

Auckland Healthcare Group Limited

Introduction

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

The audit has been conducted by Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

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

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

The specifics of this audit included:

Legal entity:	Auckland Healthcare Group Limited
Premises audited:	Palms Home and Hospital Palms Home & Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 12 August 2015 End date: 12 August 2015
Proposed changes to current services (if any):	Two new rooms were viewed as part of the certification audit and assessed as suitable for hospital or rest home level of care (dual purpose). The total number of beds has increased to 44.
Total beds occupied across all premises included in the audit on the first day of the audit:	41



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

Palms home and hospital provides rest home and hospital level of care for up to 42 residents. On the day of the audit, there were 41 residents. The service is one of three aged care facilities owned by two owner/directors. A nurse manager manages the daily operations and is supported by a full-time clinical leader/registered nurse. The residents and relative interviewed spoke positively about the care and supports provided at Palms home and hospital.

This certification audit was conducted against the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, staff and a general practitioner.

This audit identified improvements required around the admission agreement and the prescribing of 'as required' medications.

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 demonstrate an understanding of residents' rights and obligations. This knowledge is incorporated into their daily work duties and caring for the residents. Residents are treated with dignity and respect. Residents' cultural, spiritual and individual values and beliefs are assessed on admission. Evidence-based practice is evident, promoting and encouraging good practice. There is evidence that residents and family are kept informed. The right of the resident and/or their family to make a complaint is understood, respected and upheld by the service.

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 business plan outlines goals and objectives for the year. The quality programme includes an internal audit programme, monitoring adverse events and a health and safety programme that includes hazard management. Quality and risk management information is shared at staff meetings. Residents are provided the opportunity to feedback on issues during resident meetings and via annual satisfaction surveys.

Human resources are managed in accordance with good employment practice, meeting legislative requirements. An orientation programme is in place for new staff. An education and training programme is in place for staff. There is an annual performance appraisal process in place.

The service has a documented rationale for determining staffing. Caregivers, residents and family members report staffing levels are sufficient to meet residents' needs. There is a registered nurse 24/7. There are dedicated cleaning and laundry staff.

The residents' files are appropriate to the service type.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.
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Residents and families receive an information pack on admission. A registered nurse completes admission assessments and risk assessment tools. Care plans are developed in consultation with the resident and/or family input. Care plans demonstrate allied health input into the care of the resident. Changes to health status and interventions required were updated on the care plans to reflect the residents' current health status. Care plans are reviewed six monthly. The contracted medical practitioner completes three monthly resident reviews or earlier due to health changes.

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

An activities programme is in place. The programme includes outings, entertainment, activities and cultural days that meet the recreational preferences of the rest home, hospital and younger persons at the service. Residents expressed satisfaction with the activities provided.

All food is prepared on-site. Residents' nutritional needs were identified and documented. Ethnic food preferences are accommodated. Alternative choices are available for dislikes. Meals were well presented. Residents commented positively on the meals.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The facility has a current building warrant of fitness. Reactive and preventative maintenance is carried out. Chemicals are stored safely throughout the facility. Hot water temperatures are monitored and recorded. Residents' rooms are of sufficient space to allow services to be provided and for the safe use and manoeuvring of equipment and mobility aids. There are sufficient communal areas within the facility including lounge and dining areas. There is a designated laundry and cleaner's room. The service has implemented policies and procedures for civil defence and other emergencies. Six monthly fire drills are conducted. External garden areas and a new deck area are accessible with suitable pathways, seating and shade.

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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Restraint policy and procedures are in place. The definitions of restraints and enablers are congruent with the definition in the restraint minimisation standard. The service had six residents in the hospital assessed as using a restraint. No residents were using an enabler. A register is maintained by the restraint coordinator. Residents using restraints are reviewed monthly. Staff regularly receive education and training in restraint minimisation and managing challenging behaviours.

Infection prevention and control

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

Standards applicable to this service fully attained.

