

# Villages of New Zealand (Pakuranga) Limited - Park Rest Home

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

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

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

The specifics of this audit included:

**Legal entity:** Villages of New Zealand (Pakuranga) Limited

**Premises audited:** Park Rest Home

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

**Dates of audit:** Start date: 20 July 2015 End date: 21 July 2015

**Proposed changes to current services (if any):** None

**Total beds occupied across all premises included in the audit on the first day of the audit:** 33

# 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

Park Rest Home is owned and operated by Villages of New Zealand (Pakuranga) Limited, a non-charitable trading trust established in 1984. There is a retirement village on the same site. This audit is related to the rest home facilities only. Park Rest Home provides care for up to 40 rest home level care residents.

This certification audit was conducted against the Health and Disability Services Standards and the provider's contract with the district health board. The audit process included the review of policies and procedures, the review of staff files, observations, and interviews with residents, family/whānau, management and staff. One general practitioner was interviewed on the days of audit. Feedback from residents and family/whānau members was positive about the care and services provided.

There are no areas identified for improvement.

## 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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Staff demonstrated knowledge and understanding of the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code of Rights). Residents and their families are informed of their rights at admission and throughout their stay. Available throughout the facility are copies of the Code of Rights posters and information relating to the Nationwide Health and Disability Advocacy Service.

Residents and families receive clinical services that have regard for their dignity, privacy and independence. The residents' ethnic, cultural and spiritual values are assessed at admission to ensure they receive services that respect their individual values and beliefs.

Evidence-based practice is supported and encouraged to ensure residents receive services of an appropriate standard. Residents have access to visitors of their choice and are supported to access community services.

Evidence is seen of informed consent and open disclosure in residents' files reviewed. The advocacy service visits annually for staff education and attendance at residents' meetings. All staff interviewed were able to verbalise knowledge of residents' rights.

Complaints management is undertaken according to policy to ensure response timeframes are met. At the time of audit there are no outstanding complaints.

## 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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Park Rest Home governing body ensure that business and strategic planning in place covers all aspects of service delivery to meet residents' needs. Management reports are presented to the board monthly to identify how set goals are being met. Day to day management of the facility is undertaken by a village manager and a nurse manager who is a registered nurse (RN). Both managers are qualified for the roles they undertake.

The service has quality and risk management systems which are implemented and understood by staff. Quality management reviews include an internal audit process, complaints management, resident and family/whānau satisfaction surveys, incident/accident and infection control data collection and review, with corrective actions being put in place as required. Quality and risk management activities and results are shared among staff and residents as appropriate.

The day to day operation of the facility is undertaken by staff that are appropriately experienced, educated and qualified. Staffing levels are maintained to meet contractual requirements.

Consumer information is managed in ways that meets the requirements of the Health Records Standard. Archived or obsolete residents' records are being stored safely and securely

## 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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The organisation has systems and processes implemented to assess, plan and evaluate the care needs of residents requiring rest home level care. Staff are trained and qualified to perform their roles and deliver all aspects of service delivery. The nurse manager and registered nurse (RN) oversee the care and management of all residents, along with a team of staff. All residents are assessed on admission and assessment details are retained in the individual resident's records.

The residents' care plans are well documented and clearly identify the residents' needs, outcomes and/or goals and these are reviewed six monthly, or more often as required. The residents and families interviewed reported they are involved in care planning and review. The general practitioner (GP) ensures residents are seen on admission and provides full medical cover for all residents 24 hours a day. Documentation is reviewed within timeframes as required.

The activities available are appropriate for residents requiring rest home level care. An activities coordinator oversees the programme for the residents.

Medication management systems comply with current legislation and all clinical staff involved in medicine management undergoes a competency assessment annually. The nurse manager and registered nurse are responsible for all areas of medication management and work alongside a contracted pharmacy.

Food is prepared on site and overseen by three chefs over seven days. The menu plans have been reviewed by a dietitian. Each resident is assessed by the nurse manager or registered nurse on admission for any identified needs in relation to nutritional status, weight, likes and dislikes. A copy of the nutritional profile is retained in the records and the kitchen is notified of any special food requests. Visual inspection of the kitchen shows evidence of compliance with current legislation and guidelines. The three chefs have completed food safety training. Meals are provided at appropriate times of the day. Residents interviewed reported satisfaction with the food service provided.

## 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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There are documented emergency management response processes which are understood and implemented by the service providers. This includes protecting residents, visitors and staff from harm as a result of exposure to waste or infectious substances.

