

Henrikwest Management Limited - The Beachfront

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:	Henrikwest Management Limited
Premises audited:	The Beachfront Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 12 August 2015 End date: 13 August 2015
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	38

Executive summary of the audit

Introduction

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

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

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

General overview of the audit

The Beachfront Rest Home is an aged care facility that is part of the Henrikwest Management Limited group of aged care facilities. The service provides rest home care for up to 43 residents.

This certification audit was conducted against the Health and Disability Services Standards and the service's funding contract with the Waitemata District Health Board. The audit process included an offsite review of organisational policies. The onsite audit included the review of documentation and residents' files, observations and interviews. Interviews were conducted with management, staff, residents, family members and a general practitioner to verify the documented evidence.

The management team has members who are appropriately qualified and experienced. There are quality systems and processes that are effectively implemented, reviewed and evaluated. The service is working on providing an environment to facilitate communication and accessibility for residents with vision impairment, addressing and providing feedback to make improvements to service delivery and building effective communication with management, staff, residents and family members. Feedback from residents and families was very positive about the care and services provided.

The service is meeting the requirements of all the standards and no areas for improvement were identified at this audit.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Staff demonstrated good knowledge and practice of respecting residents' rights in their day to day interactions. Staff receive ongoing education on the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Residents and a family interviewed expressed satisfaction with the service. Interpreter services are accessible.

There were no residents who identify as Maori residing at the service at the time of audit. There are no known barriers to Maori residents accessing the service. Services are planned to respect the individual culture, values and beliefs of the residents.

Written consents are obtained from the resident on admission and as required. Signed consent forms were sighted in all residents' files reviewed. The organisation provides services that reflect current good practice as seen in the guidelines for service delivery. The care staff have attended relevant study days relating to the care of the elderly.

Linkages with family/whanau and the community are encouraged and maintained. Open disclosure occurs and this was verified in complaints management and incident and accident reporting.

The service has a documented complaints management system implemented that complies with the Code of Rights and timeframes. The service keeps a record of all formal and informal complaints and feedback.

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.

The organisation's mission statement and vision have been identified in the business plan. Planning covers business strategies for all aspects of service delivery in a coordinated manner to meet residents' needs. The management team regularly review the risk and quality plans.

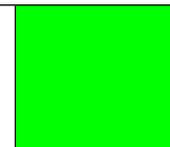
The day to day operation of the facility is undertaken by staff that are appropriately experienced, educated and qualified. The management team includes clinical and non-clinical members. The service is managed to ensure the residents' needs are met in an effective, efficient and timely way.

The quality and risk system and processes support safe service delivery. Corrective action planning is implemented to manage any areas of concern or deficits identified, with documentation showing the evaluation and follow up of the corrective actions. The quality management system includes an internal audit process, complaints management, resident and relative satisfaction surveys and incident/accident and infection control data collection. Quality and risk management activities and results are shared among staff. Reporting processes include external benchmarking so data can easily be compared to previously collected data.

The service implements the documented staffing levels and skill mix to ensure contractual requirements are met. Human resources management processes implemented identify good practice and meet legislative requirements. There was no information of a private nature on public display. The resident's records are securely maintained.

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.

Pre-admission information clearly and accurately defines the services offered. InterRAI assessments on admission have been implemented. The service meets the contractual timeframes for the development of the long term care plans and evaluations which are ongoing.

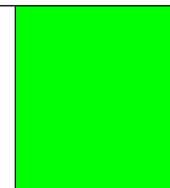
Residents are reviewed by a GP on admission to the service and at least three monthly, or more frequently to respond to their changing needs. There is a coordinated referral process based on the individual needs of the resident. The family interviewed reported the care plans are consistently implemented and staff are caring and supportive.

The service has a planned innovative activities programme to meet the recreational needs of the residents. Residents are encouraged to link with family and the community and this is reflected in the programme implemented. A safe medicine management system was observed at the time of the audit. The service has documented evidence that staff responsible for medicine management are assessed as competent to perform this role.

Residents` nutritional needs are effectively met. Special diets can be catered for. The menu rotates and is approved and reviewed by a registered dietitian.

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.

There are documented emergency management response processes which were understood and implemented by staff. 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. The service has undertaken ongoing refurbishment of the facility but no changes that required amendments to the approved evacuation scheme.

The facilities meet residents' needs and provide furnishings and equipment that is regularly maintained. There is adequate toilet, bathing and hand washing facilities. Each room has ensuite facilities. There are designated lounge and dining areas meet residents' relaxation, activity and dining needs.