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator is a registered nurse. The infection control coordinator has completed external training. Staff attend annual infection control education. There is a suite of infection control policies and guidelines that meet infection control standards.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	48	0	2	0	0	0
Criteria	0	99	0	2	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 Code of Health and Disability Consumers' Rights (the Code) poster is displayed in visible locations. Policy relating to the Code is implemented. The clinical leader, duty manager, two registered nurses (RN) and four caregivers were able to describe how the Code is implemented in their everyday delivery of care.</p> <p>Staff receive training about the Code during their induction to the service, which continues through the regular in-service training programme.</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>There are established informed consent policies/procedures and advanced directives. General consents were obtained on admission and sighted in seven of seven resident files sampled (two rest home and five hospital). Advance directives if known were on the resident files. Resuscitation plans were sighted in the files and were signed appropriately. Copies of Enduring Power of Attorney (EPOA) were on all files reviewed and activated as required. Care staff interviewed (four caregivers, three registered nurses and the clinical leader) were knowledgeable in the informed consent process.</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>Information on advocacy services through the Health and Disability Commissioner's (HDC) Office is included in the resident information pack provided to residents and their family on admission. A representative from the local HDC Advocacy Service provides education and training for staff and residents as often as twice a year. Interviews with residents and family confirmed their understanding of the availability of advocacy services.</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>The service has an open visiting policy. Residents may have visitors of their choice at any time. Links to the community are in place. The service encourages the residents to maintain their relationships with their friends and community groups by continuing to attend functions and events, and providing assistance to ensure that they are able to participate in as much as they can safely and desire to do. Community outings are encouraged and include regular visits to local cafes, parks and shopping. Residents are supported to safely maintain their independence.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>The service has a complaints policy that describes how complaints are managed and is in line with requirements set by the Health and Disability Commissioner (HDC). The complaints process is linked to the quality and risk management programme. Complaints forms are available at the entrance to the facility. Information about complaints is provided on admission. Interviews with residents and family members confirmed their understanding of the complaints process. They confirmed that the directors, nurse manager and registered nurses are approachable and operate an 'open door' policy, which was observed during the audit. Staff interviewed were able to describe the process around reporting complaints. A complaints register is maintained. There have been no complaints in the last 18 months.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>FA</p>	<p>Details relating to the Code and the Health and Disability Advocacy Service are included in the resident information pack that is provided to new residents and their family as part of the admission process. Information is also available at the entrance to the facility. The nurse manager and/or clinical leader discuss aspects of the Code with residents and their family on admission.</p> <p>Discussions relating to the Code are also held during the regular resident and family meetings. These meetings are facilitated by the diversional therapist/duty manager. All six residents (five hospital and one rest home) and four family interviewed (hospital level) reported that the residents' rights are being upheld by the service.</p>

<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>The service ensures that the residents' rights to privacy and dignity are recognised and respected at all times. The residents' personal belongings are used to decorate their rooms. Rooms are single. The caregivers interviewed report that they knock on bedroom doors prior to entering rooms, ensure doors are shut when cares are being given and do not hold personal discussions in public areas. All of the residents interviewed report that their privacy is respected. They report that they facilitate the residents' independence by encouraging them to be as active as possible.</p> <p>Guidelines on abuse and neglect are documented in policy. Staff receive education and training on abuse and neglect.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>The service is committed to ensuring that the individual interests, customs, beliefs, cultural and ethnic backgrounds of Māori are valued and fostered within the service. Staff encourage active participation and input of the family/whānau in the day-to-day care of the resident. There were two Māori residents living at the facility. The residents have a Māori Health Plan in their file. One Māori resident interviewed during the audit confirmed that their values and beliefs are being upheld by the service.</p> <p>Māori links have been established with a cultural advisor from Auckland University. Staff receive education on cultural awareness during their induction to the service, which continues as a regular education and training topic. Care staff interviewed could describe cultural needs identified by Māori and were aware of the importance of whānau in the delivery of care.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>The service identifies the residents' personal needs and desires from the time of admission. This is achieved with the resident, family and/or their representative. The service is committed to ensuring that each resident remains a person, even in a state of mental decline. Beliefs and values are discussed and incorporated into the care plan, sighted in all five residents' files reviewed. All residents interviewed confirmed that they were involved in developing their plan of care, which included the identification of individual values and beliefs. Three files of residents of other ethnicities were reviewed and evidence specific cultural and spiritual needs such as dietary requirements. The families interviewed confirmed the resident's individual cultural needs are being met.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion,</p>	FA	<p>Professional boundaries are discussed with each new employee and are linked to their employment agreement. Job descriptions, which are signed by staff, were sighted in seven staff files reviewed. Interviews with staff confirmed their understanding of professional boundaries. Professional boundaries are reconfirmed through education and training sessions, staff meetings and performance management if there</p>