The building has a current building warrant of fitness and the service has an approved fire evacuation plan. Medical equipment is checked at least annually by an approved provider. Electrical equipment is checked if any damage or concern is raised and residents' bedrooms are protected by residual-current devices.

The facilities meet residents' needs with the provision of appropriate furnishings, single occupancy bedrooms, adequate toilet, bathing, hand-washing, dining and relaxation areas.

The facility is heated by a combination of electricity and gas appliances and has good ventilation. The outdoor areas provide suitable furnishings and shade for residents' use.

## 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 restraint minimisation policy and procedures in place which reflect safe restraint use. Staff undertake bi-annual education related to restraint and verbalise knowledge and understanding of the requirements should restraint be required. At the time of audit Park Rest Home is restraint free. Documentation and staff interviews confirmed no restraint or enablers are in use.

## Infection prevention and control

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

Infection prevention and control policies and procedures are clearly documented and implemented to minimise risk of infection to residents, staff and visitors. The policies reflect current accepted good practice and are readily available for staff.

Infection control education is provided by the infection control coordinator who is responsible for infection prevention and control activities. The education is relevant to the service setting.

The type of infection surveillance undertaken is appropriate to the size and type of the service. Results of the surveillance are acted upon, evaluated and reported to relevant personnel in a timely manner. The GP, or other specialised input, is sought as required. Staff and residents are offered annual influenza vaccinations.

## 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)
<b>Standards</b>	0	45	0	0	0	0	0
<b>Criteria</b>	0	93	0	0	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>Staff interviewed demonstrated their knowledge of the Code of Health and Disability Services Consumers' Rights (the Code). The Code is included in staff orientation and in the annual in-service education programme (sighted). Residents' rights are upheld by staff (e.g. staff knocking on residents' doors prior to entering their rooms, staff speaking to residents with respect and dignity, staff calling residents by their preferred names). Staff observed on the days of the audit demonstrated knowledge of the Code when interacting with residents.</p> <p>The residents interviewed reported that they are treated with respect and understand their rights. The relatives interviewed reported that residents are treated with respect and dignity.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>Evidence is seen of the consent process for the collection and storage of health information, outings and indemnity, use of photographs for identification, sharing of information with an identified next of kin, and for general care and treatment. The resident's right to withdraw consent and change their mind is noted. Information is provided on enduring</p>

		<p>power of attorney (EPOA) and ensuring where applicable this is activated.</p> <p>There are guidelines in the policy for advance directives which meet legislative requirements. The consent can be reviewed and altered as the resident wishes. The NM discusses information on informed consent with the resident and family on admission. An advance directive enables a resident to choose if they would like active medical treatment to prolong life, transfer to base hospital for on-going treatment or receive 'comfort care'. The files reviewed have signed advance directive forms which meet legislative requirements</p> <p>Family members and residents are actively involved and included in care decisions as evidenced in residents' files reviewed.</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>Advocacy information is available in brochure format at the entrance to the facility. Residents and their families are aware of their right to have support persons. This was confirmed in interview with residents.</p> <p>Education from the Nationwide Health and Disability Advocacy Service is undertaken annually as part of the in-service education programme. The staff interviewed report knowledge of residents' rights and advocacy service.</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>Residents reported on interview that they are supported to be able to remain in contact with the community by outings and the walks to local shops and parks. Policy includes procedures to be undertaken to assist residents to access community services and a van is available.</p> <p>There is portable phone which is taken to the residents as required.</p> <p>Evidence in files reviewed shows attendance at DHB for appointments as required.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood,</p>	FA	<p>Policy acknowledges the right to make a complaint is respected by the service. All complaints are addressed in a professional manner by the</p>