The facility is appropriately heated and ventilated. Opening doors and windows creates a good air flow to keep the facility cool when required. The outdoor areas provide suitable furnishings and shade for residents' use. Residents and families report satisfaction with the environment provided.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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There are no restraints or enablers in use. When enablers are used, these are voluntary and the least restrictive device to maintain the resident's independence and safety. Staff receive ongoing education on restraint minimisation and safe use.

Infection prevention and control

<p>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.</p>		<p>Standards applicable to this service fully attained.</p>
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The service has an appropriate infection prevention and control management system. The infection control programme is implemented and reduces risk of infections to staff, residents and visitors. The policies and procedures reflect current accepted good practice. Expertise can be sought as required. Relevant education is provided for staff, and where appropriate the residents. There is a monthly surveillance programme, where infection information is collated, analysed and trended with previous data. When any trends are identified actions are implemented. The infection surveillance is reported at the staff meetings.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	45	0	0	0	0	0
Criteria	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)
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>The rights policy contains a list of consumer rights that are congruent with the Health and Disability Commissioner`s (HDC) Code of Health and Disability Services Consumers` Rights (the Code). The service policy states the Code is monitored to ensure the rights of residents are respected. New residents and family are given a copy of the Code on admission by the rest home coordinator. A copy is displayed. On commencement of employment all staff receive induction orientation training regarding residents` rights and their implementation. The Code is available in other languages for any residents with English as a second language.</p> <p>The healthcare assistants interviewed demonstrated knowledge of the Code and its implementation in their day to day practice. At the time of the audit staff were observed to be respecting the residents` rights in a calm manner.</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</p>	FA	<p>An informed consent policy is in place. The service ensures informed consent is part of the admission process and of all care plans. Every resident has the right and the choice to receive services, refuse</p>

<p>choices and give informed consent.</p>		<p>services and to withdraw consent for services. If a resident is cognitively able they will decide on their own care and treatments unless they indicate that they want representation. Informed consent is closely linked with the Residents` Code of Rights and responsibilities.</p> <p>The residents` files reviewed had consent forms signed by the resident, family and enduring power of attorney (EPOA). The health care assistants interviewed demonstrated their ability to provide information that residents require for the residents to be actively involved in their care and decision-making. Staff interviewed acknowledge the resident`s rights to make choices based on information presented to them.</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>	<p>FA</p>	<p>The advocacy policy documents that all residents receiving care and management within the organisation`s facility will have appropriate access to independent advice and support, including access to a cultural and spiritual advocate whenever possible. An interpreter is available at any time for both families and residents when required.</p> <p>The family interviewed reported that they are provided with information regarding access to advocacy services. Contact details for the Nationwide Health and Disability Advocacy Service is listed in the resident information booklet and with the brochure at the entrance to the service. Relevant education for staff is conducted as part of the in-service education programme.</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>	<p>FA</p>	<p>There are no set visiting hours and family are encouraged to visit. This is confirmed by the family interviewed. Residents are well supported by staff and encouraged to access community services with visitors or as part of the planned activities programme. Evidence is seen of this in the activity programme and reported by residents interviewed. Two residents were also being picked up and transported to attend a church activity by a member of the parish at the time of the audit.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood,</p>	<p>FA</p>	<p>Complaints management is explained as part of the admission process for residents and family/whānau. Complaints forms are displayed at the entrance. Residents and a family member reported</p>

<p>respected, and upheld.</p>		<p>that they would feel free to make a complaint if they wished to. Staff orientation programme and ongoing education includes complaints management. Staff confirmed that they understood and implemented the complaints process for written and verbal complaints that occur.</p> <p>The complaints log records the complaint, dates, actions taken, if the advocacy process was commenced and the outcome or 'closed off' date. The complaints reviewed were addressed in time frames that complied with Right 10 of the Code. The register records that one complaint in May 2014 was received through the DHB and the service has yet to receive correspondence that this has been closed by the DHB. The service's investigation into the care and activities related to the complaint have been addressed. Along with the formal complaints log, there is also a minor complaints folder that records the feedback, actions, outcomes and follow up of the issue. The service conducts an annual review and analysis of all the formal and informal/minor complaints.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.</p>	<p>FA</p>	<p>The rest home coordinator explained that the Code and information about the Nationwide Health and Disability Advocacy Service is provided to the resident and family on admission and that the admitting registered nurse goes through the Code with the family/resident.</p> <p>The one family member available to interview reported that the Code was explained to them on admission and is part of the admission pack. Copies of the Nationwide Health and Disability pamphlet is available in the entrance to the facility. The contact numbers for this service are also documented on the reverse of the Code pamphlet. Residents expressed that they were treated with respect and were happy at this facility. An interpreter service is accessible if required.</p> <p>Evidence was seen of the Code of Rights being displayed throughout the facility. Staff demonstrated knowledge of the Code during interviews. Politeness and privacy is maintained for all residents.</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>A privacy policy requires the visual privacy and personal space of residents to be respected and observed at all times and that staff will facilitate the use of the resident's individual room for interaction with</p>