harassment, sexual, financial, or other exploitation.		is infringement with the person concerned.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	Evidence-based practice is evident, promoting and encouraging good practice. The service receives support from the Counties Manukau District Health Board, which includes visits as needed from a range of specialty services (eg, psychogeriatrician, mental health services). There is an in-service education and training programme for staff, which includes regularly assessing staff competencies. External education is available to staff. Regular staff meetings promote discussion around best practice. A physiotherapist is contracted for three hours a week. Podiatry and hairdressing services are available on-site. All residents and family interviewed expressed their satisfaction with the care delivered.
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	<p>There is a policy to guide staff on the process around open disclosure. Fifteen accident/incident forms were reviewed with evidence of open disclosure documented. Family are kept informed of any accident/incident unless the resident has consented otherwise. Interviews with the nurse manager and clinical leader confirmed family are notified following changes in health status. The family members interviewed stated they were kept informed.</p> <p>Quarterly residents meetings provide a forum for residents to discuss issues or concerns on every aspect of the service. Access to interpreter services is available if needed although have not been required. Some staff are able to act as interpreters. Staff were able to describe how they communicate with residents who have English as a second language including the use of picture cards in the residents own language.</p> <p>Non-Subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items they have to pay that is not covered by the agreement (link to finding 1.3.1.4). The information pack is available in large print and can be read to residents who are visually impaired.</p>
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	<p>Palms Rest Home and Hospital provides care for up to 42 residents. During the audit there were 10 rest home level residents and 31 hospital level residents living at the facility. There are two additional rooms that have been assessed as appropriate for hospital-level of care.</p> <p>Palms Rest Home and Hospital is one of three aged care facilities owned by two directors and was purchased in 2010. In addition to the Aged Residential Care (ARC) contract, the facility holds a Long Term Chronic Support (LTCS) contract with the Counties Manukau District Health Board (CMDHB). There were five hospital-level residents under the age of 65 under this contract.</p> <p>There is a 2015 – 2016 business plan in place. The plan outlines objectives for the year that includes a</p>

		<p>building maintenance programme. A full time nurse manager/RN and a duty manager/diversional therapist report to the directors. There are six registered nurses employed, which includes one full time clinical leader.</p> <p>The nurse manager/RN has been in her role since 2014 and is responsible for both clinical and business operations. The duty manager is a qualified diversional therapist and in addition to her responsibilities as duty manager is responsible for oversight of the activities programme at all three facilities.</p> <p>The nurse manager, duty manager and both directors have maintained at least eight hours annually of professional development activities related to managing an aged care facility.</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 nurse manager/RN is supported by the clinical leader/RN in her absence for all clinical responsibilities. Business and administrative duties are overseen by the directors and the duty manager.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>A quality and risk management system is in place. There are policies and procedures being implemented to provide assurance that the service is meeting accepted good practice and adhering to relevant standards, including those standards relating to the Health and Disability Services (Safety) Act 2001. The content of policy and procedures are detailed to allow effective implementation by staff. A document control system is in place to manage policies and procedures.</p> <p>Monthly accident/incident reports, infections and results of internal audits are completed. Quality matters are taken to the bi-monthly integrated committee meetings and then to the bi-monthly staff meetings that all staff are invited to attend. Meeting minutes demonstrate key components of the quality management system are discussed including internal audit, infection control, incidents (and trends) and in-service education. The service has linked the complaints process with its quality management system and communicates relevant information to staff. Meeting minutes reviewed indicate issues raised are followed through and closed out. Issues arising from internal audits are reported on the Moving on Audits (corrective) Action Sheet and are seen to have been closed out.</p> <p>There is a health and safety and risk management programme in place including policies to guide practice. The duty manager is the health and safety coordinator. Staff accidents and incidents, and identified</p>

