

# Elms Court Rest Home Limited

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## 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:** Elms Court Rest Home Limited

**Premises audited:** Elms Court Rest Home

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 6 July 2015 End date: 6 July 2015

**Proposed changes to current services (if any):** A new extension of three single bedrooms and one double bedroom room was completed March 2015. The number of beds have increased from 15 to 19 beds. The new extension was viewed as part of the certification audit.

**Total beds occupied across all premises included in the audit on the first day of the audit: 19**



# Executive summary of the audit

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## 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

Elms Court Rest Home is privately owned and operated. The service is certified to provide rest home level of care for up to 19 residents. On the day of the audit there were 18 residents.

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

The owner/manager is supported by an assistant manager with aged care experience. Both managers are non-clinical and employ an experienced registered nurse part time.

The service has an established quality risk management system. Residents, family/whanau and general practitioner interviewed commented positively on the standard of care and services provided at Elms Court.

This certification audit identified an improvement required around trending and analysis of infection control data.

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

## 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.		Standards applicable to this service fully attained.
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The quality and risk management system supports the provision of clinical care. Quality data is collated for accident/incidents, internal audits, concerns and complaints and surveys.

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

## Continuum of service delivery

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.		Standards applicable to this service fully attained.
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Residents are assessed prior to entry to the service and a baseline assessment is completed upon admission. The registered nurse is responsible for care plan development with input from residents and family. A review of a sample of resident files identified that assessments, interventions and evaluations were up to date and reflected current care.

Planned activities are appropriate to the resident's assessed needs and abilities and residents advised satisfaction with the activities programme. Medications are managed and administered in line with legislation and current regulations.

Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met.

## Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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Elms Court Rest Home has a current building warrant of fitness. Reactive and preventative maintenance is carried out. Chemicals are stored securely and staff are provided with personal protective equipment. Hot water temperatures are monitored and recorded. Medical equipment and electrical appliances have been calibrated. Residents' rooms are of sufficient space to allow services to be safely delivered. Four new resident rooms have been built since previous audit. These rooms are spacious and

appropriate for rest home level residents. There are sufficient communal areas within the facility including lounge and dining area. There is a designated laundry and cleaner's cupboard. The service has implemented policies and procedures for civil defence and other emergencies and regular fire drills are conducted. External garden areas are available with suitable pathways and seating. Smoking is only permitted in a designated external area.

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

## Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Some standards applicable to this service partially attained and of low risk.
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The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control co-ordinator is the registered nurse. There is a suite of infection control policies and guidelines that meet infection control standards. Staff receive annual infection control education.

## 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 Standards applicable to this service 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	44	0	1	0	0	0
Criteria	0	92	0	1	0	0	0

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

# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Elms Court Rest Home has policies and procedures that align with the requirements of the Code of Health and Disability Services Consumer Rights (the Code). Two caregivers and one registered nurse (RN) were able to describe how they incorporate resident choice into their activities of daily living.</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 and advanced directives were recorded as evidenced in the five resident files reviewed. Advised by staff that family involvement occurs with the consent of the resident. Residents interviewed confirmed that information was provided to enable informed choices and that they are able to decline or withdraw their consent.</p> <p>There were five admission agreements sighted.</p> <p>Discussion with two families identify the service actively involves them in decisions that affect their relative's lives.</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 Code of Health and Disability Services Consumer Rights and Advocacy pamphlet on admission. Interviews with residents and family confirmed they were aware of their right to access advocacy. Advocacy pamphlets are displayed in the main foyer.</p> <p>Discussions with residents confirm that the service provides opportunities for the family/EPOA to be involved in decisions.</p> <p>The resident files include information on residents' family/whanau and chosen social networks.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Interview with residents confirm relatives and friends can visit at any time and are encouraged to be involved with the service and care. Residents are encouraged wherever possible to maintain former activities and interests in the community. They are supported to attend community events, clubs and interest groups in the community.</p> <p>Interview with residents confirm the staff help them access community groups.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>There is a complaints policy to guide practice, which aligns with Right 10 of the Code. The manager leads the investigation of concerns/complaints. Complaints forms are visible for relatives/residents. The service has responded appropriately to two resident complaints. The complaints register is up to date. Management operate an "open door" policy.</p> <p>A complaints procedure is provided to residents within the information pack at entry.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>There is a welcome pack that includes information about the Code and this is discussed during the admission process with the resident and family. Five residents and two family members interviewed confirmed they received all the relevant information during admission.</p> <p>The information pack provided to residents on entry includes how to make a complaint, Code of Rights pamphlet, advocacy and Health &amp; Disability (H&amp;D) Commission.</p> <p>The relative and residents are informed of the scope of services and any liability for payment for items not included in the scope. This is included in the service agreement.</p>
Standard 1.1.3:	FA	There are policies in place to guide practice in respect of independence, privacy and respect. Staff were