<p>manner that has regard for their dignity, privacy, and independence.</p>		<p>visitors and family.</p> <p>The family member interviewed reported that their relative was treated in a manner that shows regard to the residents` dignity, privacy and independence and were highly satisfied with the service.</p> <p>The residents` files reviewed indicated that residents received services that were responsive to their needs, values and beliefs of culture, religion and ethnicity.</p> <p>As observed on the day of the audit the residents receive services that are of the least restrictive manner. The family interviewed expressed no concerns in relation to abuse, neglect and reported there is always a positive atmosphere when they visit.</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 organisation demonstrated committed to identifying the needs of residents and ensuring the staff are trained and capable of working appropriately with all residents in their care. The provision of culturally appropriate services and the identification and reduction of barriers are part of the organisation's objectives. This is understood by the senior registered nurse and healthcare assistants interviewed. The Beachfront Rest Home Maori Health Plan is available to guide management and staff.</p> <p>There are no residents who identify as Maori at the time of the audit. The healthcare assistants interviewed demonstrated good understanding of services that are in line with the needs of Maori residents and the importance of whanau participation.</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 spiritual, religious and cultural appropriateness procedure demonstrates that the admission process includes assessing specific cultural, religious and spiritual beliefs, which includes any cultural nutritional requirements. The registered nurses ensure that the cultural needs are identified on admission and health care assistants are aware of these needs.</p> <p>Staff reported they received annual training in cultural awareness and this was confirmed in the education plan.</p>
<p>Standard 1.1.7: Discrimination</p>	<p>FA</p>	<p>The staff files reviewed have job descriptions and employment agreements that have clear guidelines regarding professional</p>

<p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>		<p>boundaries. The family and residents interviewed reported they are happy with the care provided. The family expressed no concerns with breaches in professional boundaries and reported high satisfaction with the caring, calming and patient manner of the staff. The registered nurses have completed the professional boundaries workshop which is a mandatory requirement of the New Zealand Nursing Council.</p>
<p>Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>The management actively promote and encourage best practice with staff. Evidence of this was reported during the interviews with the senior registered nurse and healthcare assistants. Examples include policies and procedures that are linked to evidence-based practice and regular visits by the general practitioner (GP). The GP interviewed spoke highly of the senior registered nurse's communication skills and the professional approach to service delivery at the rest home.</p> <p>The registered nurse provided evidence of the in-service education programme and staff access to external education that is focused on aged care and best practice. The gerontology nurse specialist was visiting a resident at the time of the audit. The healthcare assistants interviewed reported they are very satisfied with the regular education provided. Presentations are often held in conjunction with the staff meetings held monthly.</p> <p>The family and residents interviewed expressed satisfaction with all aspects of service delivery.</p>
<p>Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>The open disclosure policy is based on the principle that residents and their families have a right to know what has happened to them and to be fully informed. The cultural appropriateness standard documents that residents and relatives who do not speak English shall be advised of the availability of an interpreter as required.</p> <p>The service promotes an environment that optimises open communication and staff education is promoted related to effective communication.</p> <p>The family interviewed confirmed they are kept informed of their family member's health status, including events adversely affecting</p>

		the resident. Evidence of open disclosure was documented in the family communication record sheets and on the accident/incident form in the residents` progress notes.
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Services are planned to meet the needs of the residents at rest home level of care. Staff report that they have the required resources to meet the residents` needs. Residents and the family member interviewed confirmed satisfaction with the care and services provided. The residents and relatives satisfaction surveys for 2015 provided positive feedback and record that Beachfront Rest Home is `providing a highly valued service.`</p> <p>The annual business plan identifies the processes for all aspects of service delivery. This was last reviewed in November 2014 and includes an evaluation of the goals that have been achieved. The vision and mission statements of the organisation are documented and reviewed annually as part of the business planning process. Risk management is included in the business planning process.</p> <p>The general manager/owner is the manager of the facility. The management team consists of the owner/manager, an assistant manager/quality and risk manager and the rest home coordinator. The management team are supported by a clinical team that includes a senior registered nurse (RN). Formal management meetings are held and documentation identifies all areas of service provision are discussed. All members of the management team attend education appropriate to the role they undertake. Job descriptions identify management members` experience, education, authority, accountability and responsibility for the provision of services.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>The assistant manager/quality and risk manager and senior RN undertake the manager`s role during temporary absences. The owner/manager reports that the senior RN has extensive experience in aged care and they are confident in their ability to perform the clinical aspects of the manager`s role during temporary absences. The assistant manager/quality and risk manager undertakes the non-clinical aspects of the manager`s role during temporary absences.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p>	FA	<p>The quality systems are based on an international quality assurance</p>