<p>respected, and upheld.</p>		<p>manager or appropriately designated person to ensure they are facilitated and resolved in a fair and efficient way. This is identified in the complaints register sighted. All complaints are internal and there have been no police investigations or coroners' inquests since the previous audit.</p> <p>There has only been one complaint received since the previous audit and it is of a minor nature. Management explained that the residents hold a six monthly committee meeting and they can voice concerns during this meeting if they wish. Minor concern shown in meeting minutes such as the type of salad offered for lunch have been fully addressed.</p> <p>Management, resident and family/whānau interviews, confirmed that complaints management was explained during the admission process. Staff verbalised their understanding of the complaints procedures and confirmed that they implemented the complaints process for written and verbal complaints that occur. Complaints are a standing agenda item for both management and staff meetings as confirmed by meeting minutes sighted.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.</p>	<p>FA</p>	<p>The policy details that staff will be provided with training on the Code and that residents will be provided with information on entry to the service. Opportunities for discussion and clarification relating to the Code are provided to residents and their families (as confirmed by interview with the NM). Discussions relating to residents' rights and responsibilities take place formally (in staff meetings and training forums) and informally (e.g. with the residents in their room). Education is held by the Nationwide Health and Disability Advocacy Service annually. Residents are addressed in a respectful manner and by their preferred names as was confirmed in interview with residents and family.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect Consumers are treated with respect and receive services in a</p>	<p>FA</p>	<p>The privacy and dignity policy details how staff are to ensure the physical and auditory privacy of residents, ensuring the protection of personal property and maintaining the confidentiality of residents'</p>

<p>manner that has regard for their dignity, privacy, and independence.</p>		<p>related information. The process for accessing personal health information is detailed.</p> <p>Evidence was seen in files reviewed of the residents' goals which are personalised and reviewed every six months.</p> <p>Staff interviewed reported knowledge of residents' rights and understand dignity and respect.</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>The plan includes a range of cultural issues/considerations for staff to be aware of. The cultural awareness policy includes guidance for staff on the provision of culturally appropriate care to Māori residents. A commitment to the Treaty of Waitangi is included. Family/next of kin input and involvement in service delivery/decision making is sought if applicable.</p> <p>There were no Māori residents in the service at the time of audit but the nurse manager (NM) reported there are no barriers to Māori residents being admitted.</p> <p>Education was given to staff on the Treaty of Waitangi in 2015 and staff interviewed reported that they understand the Treaty of Waitangi and its application to their work environment.</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 NM or RN assesses the cultural and/or spiritual needs of the resident in consultation with the resident and family as part of the admission process. Specific health issues and food preferences are identified on admission. The care plan is developed to ensure that care and services are delivered in a culturally and/or spiritually sensitive manner in accordance with the Treaty of Waitangi and/or other protocols/guidelines as recognised by the resident.</p> <p>If required, a person acceptable to the resident is sought from the community to provide advice, training and support for the staff to enable the facility to meet the cultural/spiritual needs of the resident.</p> <p>Annual resident satisfaction surveys monitor satisfaction. Residents and their families are satisfied with the services provided as confirmed in</p>

		<p>interviews with rest home residents and review of satisfaction surveys.</p> <p>Staff interviewed reported on the need to respect individual culture and values.</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>The employment position description and the Code of Rights define residents' rights relating to discrimination. Staff interviewed verbalise they would report any inappropriate behaviour to the NM. The NM reported she would take formal action as part of the disciplinary procedure if there was an employee breach of conduct. There is no evidence of any behaviour that requires reporting and interviews with residents indicate no concerns.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>Evidence is seen of care staff undertaking or completed the National Certificate in the Care of the Elderly Education programme. All staff have an up to date first aid certificates (sighted) and all staff who administer medication have yearly assessments to determine competency.</p> <p>The NM, RN and caregivers attend education sessions run by the hospice and other local organisations. The planned yearly education programme reviewed included sessions that ensure an environment of good practice. The food service cooks have fulfilled the requirements of safe food handling. Residents' satisfaction surveys show evidence that they are satisfied with the meals and food supplied.</p> <p>Policies and procedures reviewed are all current and relate to best practice. There is specialist advice available if required.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>The cultural responsiveness policy notes interpreters will be accessed if required. Prior to admission of residents who do not speak English, the senior staff member will offer the availability of the interpreting services to the resident and/or their family. These can be contacted via the district health board (DHB).</p> <p>Evidence is seen that all aspects of care and service provision are</p>

