transferred with the resident - including a copy of the resident admission form, most recent GP consultation notes and medication information. Resident transfer information is communicated to the receiving health provider or service. There is documented evidence of family notification of appointments and transfers on the relative contact form.</p>
<p><b>Standard 1.3.12: Medicine Management</b></p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice</p>	PA Low	<p>Medications are managed appropriately in line with accepted guidelines. The medications room was checked. Registered or enrolled nurses administer all medications. All staff administering medications have completed an annual medication competency. Registered nurses also</p>

<p>guidelines.</p>		<p>complete an annual syringe driver competency. The four registered nurses interviewed stated that there is annual medication education for registered nurses.</p> <p>The service currently uses a medico blister pack system for medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. All controlled drugs are checked weekly. The medication fridge temperature is checked weekly.</p> <p>Self-medicating residents are deemed competent to do so by the GP and registered nurse and they sign a consent form for self-administration. These are only for inhalers and GTN spray.</p> <p>The 14 medication charts sampled included photo ID and allergies. The charts were clear but in three out of 14 medication charts the non-regular medications were not charted correctly by the GP. The signing sheets corresponded to the medication chart. The medication folder contained information on medication protocols. Standing orders met Ministry of Health guidelines.</p> <p>All medication charts sampled showed evidence of being reviewed by the GP three monthly.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>PA Low</p>	<p>All food is cooked on site in the main kitchen. The dining room is directly beside the kitchen so food is served from the kitchen. A small group of residents prefer their meals in the sun room. Their food is transported on a trolley and the dishes have food covers. The temperature of the food is checked before leaving the kitchen. There is one head cook who is supported by four others on a roster system. All kitchen staff have completed the food safety and hygiene standards (sighted). There is a kitchen manual and a cleaning schedule. Personal protective equipment is worn as appropriate. There are seasonal menus on a four week cycle. There has been no dietician review of the food menus for the last four years. The cooks receive dietary information for new residents and are notified of any dietary changes, weight loss or other dietary requirements. Special diets, allergies and likes and dislikes are written up in a folder. Moulieed meals are available. Nutritional supplements are available. Fridge and freezer temperatures are recorded daily (sighted).</p>

		All food in the chiller, fridges and freezers are dated. There is a supply of food for an emergency. Stock is rotated by date. Fresh vegetables and meat are bought weekly or as necessary. The kitchen is well equipped, clean and tidy. Residents and family interviewed spoke very positively about the food provided. Food satisfaction surveys are completed annually.
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 service would record the reason (no bed availability or unable to meet the acuity/level of care) for declining service entry if this occurred. Potential residents would be referred back to the referring agency if entry is declined.
Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	The service has introduced the InterRAI assessment tool and this is reflected in the care plans. Risk assessments are completed on admission and the outcomes of these are also reflected in the seven care plans sampled. All interventions identify the required support. Two of the seven files reviewed have well-documented behaviour assessments and monitoring forms.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	Care plans are person centred and comprehensive. There is evidence of service integration and input from allied staff. Residents interviewed are satisfied with care delivery and support from staff. Residents and family interviewed stated that they were involved in the care planning and care plan evaluation process. There is documented evidence on the care plan and on the family contact form of family involvement in the care plan process.  Short term care plans are in place for short term needs and changes in health.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to	FA	Care plans are easily accessible for caregivers. When a resident's health status changes the registered nurse will review the resident and if required refer to the GP or physiotherapist or for a consultation. There is