		<p>hazards are monitored.</p> <p>Falls prevention strategies are in place that includes the analysis of falls incidents and the identification of interventions on a case-by-case basis to minimise future falls. The service has lifting belts, hip protectors and sensor mats in place.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>The service collects incident and accident data and reports aggregated figures monthly to the integrated meetings and staff meetings. Incident forms are completed by staff who either witnessed an adverse event or were the first to respond. The resident is reviewed by the RN at the time of event.</p> <p>Fifteen incident forms were reviewed and all were completed in full. The seven residents' files reviewed demonstrated all documented accident/incident forms for the residents had the events documented on an accident/incident log, held in the front of the applicable resident's file and in the resident's progress notes.</p> <p>Discussions with the nurse manager confirmed her awareness of the requirement to notify relevant authorities in relation to essential notifications.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>There are human resources policies to support recruitment practices. The RN's practising certificates were current. All seven staff files randomly selected for review (one cook, two caregivers, one activities coordinator, one nurse manager, one clinical leader, one registered nurse) had relevant documentation relating to employment. Annual performance appraisals were completed.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme includes documented competencies and induction checklists. Staff interviewed were able to describe the orientation process and reported new staff were adequately orientated to the service.</p> <p>There is an annual education plan that is being implemented that includes selected competencies that must be completed by staff. There are two RNs trained in InterRAI to complete new residents' assessments with two RN's currently undertaking their InterRAI training.</p> <p>There is a minimum of one care staff with a current first aid certificate on every shift.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely,</p>	FA	<p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery, meeting contractual requirements. Staffing is suitable to meet the requirements for two additional hospital-level residents.</p>