<p>Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>		<p>observed to be respectful of residents' personal privacy by knocking on doors prior to entering resident rooms during the audit. Residents interviewed confirmed staff respect their privacy, and support residents in making choice where able. Resident files are stored in a locked office. Staff received training around abuse and neglect February 2015.</p> <p>The service has operational objectives that are focused around promoting quality of life, involving residents in decisions about their care, respects their rights and maintains privacy and individuality. Resident preferences are identified during the admission and care planning process with family involvement. The service actively encourages residents to have choices and this includes voluntary participation in daily activities.</p> <p>Five resident files reviewed, identified that cultural and/or spiritual values and individual preferences are identified on admission and integrated with the residents' care plan. Interviews with residents confirm their values and beliefs are considered.</p> <p>There are clear instructions provided to residents on entry regarding responsibilities of personal belonging in their admission agreement. Personal belongings are documented and included in resident files.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	<p>FA</p>	<p>Elms Court has a Maori health plan that includes a description of how they will achieve the requirements set out in A3.1 (a) to (e). Currently there are no residents who identify as Maori.</p> <p>There is a cultural safety policy to guide practice, including recognition of Maori values and beliefs and identify culturally safe practices for Maori. Staff interviewed were able to describe how they would ensure Maori values and beliefs are met. Linkages with Maori stakeholders and community groups are available and accessed in response to resident requests or needs as required,</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>	<p>FA</p>	<p>The resident and family are invited to be involved in care planning and any beliefs or values are further discussed and incorporated into the care plan. Five care plans reviewed included the residents' social, spiritual, cultural and recreational needs. Six monthly reviews occur to assess if the residents needs are being met. Discussion with family and residents confirm values and beliefs are considered. Residents are supported to attend church services of their choice.</p>

<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>Job descriptions include responsibilities of the position and signed copies of all employment documents are included in the five staff files sampled. Staff comply with confidentiality and the code of conduct. Qualified staff and allied health professionals practice within their scope of practice. Staff meetings include discussions on professional boundaries and concerns/complaints as they arise (minutes sighted). Interviews with the manager, assistant manager, and RN and care staff confirmed an awareness of professional boundaries.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>Elms Court policies and procedures meet the health and disability safety sector standards. Staff are made aware of new/reviewed policies and sign to say they have read them. There is good staff attendance at education sessions. An environment of open discussion is promoted. Staff report the manager, assistant manager and RN are approachable and supportive. Allied health professionals are available to provide input into resident care.</p> <p>Services are provided at Elms Court that adhere to the health &amp; disability services standards.</p> <p>Staff complete relevant workplace competencies. The RN has access to external training. Discussions with residents and family were positive about the care they receive.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>There is a policy to guide staff on the process around open disclosure. Four of six incident forms reviewed for June 2015, identify family were notified following a resident incident/accident. Two residents did not have any family to notify. The manager and RN confirm family are kept informed. The relatives interviewed confirmed they are notified promptly of any incidents/accidents. Families receive two monthly newsletters that keeps them informed on facility matters and events. Resident and family meetings are held regularly, encouraging open discussion around the services provided (meeting minutes sighted).</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 Ministry of Health “Long-term Residential Care in a Rest Home or Hospital – what you need to know” is provided to residents on entry.</p> <p>The residents and family are informed prior to entry of the scope of services and any items they have to pay that is not covered by the agreement.</p> <p>There is access to an interpreter service.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the</p>	<p>FA</p>	<p>Elms Court Rest Home provides care for up to 18 rest home level of care residents. On the day of audit there were 18 residents which included one younger person and one respite care resident.</p>