<p>meet their assessed needs and desired outcomes.</p>		<p>documented evidence on the family contact form of family notification when a resident's health status changes. Family members interviewed stated that staff are approachable if they need to discuss their relative's health at any time.</p> <p>Dressing supplies are available and were sighted in the treatment rooms and on the well-stocked dressing trolleys. Contenance products are available and were sighted and it is recorded in the care plan which product is needed and when. There is a comprehensive wound assessment with on-going evaluation and photos. There has been wound nurse specialist involvement in a chronic ulcer. The chronic ulcer is linked to the long term care plan.</p> <p>Short term care plans are in place. Monitoring forms are in use by the registered nurses. Forms sighted included monthly blood pressure and weighs, pain monitoring, nutritional and food monitoring and behaviour monitoring.</p>
<p><b>Standard 1.3.7: Planned Activities</b></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>There is an activities coordinator who is currently completing the diversional therapy programme and an activities assistant who has completed all three aged care education (ACE) modules. The coordinator works 30 hours a week and the assistant 18 hours. Between them they cover Monday to Sunday. The activity team hold weekly meetings to discuss the programme.</p> <p>The weekly activity programme is displayed on noticeboards. There is a range of activities to meet most needs including entertainment, craft, exercises, walks, quizzes, music, bingo and bowls. Group exercises are held in the lounges daily. The activities staff have one-on-one time with residents who are unable or who choose not to participate in the programme. Every Friday there is a 'forget me not' club which caters for those with memory loss. There is also a 'men's' group. There is a van available for outings – usually a drive.</p> <p>Residents who wish to attend mass are taken to a Catholic church in the van every Friday. Other denominations hold services at Acacia Park on a weekly rotating basis.</p> <p>Special events such as birthdays, Christmas, Easter, Anzac Day and</p>

		<p>Mother's Day are celebrated by residents, families and staff. There are photos of these celebrations on the walls in the hallway.</p> <p>The activities coordinator completes an activities assessment on admission. The activities plan is reviewed at the same time as the care plan.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>There are short term care plans to focus on acute and short term issues. These are evaluated to identify that goals are being met. There is evidence of registered nurse, allied health, activity assistant and family input.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>Referral to other health and disability services is evident in the sampled group of residents' files. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on residents' files. Examples of referrals included podiatry, mental health services and wound care specialist.</p> <p>Discussions with the clinical nurse leader and registered nurses identified that the service has access to GP's, ambulance/emergency services, allied health, wound specialists and social workers.</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 is a waste and hazardous substance safety policy. Management of waste and hazardous substances is covered during orientation of new staff and chemical safety education is completed annually. All chemicals are stored in locked cupboards. Safety data sheets and product wall charts are available. Approved sharps containers are used. These are easily identifiable. Gloves, aprons and visors are available for staff use and staff were observed wearing appropriate protective equipment when carrying out their duties.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical</p>	FA	<p>The building holds a current warrant of fitness (expiry May 2016). Reactive and preventative maintenance occurs and there is a planned</p>

<p>environment and facilities that are fit for their purpose.</p>		<p>maintenance programme. There is a designated maintenance person. Outside contractors check medical equipment and hoists annually. Hot water temperatures are monitored and maintained between 43-45 degrees Celsius. There are contractors for essential services available 24/7. Electrical testing and tagging has been completed.</p> <p>The living areas and hallways are carpeted and vinyl surfaces exist in bathrooms/toilets and the kitchen. The corridors are adequate and there are handrails in all corridors. One wing has a very steep ramp but there are handrails available for the entire ramp. Residents were observed moving freely around the areas with mobility aids where required. There are external areas and gardens, which are wheelchair accessible. There is outdoor furniture and seating and shaded areas.</p> <p>The staff interviewed stated that they have all the equipment referred to in care plans to provide care.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>There are 12 rooms with ensuite. The remaining 35 rooms share a toilet and hand basin between every two rooms. There is one room with just a hand basin. There are adequate numbers of communal toilets and showers. There is appropriate signage, easy clean flooring and fixtures and handrails appropriately placed. Privacy is maintained at all times (observed).</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>Bedrooms are single. The rooms are spacious enough to easily manoeuvre transferring and mobility equipment to safely deliver care. Residents are encouraged to personalise their rooms if desired.</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>	<p>FA</p>	<p>There are lounges of varying sizes in each area. This enables residents to sit alone or in small groups. There is a main dining room next to the kitchen and a sunroom which is used by a small group of residents as a dining room. Food is transported from the main kitchen on a trolley and dishes have food covers on. All lounge/dining areas are accessible and accommodate the equipment required for residents. Residents are able to move freely and safely and furniture is arranged to facilitate this.</p>