<p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>standard. The quality plan November 2014-November 2015 was reviewed. The quality plan identifies specific quality improvement projects which are resident focused. Progress of the quality system is monitored through the monthly staff meetings.</p> <p>Information is shared with all staff as confirmed in meeting minutes sighted and verified by staff interviewed. The result of internal audits and data analysis is used to inform ongoing planning of services to ensure residents' needs are met. Some recent improvements implemented included making the environment and signage more accessible for residents with vision impairment.</p> <p>Policies and procedures have been developed by an aged care consultant. These are personalised to the service by the manager. The policies have been updated at least yearly, or sooner if there was a change in legislation or best practice. Staff read and sign any new or updated policies. Staff have access to only the most recent version of documents.</p> <p>The quality improvement data is collected, analysed and feedback to staff. The internal auditing plan covers all aspects of service delivery including resident care planning, the environment, infection control, resident and relative satisfaction. If an issue or deficit is found a corrective action is put in place to address the situation. The service also has quality improvement suggestions and feedback based on suggestions from staff, residents and visitors for areas that can be improved on. The forms sampled record the improvement implemented and the follow up and evaluation of the effectiveness of the improvement.</p> <p>Staff, residents and family members confirmed any concerns they have were addressed by management and verbal examples of quality improvements were given.</p> <p>Actual and potential risks are identified and documented in the hazard register. There were interventions implemented to either eliminate, isolate or minimise the hazards. Newly identified hazards are recorded on the hazard identification form, with these communicated to staff and residents as appropriate. Staff confirmed that they understood and implemented documented hazard identification processes.</p>
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<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>Management understand their obligations in relation to essential notification reporting and knew which regulatory bodies must be notified. There have been no incidents or accidents that have required essential notification. Since the last audit the manager reports that they did contact the DHB regarding a resident who required psychogeriatric hospital level of care. Staff demonstrated knowledge of when they are required to complete an incident/accident form.</p> <p>There is monthly collation and analysis of the incidents and accidents. Incident and accident reporting processes are well documented and any corrective actions to be taken were shown on the forms used by the service. Management confirmed that information gathered from incident and accidents is used as an opportunity to improve services where indicated. Falls management strategies are implemented for residents who have increased falls, this includes an analysis of any trends of the times that falls occur.</p> <p>Families are notified of any adverse, unplanned or untoward events at times they have nominated. Family members confirmed they are kept well informed of any concerns the staff may have or of any adverse events related to their relatives.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>Staff that require professional qualifications and annual practising certified (APCs) have these validated as part of the employment process. A register is maintained of the staff and contractors who require an APC, with current APCs sighted for all who require them.</p> <p>Policies and procedures are implemented for human resources management that reflects good employment practice and meet the requirements of legislation. Newly appointed staff are police vetted upon employment, references 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.</p> <p>Staff undertake training and education related to their appointed roles. Records of attendance and competency training is maintained. Education provided is refined to reflect current accepted good practice, with staff providing feedback and evaluation of the in-</p>

		<p>service education provided. The education programme covers the contractual requirements, staff competencies and specific issues related to the aging process. Education is also provided by external presenters, such as a gerontology nurse specialist and palliative care service. There are competency assessments for medication management and other care skills. Two of the RNs have completed their interRAI competencies and interRAI 'skills booster' session. The third RN is currently undergoing the required interRAI training.</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>Policy identifies staffing levels and skill mix are maintained to meet residents' needs and to comply with the DHB's contractual requirements and safe staffing guidelines. There is at least one RN on duty on morning and afternoon shifts. There are RNs on call after hours. Rosters identified that at all times there are adequate numbers of suitably qualified staff on duty to provide safe and quality care. A review of rosters showed that staff were replaced when on annual leave or sick leave. There are appropriate numbers of administration, activities, maintenance, cleaning and laundry staff to meet the needs of the service and residents.</p> <p>The manager reported that additional staff would be rostered to meet an increase in residents' needs. This was confirmed by staff, who stated when required there are additional care staff and sleep over rostered to provide one to one supervision of residents who are unwell or additional support to staff at night if required. Staff confirmed there are adequate staff on each shift and that they have time to complete all tasks to meet residents' needs. The staff spoke highly of the ease of communication with management, how they feel listened to and all work together effectively. Staff reported that if they have any concerns or ideas for improvements, these are actioned. Residents stated their needs are met in a timely manner.</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 reviewed were legible and the name and designation of the staff member completed. All records pertaining to</p>