		<p>discussed with the resident and their family/whanau prior to/or at the admission meeting. Staff make adequate time to talk with residents and families as confirmed in interviews with staff and the NM. There is sufficient space in each single room to permit private discussions and a telephone is available for the resident's use.</p>
<p><b>Standard 1.2.1: Governance</b> The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Park Rest Home is on the same site as Pakuranga Park Village. The facilities are owned and managed by a trust, the trustee of which is Villages of New Zealand (Pakuranga) Limited, with a board of seven members. The board retains responsibility for long term strategic planning, annual business planning, and business and regulatory risk, with input from management. Details are not contained within the policy manuals but released from time to time as deemed appropriate by the board and were not sighted on the days of audit.</p> <p>Policy documents the mission statement and philosophy which is included in the information given to all residents as part of the admission process.</p> <p>The village manager has responsibility for operational matters within policies and the direction set by the board, regulatory compliance and risk management for residents and staff safety. The board meets monthly with management, and all business matters, including quality reporting of all data collected is reviewed. The village manager stated he can access a board member at any time.</p> <p>The nurse manager is a registered nurse with a current practising certificate. Both managers are suitably qualified for the role they undertake and they have both worked at the facility since the previous audit. Job descriptions identify management members' experience, education, authority, accountability and responsibility for the provision of services. The only change in key personnel is the registered nurse who undertakes clinical oversight and has been employed for 18 months. Both the nurse manager and RN are trained in the interRAI and 80% of residents have had an interRAI assessment completed.</p> <p>On the day of audit there were 33 residents all rest home level of care.</p>

		<p>The service has one admission contract for both private and subsidised residents. The contract identifies the service covers payment for GP visits, transportation to services, pharmaceutical/wound care supplies and continence products to meet the requirements of the Age Related Residential Care (ARRC) contract.</p> <p>Interviews with residents and family/whānau confirmed that their needs were met by the service. .</p>
<p><b>Standard 1.2.2: Service Management</b></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>Policy is implemented to ensure that in the case of absence of the village or nurse manager a suitable person undertakes their roles. This is confirmed during management interviews. The service undertakes succession planning to ensure staff that fill the role on a temporary basis understand and are able to maintain the day to day services effectively.</p> <p>Resident and staff interviews confirmed service provision is undertaken in a timely, appropriate and safe manner.</p>
<p><b>Standard 1.2.3: Quality And Risk Management Systems</b></p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>The service undertakes quality and risk processes to ensure all aspects of service delivery are monitored. Staff confirmed during interview that they understand and implement documented quality and risk processes. This includes the development and update of policies and procedures, regular internal audits, incident and accident reporting, health and safety reporting, infection control data collection and complaints management. All processes are described in policies and procedures which are up to date and reflect current good practice and meet legislative and contractual requirements. Obsolete policies are stored electronically.</p> <p>Documentation identifies that quality improvement data are collected and analysed. Evaluation of data is gained by benchmarking against previously collected data. The results are documented and discussed at staff and management meetings to include any corrective actions required. Corrective action planning is put in place to address any deficits in service. Staff, resident and family/whānau interviews confirmed any concerns they have were addressed by management and verbal examples of quality improvements were given. One example</p>

		<p>given was an increase in cleaning hours which has improved the audit results related to cleaning.</p> <p>Information related to quality data and key components of service delivery are presented at board level monthly. The village manager confirms that quality data information is used to inform ongoing improvement planning of services.</p> <p>Actual and potential risks are identified and documented in the hazard register. The hazard register identifies all known hazards and shows the actions put in place to minimise, isolate or eliminate risks. Newly found hazards are reviewed by the health and safety committee monthly and communicated to staff and residents as appropriate.</p> <p>Staff confirmed that they understood and implemented documented hazard identification processes.</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>	<p>FA</p>	<p>Policy is implemented to ensure all adverse, unplanned or untoward events are systematically recorded and reported to the person affected and/or their family, in an open manner. Reporting requirements under the Health and Disability Services (Safety) Act 2001 Section 31 is well documented and shows the information to be provided to the Director General of Health and a link is shown for the reporting of serious harm. Documentation identified that two serious harm injuries have been notified since the previous audit.</p> <p>Staff reporting of incident and accidents included the family/whānau being notified to meet the principles of open disclosure. Staff interviewed stated they report and record all incidents and accidents and that this information was shared at all levels of the organisation, including any follow up actions required. Management confirmed during interview that information gathered from incident and accidents is used as an opportunity to improve services where indicated. A detailed, full report and review of all adverse event is undertaken six monthly by the nurse manager.</p> <p>Resident and family/whānau interviews confirmed information is shared and that the nominated next of kin is notified if there are any adverse events or concerns. This is supported in incident and accident</p>