		<p>There is adequate space to allow for individual and group activities to occur. There is tea/coffee making facilities for families/residents. There is a fridge in one of the lounges where residents may store personal food.</p>
<p><b>Standard 1.4.6: Cleaning And Laundry Services</b> Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>There is a cleaning policy and cleaning schedules in place. All cleaning chemicals are clearly labelled. Personal protective equipment is available in the sluice and treatment rooms. The cleaning trolleys are stored safely when not in use. Safety data sheets are in the cleaner's cupboards. Cleaners were observed to be wearing appropriate protective wear when carrying out their duties.</p> <p>There is a laundry policy. There is a defined clean/dirty area within the laundry. The laundry is locked when not in use. Safety data sheets are on the wall. There is personal protective equipment in the laundry. The laundry staff were observed to be wearing appropriate protective wear when carrying out their duties. There are adequate linen supplies – sighted. Laundry and cleaning staff have attended chemical safety training. Cleaning and laundry audits are completed.</p>
<p><b>Standard 1.4.7: Essential, Emergency, And Security Systems</b> Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>Appropriate training, information, and equipment for responding to emergencies are provided. There is an approved evacuation plan. Fire evacuations are held six monthly. There is a minimum of one registered nurse available 24 hours a day, seven days a week with a current first aid certificate.</p> <p>Civil defence and emergency policies and procedures are in place. A civil defence kit is readily accessible. An up to date register of all residents' details are held. The facility is well prepared for civil emergencies and has emergency lighting. A store of emergency water is kept. There is a gas BBQ for alternative cooking. Emergency food and water supplies are sufficient for three days. Extra blankets are available.</p> <p>Hoists have battery packs and there are batteries that can be used to operate electric beds in the event of a power failure. Oxygen cylinders enable residents to switch from concentrators to cylinders and there is a</p>

		<p>list of names and contact details of staff so that they can easily be contacted in an emergency. At least three days stock of other products such as incontinence products and personal protective equipment are stored at the facility.</p> <p>The electronic call bell system is available in all areas. Residents were observed to have easy access to the call bells. Residents interviewed stated their bells were answered in a timely manner.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>All bedrooms and communal areas are well ventilated and light. The temperature of the facility is very comfortable. All bedrooms have external windows, which let in natural light.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The infection control coordinator is the clinical team leader (job description sighted) who has been in the role for two years. Infection control matters and monthly data are discussed at the quality and health and safety meetings. The infection control programme is reviewed annually.</p> <p>Visitors are asked not to visit if they have been unwell. There is hand sanitiser at reception for visitors to use. Influenza vaccines are offered to residents and staff. There is hand sanitiser available throughout the facility and adequate supplies of personal protective equipment.</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>Infection control is managed by the infection control coordinator, the general manager and the registered nurses. The infection control coordinator has attended external education in 2015 (Bug Control). There is access to an external infection control specialist through the DHB, public health, general practitioner and laboratory personnel. The service has an outbreak management kit that is readily available. A recent suspected outbreak of influenza A was well managed and well documented. Public Health was notified.</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>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.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The infection control coordinator (ICC) is responsible for coordinating/providing education and training to staff. Formal education occurs annually but informal education, such as hand washing, occurs more frequently. All newly appointed staff receive infection control education on orientation.</p> <p>Resident education occurs as part of providing daily cares and is discussed at residents' meetings as appropriate.</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>	FA	<p>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. Systems in place are appropriate to the size and complexity of the facility. The ICC uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the facility.</p> <p>Definitions of infections are in place appropriate to the complexity of service provided. Infection control data is collated monthly and reported at staff meetings. The surveillance of infection data assists in evaluating compliance with infection control practices. There were no outbreaks at the facility since last audit.</p> <p>There is a policy describing surveillance methodology for monitoring of infections. The infection control coordinator collects information monthly and this is collated by the general manager. Surveillance data is used 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 reported and discussed at quality and health and safety meetings. Information and graphs are displayed for staff. The GP reviews antibiotic use at the three monthly</p>