		individual residents were integrated, with evidence of the multidisciplinary team having input into the resident care. Residents' records were clearly set out and easy to follow. 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>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>The rest home coordinator interviewed explained the pre-admission and entry to services process. A book is used to record all information shared when families come to view the facility for a family member. There is a resident's brochure for all enquires. The resident service agreement is based on the Aged Care Association which is individualised to the service. The residents have signed admission agreements by the resident/family or enduring power of attorney (EPOA) representative.</p> <p>All residents at the facility were assessed as requiring rest home level care. All residents are interRAI assessed by the needs assessment coordination service prior to entry. The admission agreement identifies any charges that are not covered by the service agreement and the relevant costs of each charge.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>A transfer form is used that identifies risks. The RN interviewed explained the exit, discharge and transfer process. There is an open communication between the service and family/whanau relating to all aspects of care including exit, discharge or transfer should this be required. If a resident is transferred to the DHB as occurred on the day of the audit a transfer form is completed and a copy of the current medications and care plan is placed in the yellow transfer envelope provided by the DHB. Any advanced directives are included or special needs of the individual resident involved. The transfer form and care plan summary covers all aspects of care provision and intervention requirements including any known risks or concerns.</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>	FA	<p>The medication management policies and procedures clearly describe the processes to ensure safe administration of all medications. This includes competency requirements, prescribing, recording and processes when an error occurs. The sighted policies meet the legislative requirements and best practice guidelines.</p>

		<p>The RNs are responsible for checking the blister packed system medications when they are delivered from the contracted pharmacy monthly. A safe system for medicine management was observed on the day of the audit. Medicines are stored in the locked medication trolley in the nurses` station or in the locked cupboard provided. Medications that require being stored at a certain temperature are kept in a separate fridge which is monitored. The controlled drugs are stored in a locked storage box in a locked cupboard. The register is maintained as required.</p> <p>The medication records reviewed evidenced the GP reviews were undertaken three monthly or earlier if required. The review date is recorded on the medication record. All prescriptions sighted were handwritten and were dated with the medicine, dose and time of administration and signed off appropriately. Signatures can be verified. All medication records have a photo of the resident to assist with identification of the resident. All medication administration records were signed and dated. Any allergies or sensitivities are documented on the medication record and 'highlight stickers' are utilised to alert staff and the pharmacy are informed on admission to the service. Any allergies are also documented on the clinical record of the resident concerned.</p> <p>There is no evidence of any residents self-administering medications. Processes are in place should this be required. The GP interviewed provided assurance that there is a good working relationship and communication between the staff, GPs and the contracted pharmacy of choice.</p> <p>There are documented competencies sighted for the staff designated as responsible for medicine management and these were in the individual staff records reviewed and a record is maintained in the education records.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The cook was interviewed and is responsible for the activities in the kitchen and all aspects of food procurement, production, preparation, storage, delivery and disposal complies with current legislative requirements and guidelines. Fridge and freezer recordings are observed and a record is maintained. Recordings sighted meet food</p>

		<p>safety requirements.</p> <p>The menu plans are developed and implemented with some flexibility. There is a four week rotating menu with seasonal variation. When unintentional weight loss is recorded this is reported by the RN to the GP. Dietitian input was evidenced and meals reviewed were appropriate for an aged residential care setting.</p> <p>On admission the RNs complete a nutritional status profile and a copy goes to the cook and a copy is retained in the individual resident's file. Any special needs identified are reported to the kitchen staff. Any likes/dislikes and preferences are shared with the cook for each resident. Special days are celebrated, for example, birthdays and anniversaries and a cake is made for the resident and shared with the residents. Fresh home baking occurs daily.</p> <p>The family and residents interviewed reported they are satisfied with the food and fluid services provided at this facility.</p> <p>The cleaning schedule is developed and implemented by the service provider. The night staff are responsible for the preparation of the trays for breakfast and the morning health care assistants give out breakfast to 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>	<p>FA</p>	<p>The senior registered nurse reported that the service provided rest home care. In the event that the service cannot meet the needs of the resident, the family and NASC service will be contacted so that alternative residential care services can be found. If a resident's needs exceed the level of care provided, they are reassessed and an appropriate service is found for the resident. The resident agreement has a statement documented that indicates when a resident is required to leave the service.</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>Two registered nurses are fully trained in the interRAI assessment process and the third RN is currently attending a course on the day of the audit. Each resident on admission has had an interRAI assessment performed on admission. When residents are evaluated, six monthly or earlier if required, an interRAI assessment is performed and a copy retained in the individual file. A schedule displayed on the notice board was explained by the senior RN. Most</p>