<p>organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>		<p>Elms Court mission statement and operational objectives underpins the 2015 – 2017 business plan and quality goals. The 2014 business plan has been reviewed and improvements recorded include, (but not limited to); a) the completion of new four bedroom (three single and one double room) extension with bathroom, new calls bells and heat pumps in March 2015, b) new laundry (was external) built into new extension, d) development of an internal courtyard and e) implementation of accident/incident data onto an external quality health system in preparation for benchmarking in 2015. Refurbishment of bedrooms and planned maintenance of the facility is on-going.</p> <p>Elms Court has been family owned and operated since 1993. The current owner (family member) now has sole ownership since May 2015. The previous owners remain actively involved in the service, one as an assistant manager/cook and the other is responsible for maintenance. The owner/operator is non-clinical and has extensive experience in business management and human resources. The part-time RN has been working within an aged care facility (Australia) since graduation in New Zealand in 2009. The RN has access to an RN/consultant as required.</p> <p>The owner/manager has attended at least eight hours of education including first aid, code of rights and attendance at provider meetings.</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>The assistant manager provides cover for the owner/manager absence as required. The previous RN remains available for RN cover for annual leave.</p> <p>A review of the documentation, policies and procedures and from discussion with staff, identified that the service has operational management strategies, quality assurance programme which includes culturally appropriate care, to minimise risk of unwanted events and enhance quality.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>Elms Court is implementing a quality and risk management system. The provider has completed an annual performance improvement assessment tool identifying quality initiatives and areas of improvement. There are policies and procedures implemented to provide assurance that the service is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001.</p> <p>Policies were originally purchased and reviewed by an external healthcare consultant. Staff confirmed they are made aware of any new/reviewed policies.</p> <p>Regular management and staff meeting minutes sighted evidence staff discussion around accident/incident</p>

		<p>data, health and safety, audit outcomes, concerns and survey feedback (link 3.5.7). The service has commenced entering accident/incident data into an external quality assurance programme which produces quality data and graphs that are displayed for staff information.</p> <p>Annual surveys have been conducted for food satisfaction, resident satisfaction and next of kin satisfaction. Results have been collated and results fed back to participants as evidenced in meeting minutes.</p> <p>There is an internal audit programme that covers all aspects of the service. Quality improvement plans raised have been signed off as completed.</p> <p>There is an implemented health and safety and risk management system in place including policies to guide practice. There is a current hazard register.</p> <p>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.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>Six accident/incident forms for the month of June 2015 were sampled. There has been RN notification and clinical assessment completed within a timely manner. Accidents/incidents were recorded in the resident progress notes. There is documented evidence the family/whānau had been notified promptly of accidents/incidents.</p> <p>The service collects incident and accident data and reports aggregated figures to the staff meeting. Staff interviewed confirm incident and accident data are discussed at the staff meeting and information and graphs are made available.</p> <p>The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to management and staff so that improvements are made. Trending data (date, time, location, type) is collated and analysed.</p> <p>Discussions with the manager, confirms 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</p>	<p>FA</p>	<p>There are human resource policies to support recruitment practices. Five staff files sampled contained all relevant employment documentation. Current practising certificate was sighted for the RN and allied health professionals. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. Staff interviewed believed new staff were adequately orientated to the service on employment.</p> <p>There is an education planner in place that covers compulsory education requirements over a two year</p>