		documentation sighted.
<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>Policies and procedures identify human resources management that reflects good employment practice and meets the requirements of legislation. Upon employment, referees are checked and job descriptions clearly describe staff responsibilities and best practice standards. Staff have completed an orientation programme with specific competencies for their roles, which are repeated annually, as confirmed during staff files reviewed.</p> <p>Staff undertake training and education related to their appointed roles, for example, kitchen staff have completed safe food handling. Staff annual appraisals are up to date.</p> <p>The education calendar and staff file reviews showed that regular training is undertaken and covers all aspects of service provision. Staff education includes regular on site education with guest speakers, off-site seminars and training days. Staff reported the education they receive allows them to provide safe and effective services to residents.</p> <p>Staff that require professional qualifications have them validated as part of the employment process and annually, as confirmed in documentation sighted. Caregivers are supported and encouraged to hold an aged care qualification.</p> <p>Resident and family/whānau members interviewed, along with the 2014 satisfaction survey results, identified that residents' needs are met by the service.</p>
<p><b>Standard 1.2.8: Service Provider Availability</b></p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>Policy identifies that at all times adequate numbers of suitably qualified staff are on duty to provide safe quality care. A review of four weeks of rosters showed that staff are replaced when on annual leave or sick leave. Staff interviewed confirmed there are adequate staff on each shift and that they have time to complete all tasks to meet residents' needs. Residents interviewed stated all their needs have been met in a timely manner.</p> <p>All shifts are covered by a staff member who holds a current first aid</p>

		<p>certificate. All clinical care is overseen by a registered nurse. Documentation identifies that a RN is on call at all times.</p> <p>A nominated staff member responds to call bells from the village but there is always at least two staff on the care facility floor at all times to meet contractual requirements.</p> <p>The activities coordinator works Monday to Friday. There are dedicated kitchen and cleaning staff. Caregivers undertake laundry duties as part of their everyday tasks.</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>Information is entered into the resident information management system in an accurate and timely manner. Records and archives are securely stored onsite. When required, records were appropriately destroyed.</p> <p>The progress notes were legible and the name and designation of the staff member included. All records pertaining to individual residents were integrated, with evidence of the multidisciplinary team having input into the residents' care. Information of a private or personal nature is maintained in a secure manner and was not publicly accessible or observable at the time of audit.</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>An 'Admissions Policy' was sighted and includes the procedure to be followed when a resident is admitted to the home. The New Zealand Aged Care Association (NZACA) standard Resident's Services Agreement is provided. Entry screening processes are documented and communicated to the resident and their family to ensure the service is able to meet the needs of the resident. The service only uses one admission agreement for all residents.</p> <p>The residents and family reported on interview the admission agreement was discussed with them prior to admission and all aspects are understood.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p>	FA	<p>There is a specific transfer form to document information related to the resident to the CMDHB. The form highlights any known risks, such as</p>

<p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>		<p>falls, includes current medications, current information related to the national health index number (NHI), date of birth (DOB), next of kin, instruction regarding specific treatments and may include a medical referral as appropriate. When the resident is transferring to another facility another form is used outlining activities of daily living, reason for transfer, current medical problems, past history, medications, current treatments and observations. A verbal handover is given by the NM or RN on duty. Communication is maintained with the family as confirmed on interview.</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 medication management policy provides guidance on medication reconciliation, prescribing, ordering, checking, storage, administration, and documentation of medications. The process for disposing expired/unwanted medications is also noted. Where a resident refuses medications this is documented and communicated. Errors are required to be reported via the incident reporting system. The management of controlled drugs includes weekly checks of balance and a six monthly quantity stock count. Residents can be assessed as safe to self-administer medications. The assessments are repeated on at least a three monthly basis.</p> <p>Park Rest Home uses the robotic medicine system whereby medicines are delivered monthly except for 'PRN' (pro re nata – as required) medications which are delivered as required. When the robotic medicines are delivered they are checked by the RN and evidence was seen of this on the signing sheet.</p> <p>There was evidence in files reviewed that medication charts are reviewed three monthly by the GP or as required.</p> <p>Standing orders are not used at this facility.</p> <p>The RN reported that the GP works with the pharmacy but he is responsible for all medicines administered to residents. If medicine is brought in by family this is approved by the GP and is charted on the medication sheet.</p> <p>The RNs and competent care staff are responsible for all medication administration. Evidence was seen of the designated staff having up to</p>