<p>appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>		<p>The nurse manager is onsite Monday – Friday and on-call after hours. The duty manager is on-site approximately 10 – 20 hours per week. The remainder of her time is spent at the other two aged care facilities owned by the directors. Two RNs cover the am shift with one RN on the pm and night shifts. There are separate cleaning/laundry staff providing cover seven days a week. An activities coordinator is rostered Monday – Friday with separate caregivers rostered to lead weekend activities.</p> <p>Staff reported that staffing levels and the skill mix were appropriate and safe. Residents and family interviewed advised that they felt there is sufficient staffing.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	<p>FA</p>	<p>The residents' files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within required timeframes, into the resident's individual record. Information containing personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Resident files are protected from unauthorised access by being held in a secure staff area. Care plans and notes are legible. All residents' records contain the name of resident. Entries are legible, dated and signed by the relevant caregiver or registered nurse including designation.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	<p>PA Low</p>	<p>All residents are assessed prior to entry for rest home or hospital level of care. The nurse manager is responsible for the screening of residents to ensure entry has been approved. An information booklet is given to all residents/family on enquiry or admission. The information pack includes information on all relevant aspects of the service, along with other relevant information such as the Health and Disability Code of Rights and how to access advocacy. The clinical leader (interviewed) was able to describe the entry and admission process. Admission agreements sighted in the resident files reviewed did not align with the ARC contract. Six residents (one rest home and five hospital) and four relatives (hospital) stated they received all relevant information prior or on admission.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>The clinical leader interviewed, described the documentation and nursing requirements as per the policy for discharge and transfers. Any previous discharge summaries that are relevant are copied and sent with the transfer documents. Transfer documentation is sighted in resident's record recently transferred back to the facility. The family are informed of any transfers. Follow up occurs to check that the resident is settled.</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>PA Low</p>	<p>Medications are managed appropriately and in line with required guidelines and legislation. Only RN's administer medication and have their medication competency assessed on an annual basis. Education around safe medication administration has been provided. The RN's interviewed were able to describe their role in safe medication management. Standing orders in use are current. The GP and RN have assessed two self-medicating residents as competent to self-administer medication.</p> <p>Eleven of fourteen medication charts reviewed (four rest home and ten hospital) met legislative prescribing requirements. 'Indications for use' were not documented for all 'as required' medication. The medication charts reviewed identified that the GP had seen and reviewed the resident three monthly.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>All food is cooked on site. There is a qualified cook on duty each day who is supported by a kitchen hand. The main meal is at midday. The tea cook prepares and serves the evening meal. The menu caters for special diets and modified meals. The cook receives a dietary profile for each resident and is notified of any dietary changes. There is a dislikes and special requests list. Diabetic desserts are provided. Alternatives choices are offered for resident dislikes. There is one main dining room. There are two seating times for meals. The first meal seating time is for residents that are more able and the second meal seating time is for residents who require more time and assistance with their meals. The kitchen is locked after hours with staff access for nutritional snacks as required.</p> <p>All perishable foods are dated. The fridges and freezers are temperature monitored. End cooked food temperature is taken and recorded daily. Personal protective equipment is worn as appropriate. A cleaning schedule has been maintained. Chemicals are stored safely.</p> <p>The food services staff have completed food safety and chemical safety training.</p> <p>The service has a number of residents of other ethnicities. This has been recognised in the menu plan, which includes a daily vegetarian menu and a daily pacific island menu. Residents may also choose from the usual menu. The vegetarian menu meets cultural needs around no meats (for example no pork or chicken). There is a traditional fish menu on Fridays, and also a no fish menu to accommodate for those who don't eat fish, due to cultural reasons, dislikes and/or allergy. Residents and family of other ethnicities spoke positively about the food service and the meals provided to accommodate cultural and religious needs.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the</p>	<p>FA</p>	<p>The service has an accepting/declining entry to service policies. The referral agency and potential resident and/or family member would be informed of the reason for declining entry. Reasons for declining entry would be if there are no beds available, the service cannot provide the level of care or the acceptance of an</p>

service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.		admission could potentially affect other residents.
Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	<p>InterRAI assessments have been completed for all current residents and are completed for all new admissions. The RN completes an initial assessment on admission, including the use of risk assessment tools. Resident needs and supports are identified through the ongoing assessment process in consultation with significant others. The activities coordinator completes an activity assessment on admission that identifies individual activities and preferences.</p> <p>Cultural assessments are completed on admission for all residents. Cultural assessments were completed in all seven resident files sampled. The care plans document the resident's cultural needs, values and spirituality and supports (including support persons) available, to ensure the resident's needs are met.</p>
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	Resident care plans reviewed were resident focused. All identified support needs were included in the care plans for seven of seven residents files sampled. Care plans sampled, evidenced resident (as appropriate)/family/whānau involvement in the care plan process. Relatives interviewed confirmed they are involved in the care planning process. Resident files demonstrate service integration.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	<p>When a resident's condition alters, the registered nurse initiates a review and if required, GP or nurse specialist consultation. The family members confirmed on interview they are notified of any changes to their relative's health including (but not limited to) accident/incidents, infections, health professional visits and changes in medications. Discussions with families and notifications were documented on the family/whānau contact form in the resident files sampled. The registered nurses interviewed described the referral process and related form should they require assistance from a wound specialist, continence nurse or other nurse specialist service.</p> <p>Adequate dressing supplies were sighted in the treatment room. Wound management policies and procedures are in place. Wound assessments, treatment and evaluations were in place for all current wounds, (two chronic ulcers and one grade three pressure area present on admission). Chronic wounds have been linked to the long-term care plans. There was evidence of GP, wound nurse specialist, dietitian and district nursing involvement in the management of wounds. There was adequate pressure area care equipment sighted.</p>