meet the requirements of legislation.		<p>period.</p> <p>The RN was registered to attend InterRAI training on the 7th July 2015.</p> <p>Care staff are long serving and have national certificates in the support of the older person. Clinical staff complete competencies relevant to their role including medication, safe manual handling and restraint competencies.</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>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. Staff numbers meet the requirement for the increase in resident numbers since March 2015. There is an RN on duty 10 hours per week and on-call. The caregivers, residents and family interviewed, inform there are sufficient staff on duty at all times.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The resident files are appropriate to the service type. All relevant initial information is recorded within required timeframes into the resident's individual record. Resident records containing personal information is kept confidential. Individual resident files demonstrate service integration.</p> <p>Entries were legible, dated and signed by the relevant caregiver or registered nurse including designation. Policies contain service name.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>Residents are assessed prior to entry to the service by the needs assessment team. The service has specific information available for residents/EPOA at entry and it included associated information such as the Health and Disability Code of Rights, advocacy and complaints procedure. The admission agreement reviewed aligned with the ARC contract and exclusions from the service were included in the admission agreement.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p>	FA	<p>The transfer/discharge/exit procedures included a transfer/discharge form and the completed form is placed on file. The service stated that a staff member escorts the resident if no family were available to assist with</p>

<p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>		<p>transfer and copies of documentation were forwarded with the resident.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The service uses individualised medication blister packs, which are checked in on delivery. A medication competent caregiver was observed on the day of audit administering medications correctly. Medications and associated documentation are stored safely and securely and all medication checks are completed and meet requirements. There was documented evidence that medications are reviewed three monthly with medical reviews by the attending GP. Resident photos and documented allergies or nil known were on ten of ten medication charts reviewed. Ten of ten medication charts reviewed with 'as required' medication (PRN) had indication for use identified. Advised that 'as required' medication is approved by a registered nurse each time prior to administering. An annual medication administration competency has been completed for all staff administering medications and medication training had been conducted.</p> <p>There is a self-medicating resident's policy and procedures in place. There were no residents who self-administer medications. Individually prescribed resident medication charts are in use and this provides a record of medication administration information.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>All meals at Elms Court are prepared and cooked on site. There is a six weekly menu which has been reviewed by a dietitian. Meals are prepared in a small, well-appointed kitchen adjacent to the rest home dining room and meals are served directly to residents. The food service is well resourced to provide nutritional meals for an increase in resident numbers. The dining room is spacious enough to comfortably accommodate a maximum of 19 residents. The cook has been trained in safe food handling and food safety procedures were adhered to. Staff were observed assisting residents with their lunch time meals and drinks. Diets are modified as required. Resident dietary profiles and likes and dislikes are known to food services staff and any changes are communicated to the kitchen, via the resident, registered nurse or caregiver. Supplements are provided to residents with identified weight loss issues. Weights are monitored monthly or more frequently if required and as directed by a dietitian or GP. Resident meetings and surveys allow for the opportunity for resident feedback on the meals and food services generally. Residents and family members interviewed indicated satisfaction with the food service.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the</p>	<p>FA</p>	<p>The reason for declining service entry to residents to the service would be recorded on the declined entry form, and when this has occurred, the service stated it had communicated to the resident/EPOA/family and the appropriate referrer.</p>