		date competency for medicine management and administering medicines. Lunchtime medication rounds observed on both days complied with standard requirements.
<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>	FA	<p>A dietary assessment is conducted when a resident is admitted to identify any dietary needs and food preferences. The senior chef is responsible for food safety, ordering, storage, cooking, reheating and food handling. Relevant infection prevention and control education for staff is undertaken annually. Guidance is provided by a dietitian on pureed diets, soft diets, diabetic diets, a light diet, reducing diet and a normal diet as required. Portion sizes are included as well as practices to ensure residents remain appropriately hydrated. Practices to clean the kitchen and associated equipment were sighted in the cleaning schedule.</p> <p>Morning and afternoon teas are prepared in the kitchen and snacks are available over 24 hours. Residents are weighed on admission and evidence was seen of a process to monitor unexplained weight loss. This included contacting the GP, notifying the kitchen of extra dietary requirements and changes to care plans. Residents reported they are satisfied with the food services and given choice of foods to cater for dislikes and preferences.</p> <p>The service is managed by three chefs over seven days. Meal planning, cleaning routines and audit requirements were being completed. All cooks are up to date with their food safety certificates. The chef reported that he is supported by management with food supplies and understands the individual requirements of the residents.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>The NM reported that, if the resident is in hospital, the needs assessment team at Counties Manukau District Health Board (CMDHB) usually make telephone contact and discussion verifies the suitability for admission before the family visits. There is a folder which contains documentation of all enquiries and the action taken if the admission is declined. This includes contacting the referral agency.</p>

<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>The initial nursing assessment includes good use of clinical tools, including falls risk, pressure area and pain assessment. Referral letters are sighted from external agencies, including CMDHB clinics, and there is evidence of family involvement in the assessment process. Evidence was sighted in files reviewed that assessments are conducted within the specified timeframes. In files reviewed, the assessment information was used as part of care plan development.</p> <p>The NM reported that she oversees all care plans and residents and family are included.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>In files reviewed evidence was sighted of interventions related to the desired outcomes. Risks identified on admission are included in the care plan and these included falls risk, pressure area risk and pain management.</p> <p>All health professionals document in the resident's individual clinical file and have access to care plans and progress notes as part of the integrated file system. Documentation in files reviewed included nursing notes, medical reviews and hospital correspondence. The residents reported that they are included in the care planning and are aware of any changes and that these are discussed with them. Care staff reported they were informed of any changes to care plans at shift changeover.</p> <p>The RN accompanies the doctor on his rounds and the doctor sends his notes via computer and these are printed in the files. The care plan is written in a language that is 'user friendly' and able to be understood by all staff. In residents' files reviewed there was evidence to demonstrate involvement in care planning of the family and resident.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>In the files reviewed there was documented evidence that the interventions relating to the residents' assessed needs and desired outcomes were evaluated as required and timeframes to ensure residents' desired outcomes were being met. Evidence was seen in</p>

		<p>documentation of a resident whose falls risk assessment had changed from a low to medium risk. Changes to the care plans included regular checking of the resident, leaving the resident's bell accessible and use of a sensor mat.</p> <p>The clinical staff interviewed reported they are informed of any care plan changes at hand over and have relevant in-service education as required specific to any new intervention.</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 are two activity coordinators employed at Park Rest Home. The senior activity coordinator works full time and activities are available in the weekends as the care staff undertake activities during the hours when the activity staff are not on site.</p> <p>The planned activities reflect ordinary patterns of life and take into consideration the assessed needs of residents. During interview the senior activities coordinator reported that all residents were included in the programme and they also have the opportunity to join in the village programme, as appropriate.</p> <p>External visits for the residents include beach and van trips. The residents reported on interview that the activities are positive and include exercise and music. Favourite activities were reported to be the visits of animals, day cares, schools and entertainment.</p> <p>The lifestyle care plan is completed and reviewed six monthly. Evidence was seen of six monthly residents' meetings and annual resident satisfaction surveys, indicating satisfaction with the activities programme.</p>
<p><b>Standard 1.3.8: Evaluation</b></p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Individual short term care plans were seen for wound care, infections and weight loss. These are kept in the resident's folder and each shift documentation is made in the file as required. These are transferred to progress notes when completed or transferred to the long term care plan.</p> <p>Long-term care plans are reviewed every six months or earlier as required. Evidence of this was sighted in files reviewed. Progress notes</p>