		<p>assessment occurred in the resident's own room. The GP and senior RN interviewed ensured privacy was maintained.</p> <p>Additional assessments and recognised tools are implemented as required. For example, falls prevention risk assessment, skin integrity, challenging behaviour, nutritional, continence, communication, self-administration of medicines and pain assessments are available. All assessments are undertaken by a registered nurse.</p> <p>The residents' files reviewed contained initial assessments that included identifying any potential risks or known risks to the particular resident. Continence assessment and management procedure, wound care management policies and procedures include seeking expert advice as required. The gerontology nurse specialist from the DHB was visiting a resident at the time of the audit. Where a need is identified, interventions for this are recorded on the care plan. Most of the files reviewed have falls risk and pressure risk assessments completed.</p> <p>The family interviewed reported the resident receives care and management that meets their relative's needs.</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>The interRAI assessment on admission is taken into consideration when the registered nurses develop the long term care plans for each individual resident. The resident's files reviewed have care plans that address residents' abilities, level of independence, identified needs or deficits, and takes into account the residents' habits, routines and idiosyncrasies. The strategies for minimising falls risks are based on assessment and use of techniques that are effective for the resident and are evidenced in the files reviewed. The health care assistants interviewed demonstrated knowledge on the management of falls risks for residents.</p> <p>The care plans and activity plans sighted in the residents' files reviewed identified the resident's individual activities, motivational and recreational requirements, with documented evidence of how these are managed effectively. The resident's individual files reviewed demonstrated integration, with one clinical file that has input from the multidisciplinary team. The senior RN and health care</p>

		assistants interviewed reported they receive adequate information to assist the continuity of care. The handover observed includes updates for all residents.
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>Clinical management policies and procedures includes assessment on admission, weight and bowel management, clinical notes and referral information. As observed on the days of the audit and from review of the care plans, support and care was flexible and individualised and focused on promotion of quality of life. The RN and health care assistants demonstrated good skills and had good knowledge of the individual needs of the residents. The residents' files showed evidence of consultation and involvement of the family. The residents interviewed reported satisfaction with the care and services provided.</p> <p>There is evidence of short term care plans for short term problems, for example, infections, wound care and weight loss management.</p> <p>The service has adequate dressing and continence supplies to meet the needs of the residents. The care plans reviewed recorded interventions that are consistent with the resident's needs and desired goals. Observations on the day of the audit indicated residents receiving care that is consistent with their needs. The RN and healthcare assistants interviewed reported that the care plans are well maintained and accurate and reflect the resident's needs.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>The activities programme ensures resident's individual cultural needs are recognised. The residents have opportunities to maintain interests they have developed within their lifetime and to develop new friendships in a caring and supportive environment. There are two activities coordinators who are able to adapt activities to meet the needs and choices of the residents.</p> <p>The weekly plan is displayed on the noticeboard and each resident receives a copy. The activities programme sighted is developed monthly and is based on maintaining residents' interests, skills and strengths and well-being. The activities programme covers cognitive, physical and social needs. The activities are modified to suit the individual needs and capabilities of each resident. The health care assistants assist as able. The activities coordinators interviewed</p>

		<p>contribute in different ways to ensure a sense of purpose and belonging and that the activities reflect normal life interests and meaningful pursuits. A daily attendance sheet is maintained recognising that attendance is voluntary. The activities goals are updated regularly and in conjunction with the RNs reviewing the care plans.</p> <p>Where possible residents` independence is encouraged and links with family/whanau and community groups is promoted. The facility hires a van for outings into the community and the outings are enjoyed by the residents. The service links regularly for activities with two other services owned by the provider. Local schools in the region visit the rest home and provide musical and drama performances. A music session is being held at the time of the audit.</p> <p>The residents and family interviewed reported that they enjoy the range and variety of planned activities provided.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>In the event of a resident not responding to the service interventions being delivered, or their health status changes significantly then this is discussed with their GP. Residents` changing needs are clearly described in the care plans reviewed. Short term care plans are utilised, for example, for wound care, infections, following falls or changes in mobility, changes in food habits and intake and skin care. These processes were clearly understood by the senior RN and health care assistants interviewed and clearly documented on the short term care plan, medical and nursing assessments and the progress notes. The health care assistants demonstrated good knowledge of short term care plans and reported these are identified at the time of handover.</p> <p>The family reported that they can consult with the staff and GP at any time and if they have any concerns. The staff always contact them if there is any significant change in the residents` health status immediately.</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</p>	<p>FA</p>	<p>Residents are provided with options if required to access other health and disability services if and when required. The residents on admission to the service have the choice of retaining their own GP or changing to the service's GPs who visit regularly. The GP arranges</p>