service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.		
Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	Personal needs information is gathered during admission, which forms the basis of resident goals and objectives. Assessments reviewed had been evaluated at least six monthly, or earlier when condition had changed. Appropriate risk assessments had been completed for individual resident issues. Outcomes of assessments were reflected in the care plans reviewed.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	The long-term care plan records the resident's problem/need, objectives, interventions and evaluation for identified issues. The service has a specific acute health needs care plan that includes management of short-term health changes. These were being utilised in resident files reviewed. Resident files reviewed identified that family were involved in the care plan development and on-going care needs of the resident. Five care plans reviewed included interventions to manage the current needs of residents.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	Residents' long-term care plans included appropriate interventions that reflected the assessments. Interviews with the registered nurse, caregivers and relatives confirmed involvement of families in the care planning process. Monitoring charts were used as required. Observations evidenced safe manual handling and supervision where required.  Dressing supplies are available and a treatment room/office was stocked for use. Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Wound assessment and wound management plans were in place for one resident with a skin tear.
Standard 1.3.7: Planned Activities Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate	FA	The activity co-ordinator provides an activities programme over five days each week. The programme is planned weekly and residents receive a personal copy of planned monthly activities. Activities planned for the day were displayed on the notice board. A diversional therapy plan was evidenced in resident file and individualised. Residents are encouraged to join in activities that are appropriate and meaningful and are encouraged to participate in community activities. The service has a van that is used for resident outings. Interdenominational church services are organised. Residents were observed participating in activities on

to their needs, age, culture, and the setting of the service.		the days of audit. Resident meetings provide a forum for feedback relating to activities. Residents' and family members interviewed expressed enjoyment in the programme and the diversity offered to all residents.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	Long-term care plans reviewed were updated as changes were noted in care requirements. Care plan evaluations reviewed were comprehensive, related to each aspect of the care plan and recorded the degree of achievement of goals and interventions. Long-term care plans were evaluated within the required time frames in five of five resident files reviewed. Short-term care plans were evaluated within a timely manner with on-going problems transferred to the long-term care plan.
Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.	FA	The service facilitates access to other services (medical and non-medical) and where access occurred, referral documentation is maintained. Residents' and/or their family/EPOA are involved as appropriate when referral to another service occurs.
Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.	FA	All chemicals sighted were labelled with manufacturer labels. There are designated areas for storage of cleaning/laundry chemicals and chemicals were stored securely. Product use charts were available and the hazard register identifies hazardous substances. Gloves, aprons, and goggles are available for staff. Safe chemical handling training has recently been provided.
Standard 1.4.2: Facility Specifications	FA	The service displays a current building warrant of fitness, which expires 01 June 2016. Hot water temperatures are checked weekly. Medical equipment and electrical appliances have been tested and

<p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>		<p>tagged and calibrated. Regular and reactive maintenance occurs. Residents were observed on day of audit mobilising safely within the facility. There are sufficient seating areas throughout the facility. The exterior has been well maintained with safe paving, outdoor shaded seating, a small lawn and gardens. Caregivers interviewed confirmed there was adequate equipment to carry out the cares according to the resident needs as identified in the care plans.</p> <p>A new extension was completed in March 2015 which includes three single bedrooms, one double bedroom and large shared bathroom. A laundry has been built in at the end of the extension. A courtyard has been developed with seating and shade.</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>The majority of the rooms at Elms Court are single rooms with two double rooms. Residents' share communal toilets and showers, apart from one room with an ensuite. There are sufficient numbers of resident communal toilets in close proximity to resident rooms and communal areas. Residents interviewed state their privacy and dignity was maintained, while attending to their personal hygiene care. The communal toilets and showers are well signed and identifiable and include large vacant/in-use signs.</p> <p>The new extension includes a spacious bathroom/toilet for up to a maximum of five residents.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>The resident rooms are spacious enough to meet the assessed resident needs. Residents are able to manoeuvre mobility aids around the bed and personal space. All beds are of an appropriate height for the residents. Caregivers interviewed reported that rooms have sufficient space to allow care to take place. The resident rooms were individualised.</p> <p>The new extension of three single and one double bedroom are of sufficient sizes to allow safe resident mobility with the use of walking aids (if required). The double bedroom is spacious enough to allow for personal privacy.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p>	<p>FA</p>	<p>There is a large lounge and adjacent dining room. The dining room was adequate for the number of residents' and located directly off the kitchen serving area. All areas are easily accessible for the residents. The furnishings and seating are appropriate for the consumer group. Residents interviewed report they are</p>

Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.		able to move around the facility and staff assisted them when required. Activities take place in the lounge.
Standard 1.4.6: Cleaning And Laundry Services Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.	FA	There is a separate laundry area where all linen and personal clothing is laundered by designated caregivers. There is a secure cleaner's cupboard. Staff have recently attended infection control and safe chemical handling education and there is appropriate protective clothing available. Manufacturer's data safety charts are available. Residents and family interviewed reported satisfaction with the laundry service and cleanliness of the room/facility.
Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations.	FA	The service has an approved evacuation plan dated 10 November 1998. Six monthly fire drills are held, the last one being February 2015. Staff receive training in emergency management. There is at least one first aider on duty at all times. There is an emergency plan and disaster preparedness policies and procedures. There is adequate water store, food supply, barbeques and civil defence equipment available in the event of an emergency. The call bell system is available in all bedrooms, bathrooms and communal areas. The facility is secure after hours.  The fire system was upgraded (including fire doors) with the build of the new extension. An email from the fire service (sighted) stated the fire evacuation scheme remained current. A new call bell system has been installed in the new wing.
Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.	FA	All communal and resident bedrooms have external windows with plenty of natural sunlight. General living areas and resident rooms are appropriately heated and ventilated. Residents and family interviewed stated the environment is warm and comfortable.  A heat pump has been installed in the new extension.
Standard 3.1: Infection control	FA	The infection control coordinator is the registered nurse. The RN job description has identified delegated

<p>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>		<p>responsibility for infection control within the service. Infection control matters and infection rates are discussed with management and staff. The infection control programme has been reviewed June 2015.</p> <p>Visitors are asked not to visit if they have been unwell. Influenza vaccines are provided. There are hand sanitizers throughout the facility and adequate supplies of personal protective equipment. Residents and staff are offered influenza vaccines. There have been no outbreaks.</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 who was appointed in May 2015. She has had previous experience as an infection coordinator in an aged care facility in Australia.</p> <p>The infection control coordinator has access to infection control personnel within the district health board, laboratory services and GP service.</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. The policies have been reviewed June 2015.</p>
<p>Standard 3.4: Education</p>	FA	<p>The infection control coordinator is responsible for coordinating/providing education and training to staff. Infection control education has been provided by an external infection control specialist in February 2015</p>

<p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>		<p>(food handling) and in May 2015 (infection control standards). Staff receive education on orientation. Hand hygiene competencies are completed.</p> <p>Resident education is expected to occur as part of providing daily cares and discussed at resident meetings as appropriate.</p>
<p>Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>PA Low</p>	<p>There is a policy describing surveillance methodology for monitoring of infections. Definitions of infections are in place appropriate to the complexity of service provided.</p> <p>Systems are in place and are appropriate to the size and complexity of the facility. Monthly data collected has not been analysed to identify trends and infection control activities within the facility.</p>
<p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>There is a documented definition of restraint and enablers, which is congruent with the definition in NZS 8134.0. The policy includes restraint procedures. The policy identifies that restraint is used as a last resort. There were no enablers or restraints in use. The registered nurse is the restraint coordinator. Training in restraint and challenging behaviour is provided. Restraint/enablers are discussed at the clinical meetings.</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 3.5.7</p> <p>Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to relevant personnel and management in a timely manner.</p>	PA Low	The infection control coordinator collects the infection rates each month onto an infection log. Infection rates are communicated to staff and management through the meetings; however this is not clearly documented. Care staff interviewed were aware of infection rates.	Monthly data collected has not been analysed to identify trends and infection control activities within the facility. Meeting minutes do not reflect discussions around trends and analysis of infection rates.	<p>Ensure surveillance data is analysed to identify trends to determine infection control activities and needs in the facility. Ensure meeting minutes reflect discussion of infection rates and trends.</p> <p>90 days</p>

## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.