		<p>are signed each duty by care staff and weekly by the RN. There was family involvement in the care reviews. If an event occurred that was different from expected and required changes to service, these were made. The residents and family members interviewed reported that they are given the opportunity to be involved in all aspects of care and reviews.</p> <p>The clinical staff interviewed have knowledge of the care plan documentation requirements.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	<p>FA</p>	<p>The policy related to exit, transfer or transition states that residents will have access to appropriate external treatment and support services and will be referred in a timely fashion. All referrals are clearly documented in the progress notes and in the diary. The family will be notified of the upcoming appointment and will be invited to attend and assist.</p> <p>Residents' files reviewed required referrals to other health services and information relating to the referral process was sighted.</p> <p>Residents are given a choice of GP when they are admitted. Most residents use the GP contracted to Park Rest Home. If the need for other services is indicated or requested, the GP or NM sends a referral to seek specialist assistance from the CMDHB. The resident and the family are kept informed of the referral process.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>The safe management of waste and hazardous substances is implemented as described in policy. Waste is securely stored and removed weekly by a contracted company. The processes in place enable residents, visitors and service providers to be protected from harm as a result of exposure to infectious or hazardous substances.</p> <p>Staff confirmed they have access to appropriate protective clothing (PPE) and equipment is described in the health and safety policy. Use of PPE was observed on the days of audit.</p>

<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>Documentation sighted identified that all processes are undertaken as required to maintain the building warrant of fitness. The current warrant of fitness was issued on 4 March 2015. The village manager ensures the maintenance team complete all required maintenance of buildings and the grounds to provide residents with a safe environment. An established reactive maintenance process is in place to ensure newly found issues can be addressed in a timely manner. All areas sighted were well maintained.</p> <p>Electrical safety testing occurs for residents' electric blankets annually. Other electrical appliances are repaired as required and not annually as is current best practice. Clinical equipment is tested and calibrated by an approved provider at least annually or when required. All resident bedrooms have been fitted with a residual-current device (RCD) to ensure residents' safety.</p> <p>The physical environment minimises the risk of harm and safe mobility by ensuring the flooring is in good condition, there are secure handrails in corridors, bathroom floors are non-slip, the use of mobility aids, and the walking areas are clutter free. Regular environmental audits sighted identify that the service actively works to maintain a safe environment for staff and residents. The care facility is two stories and there is a lift for residents and visitor use which is checked annually. There is stair access for those who wish to use it.</p> <p>There are easily accessed, level surface, shaded outdoor areas for residents.</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 adequate numbers of toilet/shower facilities. There are toilet and showers shared between two or three bedroom for 14 of the bedrooms and the other 26 bedrooms have full ensuite. There are separate visitor and staff toilets. Hot water temperatures sighted identified that regular monitoring of hot water occurs and remains below the required 45oC for resident use.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p>	<p>FA</p>	<p>All bedrooms are single occupancy and of a size which allows enough</p>

<p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>		<p>space for residents to mobilise with or without assistance in a safe manner. They are personalised to meet residents' wants and needs and have appropriate areas for residents to place personal belongings.</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>Residents are provided with safe, adequate areas to meet their relaxation, activity and dining needs. Residents can choose to eat in one of three separate dining areas as observed on the days of audit. There are separate lounge areas as well as a dedicated activities room, two library areas, a gymnasium and a swimming pool. All facilities in place for village residents, including a dedicated movie theatre room are available to rest home level care residents. The village manager explained that many of the residents in the rest home have previously been village residents and socialisation with their friends from the village is encouraged and supported. There is a full sized outdoor bowling green. Areas contained comfortable furnishings to meet residents' needs.</p> <p>Residents and family/whānau voiced their satisfaction with the environment.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>Policies and procedures for both cleaning and laundry duties guide staff actions to ensure the facility remains hygienic and assist in the control of infections. Daily task lists were sighted for cleaning.</p> <p>Chemicals are securely stored and appropriately labelled. Dedicated cleaning staff maintain the documented daily cleaning schedule Monday to Friday. The caregivers undertake limited cleaning on Saturday and Sunday. The facility looks and smells clean.</p> <p>The laundry is undertaken as part of the caregivers daily duties as described in the job descriptions. The washing machines are serviced regularly and washing cycles are checked by the chemical providers. Staff confirmed during interview that they understand what each wash cycle is for and how to manage infectious linen safely.</p> <p>Residents and family/whānau confirmed they are happy with the laundry and cleaning services provided.</p>