<p>disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>		<p>any referrals to specialist medical services when it is necessary. The senior RN and a GP interviewed reported that referral services respond promptly to referrals sent. Records of the process are maintained in all residents' files which included eye specialists, geriatricians, orthopaedic specialists, podiatry services, dietitians, radiology and gerontology nurse specialist referrals. The GP verified that appropriate referrals to other health and disability services are well managed at the service.</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 chemicals and hazardous substance are securely stored in the cleaner's cupboard, sluice rooms and laundry. Any infections or hazardous waste are appropriately disposed of. There is access to personal protective equipment (PPE) such as eye protection, gowns, gloves and masks where chemicals and hazardous substances are stored. Domestic staff undergo training in the use of chemicals as part of their orientations and ongoing education. Staff demonstrated knowledge of and were observed using PPE effectively.</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>There was a current building warrant of fitness displayed, which expires in May 2016. There are annual safety inspection certificates for the lifts. Maintenance is undertaken by both internal maintenance and external contractors as required. The medical equipment has either been purchased new within the last 12 months or has an annual calibration record. All electrical equipment sighted had an approved testing tag.</p> <p>The physical environment minimises the risk of harm and safe mobility by ensuring the flooring is in good condition and there are hand rails in corridors. There are stairs and lifts to the upper floor.</p> <p>The service has a planned annual maintenance plan. Staff also use hazard identification forms/maintenance list for newly identified areas that require maintenance. There is some overall wear and tear that is reflective of the age of the building, though nothing that possess an immediate hazard or infection control risk. The service has a plan for major renovation and refit of the building. There is monthly monitoring of the hot water temperatures in residents' rooms and ensuites.</p> <p>There are external areas off the lounge and dining areas. Most residents' rooms on the ground floor have direct external access</p>

		through ranch slider doors. All but two of the upper level rooms have access to their own veranda area. Residents and family members confirmed the environment was suitable to meet their needs
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	Each resident's room has an ensuite shower, sink and toilet. There are additional staff and visitors toilet facilities. Residents reported satisfaction with the ensuite facilities.
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	There are four rooms that can be 'double occupancy', with one of these occupied at the time of audit with a couple. All other rooms are single occupancy. All bedrooms are of a size which allows enough space for residents to mobilise with or without assistance in a safe manner. All rooms sighted are of appropriate size and location for rest home level of care. Rooms have appropriate areas for residents to place personal belongings. Residents and family members confirmed they are satisfied with their bedrooms.
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	Residents are provided with safe, adequate areas to meet their relaxation, activity and dining needs. Dining and lounge areas are separate areas of a large open plan room. There are doors that can close off the dining from the lounge area. The areas are appropriately furnished to meet residents' needs. Activities are undertaken in the lounge areas. There are additional outdoor areas for entertainment and recreation. Residents and family/whānau expressed satisfaction with the environment.
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	All chemicals sighted were stored securely to minimise risk of accidental exposure or ingestion by residents, staff or visitors. The cleaning equipment, such as, cleaning trollies, are also securely stored in the cleaner's room, sluice or laundry areas. The chemical supplier conducts regular monitoring of the cleaning and laundry chemicals, equipment and processes. The resident interviews and satisfaction survey records confirmed overall satisfaction with the cleaning and laundry services.