		medication reviews. Systems in place are appropriate to the size and complexity of the facility.
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The restraint policy includes the definitions of restraint and enablers and comprehensive restraint procedures. Interviews with the caregiver and nursing staff confirm their understanding of restraints and enablers.</p> <p>Enablers are assessed as required for maintaining safety and independence and are requested voluntarily by the residents. At the time of the audit, the service had one hospital level resident using bed rails as an enabler. Residents using an enabler undergo an assessment process similar to those residents being assessed for a restraint.</p>
<p>Standard 2.2.1: Restraint approval and processes</p> <p>Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.</p>	FA	<p>The restraint approval process is described in the restraint minimisation policy. Roles and responsibilities for the restraint coordinator (clinical nurse leader/RN) and for staff are documented and understood. The restraint assessment and restraint profile collectively identify the indications for restraint use, consent process, duration of restraint and monitoring requirements.</p>
<p>Standard 2.2.2: Assessment</p> <p>Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.</p>	FA	<p>A restraint assessment tool is completed for residents requiring an approved restraint for safety. Assessments are undertaken by the restraint coordinator in partnership with the resident and their family/whanau. Restraint assessments are based on information in the care plan, resident/family discussions and observations.</p> <p>On-going consultation with the resident and family/whanau are evident. Two hospital-level residents' files were reviewed where restraint was in use. Completed restraint assessments considered those listed in in 2.2.2.1 (a) - (h).</p>
<p>Standard 2.2.3: Safe Restraint Use</p>	FA	<p>Procedures around monitoring and observation of restraint use are documented in policy. Approved restraints include bed rails, and lap</p>

<p>Services use restraint safely</p>		<p>belts. The restraint coordinator is responsible for ensuring all restraint documentation is completed. Assessments identify the specific interventions or strategies trialled before implementing restraint.</p> <p>Restraint authorisation is in consultation/partnership with the resident and family and the restraint coordinator. The use of restraint is linked to the residents' care plans. Internal audits conducted measure staff compliance in following restraint procedures. Each episode of restraint is monitored at pre-determined intervals depending on individual risk to that resident. Monitoring is documented on a specific restraint monitoring form, evidenced in two residents' files where restraint was in use.</p> <p>A restraint register is in place providing an auditable record of restraint use and is completed for all residents requiring restraints and enablers.</p>
<p>Standard 2.2.4: Evaluation Services evaluate all episodes of restraint.</p>	<p>FA</p>	<p>The restraint evaluation includes the areas identified in 2.2.4.1 (a) – (k). Evaluations occur three-monthly as part of the on-going reassessment for the residents on the restraint register, and as part of the care plan review. Families are included as part of this review. A review of two files of residents using restraints identified that evaluations are up-to-date.</p>
<p>Standard 2.2.5: Restraint Monitoring and Quality Review Services demonstrate the monitoring and quality review of their use of restraint.</p>	<p>FA</p>	<p>Restraints are discussed and reviewed at an organisational level via the Cavell Group meetings. Restraint minimisation policies and procedures and restraint and challenging behaviour education and training programme for staff are included in the annual review process.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.1.9.1</p> <p>Consumers have a right to full and frank information and open disclosure from service providers.</p>	PA Low	Ten of fifteen accident/incident forms that were reviewed across the rest home and hospital identified family are kept informed. Three medication errors and two skin tears did not reflect family or residents being informed although during an interview with one family member, it was confirmed that she was informed regarding two of the medication errors.	Five of fifteen incident/accident forms and associated progress notes and family communication records did not evidence open disclosure.	<p>Ensure residents and family are kept informed regarding any mishap and that this is documented.</p> <p>90 days</p>
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and</p>	PA Low	The medication room was checked. Registered and enrolled nurses administer all medications. The service uses a medico blister pack system for medications. Medications are checked on delivery. All medications are stored safely. Expired medications or those no longer needed are returned to the supplying pharmacy. Registered nurses do the medication	In three out of 14 medication charts, the non-regular medications were not charted correctly by the GP.	<p>Ensure the GP documents the indication for use for all non-regular medications.</p> <p>30 days</p>

guidelines.		reconciliation.		
<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>There are seasonal menus on a four week cycle. Missing was evidence of a dietitian review of the food menus. The cooks receive dietary information for new residents and are notified of any dietary changes, weight loss or any other dietary requirements. Special diets, allergies and likes and dislikes are written up in a folder. Moulieed meals are available. Nutritional supplements are available.</p>	<p>There has been no dietitian review of food menus for the last four years.</p>	<p>A review of the menus is required.</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.