<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>Emergency management policies and procedures implemented guide staff actions in the event of various emergency events. The service reviewed and updated their disaster management plan in April 2015.</p> <p>Emergency supplies and equipment include food and water. The emergency evacuation plan and general principles of evacuation were clearly documented in the fire service approved fire evacuation plan. Fire equipment is checked annually by an approved provider.</p> <p>Alternative energy and utility sources are available in the event of the main supplies failing and include emergency lighting and a gas BBQs for cooking. The village manager confirms they have an informal understanding with a local business that in the case of a prolonged emergency event the service has priority for the use of a generator.</p> <p>Emergency education and training for staff includes six monthly trial evacuations. No follow up actions were noted for the last evacuation which occurred in February 2015. All resident areas have smoke alarms and a sprinkler system which is connected to the fire service.</p> <p>Exterior doors locks automatically at 7pm. Residents have a fob key to gain entry after this time. Staff are required to ensure windows are securely closed at night. There is a contracted security person who works from 6pm to 6am, seven days a week. They undertake regular checks of both the inside and outside areas of the facility. 'CCTV' cameras cover all common areas inside the building and all the exterior exits and car parking areas. There is adequate outdoor lighting. Staff and residents interviewed confirmed they feel safe at all times.</p> <p>Call bells are located in all residents' areas so residents can get staff assistance when required. Staff carry pagers which identifies which area the call bell has been activated from. Resident and family/whānau interviewed confirmed call bells were answered in an acceptable timeframe.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe</p>	<p>FA</p>	<p>All resident areas have at least one opening window for natural ventilation and light. The facility has a combination of electric and gas heating throughout and residents and family/whānau confirm that the</p>

ventilation, and an environment that is maintained at a safe and comfortable temperature.		environment is maintained at a suitable temperature throughout the year.
<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 role of the infection prevention and control coordinator (IPCC) and the responsibilities is identified in the infection control manual. The IPCC is responsible for facilitating the infection prevention and control programme. The staff interviewed confirmed timely ongoing communication is occurring when residents are suspected or confirmed as having an infection. This includes shift handovers and discussion at monthly staff meetings.</p> <p>An annual review of progress towards achieving the infection prevention and control objectives has been undertaken by the IPCC in February 2015. All objectives have been met and there is a process for any areas that may need to be actioned for improvement.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The IPCC is the NM who confirmed being responsible for facilitating infection prevention control and attending relevant education on infection prevention and control. She advised she liaised with the GP if there are any concerns about a resident with a known or suspected infection. The IPCC is responsible for gaining infection control, infectious disease and microbiological advice and support, where this is not available within the organisation. In the event of an outbreak advice will be sought from GP, gerontology nurse specialist at the DHB or laboratory services.</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 contains the policies and procedures required to meet this standard.</p> <p>A copy of the infection prevention and control policies are available for staff to refer to as and when required and this was sighted. Staff interviewed confirmed access to policies and reported that if they had any concerns they would contact the NM who is on call when not on site. The GP confirmed in interview that he is contacted by staff in a timely manner when the needs of the resident have changed, including</p>

		infection.
<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>Education is provided for staff on infection prevention and control as a component of the orientation and ongoing education programme. In addition, newsletters issued by an external infection control company and CMDHB include infection prevention and control topics. As an example, during audit the newsletter received was on urinary tract infections. This information was disseminated to staff.</p> <p>Residents and family are provided with advice on infection prevention and control activities via residents' meetings. The residents' meeting minutes included discussion on the importance of hand hygiene.</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 infection control programme includes documented definitions of infections. The surveillance method is also defined and suspected infections are reported on a template form. There is a monthly analysis of infections.</p> <p>Surveillance for residents with infections is occurring. Staff interviewed reported they are responsible for advising the RN if they are concerned a resident has an infection. The staff interviewed were able to identify the common signs and symptoms of infections.</p> <p>There have been no recent outbreaks of infection but systems are in place should this occur.</p> <p>A review of the applicable residents' notes verified short term care plans were developed as required for residents with infections and that infections were being appropriately reported.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The restraint minimisation policy reflects the requirements of the restraint minimisation and safe practice standard (NZS 8134.2008). The organisation's restraint philosophy identifies the service is committed to promoting a restraint free environment and staff are provided with guidelines to enable them to prevent the need for restraint. The nurse</p>

		<p>manager is the restraint coordinator.</p> <p>Enablers are described as the voluntary use of equipment by a resident to assist them in maintaining independence and or safety (eg, lap safety belts used by independently mobile wheelchair users to minimise the risk of them falling).</p> <p>At the time of audit the facility is restraint free and no restraints or enablers have been put in place since the previous audit. This is confirmed during management and staff interviews and in documentation sighted in meeting minutes and the restraint register.</p> <p>Staff training related to safe restraint use is included in staff orientation and offered two yearly or more frequently when indicated. Staff confirmed during interview they understood the requirements for both restraint and enablers.</p>
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## Specific results for criterion where corrective actions are required

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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.

No data to display
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## 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.