<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 an emergency. The emergency plans take into account emergency systems such as fire protection equipment, emergency lighting, communication and civil defence emergencies. Fire equipment is checked annually by an approved provider. There is access to emergency supplies and equipment, including food and water. Alternative energy and utility sources are available in the event of the main supplies failing and include emergency lighting and a gas BBQ that can be used for cooking.</p> <p>The emergency evacuation plan and general principles of evacuation are clearly documented in the fire service approved evacuation scheme (dated 2002). Emergency education and training for staff includes six monthly trial evacuations.</p> <p>Appropriate security systems are in place. Staff and residents confirmed they feel safe at all times.</p> <p>Call bells are located in all resident areas. Resident and family members 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 ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>The facility has heating in the communal areas and each resident's room. Each resident's room and living area has adequate ventilation and natural light through external windows and doors. The residents reported satisfaction with the heating and ventilation.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>FA</p>	<p>The service has a documented infection control programme which is reviewed annually. The infection control prevention and control programme minimises the risks of infection to resident, staff and visitors.</p> <p>The infection control coordinator is the senior RN and a senior health care assistant who share this role, both of whom were interviewed. The individual job descriptions outline the responsibilities involved. Both staff members have attended relevant education sessions to increase their knowledge of infection control management. The RN and the senior health care assistant demonstrated good infection prevention and control techniques and awareness of standard</p>

		<p>precautions.</p> <p>Standardised definitions are used to identify infections, surveillance and monitoring of organisms related to antibiotic infections are monitored monthly. Infection control is a standing agenda item in the staff meetings. If there is an infectious outbreak this is reported immediately to staff, management and where required.</p> <p>The infection control co-ordinators reported that staff report any suspected infections. Residents with infections are reported to staff at handover, have short term care plans and documentation of this is in the progress notes.</p> <p>A process is identified in policy for the prevention of exposing providers, residents and visitors from infection. Staff and visitors suffering from infectious diseases are advised not to enter the facility by notices at the entrance. When outbreaks are identified in the community, notices are placed at the entrance not to visit if the visitor has come in contact with people or a service that have outbreaks identified.</p> <p>Sanitising gel is available throughout the facility and there are adequate hand washing facilities for staff, visitors and residents. Residents suffering from infections are encouraged to stay in their rooms if required. Staff interviewed are aware of when not to come to work and when to return after sick leave.</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>	<p>FA</p>	<p>The senior registered nurse and a senior health care assistant share the infection co-ordinator role. Expert specialist advice on infection prevention and control issues can be accessed if required. The GP interviewed is also very interested and available for advice. The DHB infection prevention and control nurse specialists are always available and provide ongoing education sessions. The staff interviewed demonstrated good knowledge of infection prevention and control.</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</p>	<p>FA</p>	<p>Infection control policies and procedures are in the infection control manual that has been reviewed. The policies deal with specific areas including, methicillin resistant staphylococcus aureus (MRSA) screening, wound care management, blood and body spills, cleaning,</p>

<p>implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>		<p>laundry and standard precautions. They are easily accessed and are appropriate for the service requirements.</p> <p>Observation at the onsite audit identified the implementation of infection prevention and control procedures. Staff demonstrated safe and appropriate infection prevention and control practices.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>Infection control education is included in orientation and as part of the ongoing education programme. The infection prevention and control education is provided by the DHB, gerontology nurse specialists and as part of the internal education programme and presented by the registered nurses. The infection prevention and control coordinator role is effectively implemented and both staff involved are very knowledgeable, one of who is a registered pharmacist (not practising) but currently working as a health care assistant. Ongoing education is encouraged and promoted by the coordinators.</p> <p>Residents are educated in relation to effective hand washing and as required for specific and relevant interventions.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>The infection prevention and control surveillance that is undertaken is appropriate to the size and complexity of the service as shown in the infection control programme. All staff are required to take responsibility for surveillance activities as shown in policy. Monitoring is clearly described in the quality plans and the meetings minutes to describe actions taken to ensure patient safety.</p> <p>There is a monthly infection surveillance report. The service monitors a range of infections, for example, urinary tract infections (UTIs), eye infections, respiratory tract infections, wound infections, multi-resistant organisms and other infections. The monthly analysis of the infections is documented by the rest home coordinator and graphs and a report are generated to report back to management and staff at the staff meetings. Minutes are maintained. The monthly report provides comparisons with the previous month, reasons for the possible increase or decrease and actions to take to reduce the infections. Information is displayed for the staff to view.</p>
<p>Standard 2.1.1: Restraint minimisation</p>	<p>FA</p>	<p>There were no restraints or enablers in use at the time of audit. There are process and policies in place for the appropriate assessment,</p>

<p>Services demonstrate that the use of restraint is actively minimised.</p>		<p>approval, review and evaluation if restraint or enablers where to be used. If enablers were used, policy and staff interviewed states that these would be voluntary with the aim of maintaining the resident's safety and independence. The service has previously used bed rails and lap belts as enablers. Staff receive ongoing education regarding restraint minimisation and management of challenging behaviours. The staff demonstrated knowledge of their responsibilities related to enabler and restraint use.</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.