		<p>Continence products are available and resident files include a urinary continence assessment, bowel management and continence products identified. Three registered nurses were able to describe access for wound and continence specialist input as required.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The activity coordinator has been in the role for one year and is studying towards diversional therapist qualifications. She is employed for four days per week and is supported by a part-time activity coordinator one day a week. A caregiver is delegated to activities for 3 hours each weekend day. The company registered diversional therapist oversees the activity programme across the three directors aged care facilities. The activity coordinator and DT attend DT regional support groups and workshops.</p> <p>The activity programme is planned a month in advance. There is a large lounge where activities occur. The range of activities meets the recreational preferences and individual abilities of the rest home and hospital residents. The programme has allocated activities for rest home residents, which is open to hospital residents and vice versa. Individual therapy time is spent with residents who are unable to, or choose not to participate in the group activities. Residents were observed to be enjoying outdoor activities on the day of audit. Special events and birthdays are celebrated. Residents are encouraged to maintain links with the community such as shopping, van outings, inter-home visits and competitions. A shopping trolley has been initiated. A van is shared between the director's three aged care facilities. A wheelchair van is hired for hospital level resident outings. Entertainers, church groups and school children visit the home regularly. Residents represent a number of cultures and the activity team hold multi-cultural days with the participation of the residents, staff and food services. An example is Matariki day celebrations including a "boil up". Residents interviewed commented very positively on the activity programme.</p> <p>The younger people in the service have an individual activity plan that identifies their recreational preferences and are supported to maintain their community links.</p> <p>The activity coordinator completes an activity assessment on admission. Each resident has an individualised activity plan that is reviewed at the same time as the long-term care plan.</p> <p>Resident meetings provide an opportunity for the residents to provide feedback and suggestions on the activity programme.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely</p>	<p>FA</p>	<p>All initial care plans sampled were evaluated by the RN within three weeks of admission. Long-term care plans have been reviewed at least six monthly in seven of seven files sampled or earlier for any health changes. The multidisciplinary team (MDT) including the GP and family are involved in the care plan reviews. The GP reviews the residents at least three monthly or earlier if required. On-going nursing evaluations occur daily/as indicated and are documented within the progress notes.</p>

manner.		
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>Referral to other health and disability services is evident in the seven resident files sampled. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. Examples of referrals sighted were to mental health services for the older person, physiotherapist, hospital specialists, wound nurse, podiatrist and dietitian. The service liaises closely with the needs assessment team, geriatrician and mental health team.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>There is a waste and hazardous substance safety policy. Management of waste and hazardous substances is covered during orientation of new staff and as scheduled on the education planner.</p> <p>All chemicals are correctly labelled and stored in locked areas. Safety data sheets are available. Gloves, aprons and goggles are available for staff use and staff were observed wearing appropriate protective equipment when carrying out their duties.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The building holds a current warrant of fitness, which expires 14 September 2015. Reactive and preventative maintenance is carried out. The maintenance person (also a health and safety representative), oversees the maintenance for the directors three aged care facilities. Essential contractors are available 24/7. There is an annual planned maintenance programme. Hot water temperatures of all resident areas are monitored monthly and maintained at or below 45 degrees Celsius. Electrical test and tag was completed March 2015. Resident related equipment has had functional checks.</p> <p>Environmental improvements include new timber flooring in the main lounge, corridors and refurbished rooms, installation of new lighting, new call bell system and new outdoor deck area with shade and seating. There is ramp access from the deck to the outside areas. Two additional dual-purpose bedrooms viewed are spacious enough for hospital level of care and located within the hospital wings. The corridors are wide enough to promote safe mobility. Residents were observed moving freely around the areas with mobility aids where required. There are external areas and gardens, which are easily accessible.</p>

		Care staff stated that they have all the equipment referred to in care plans, to provide safe and timely care such as hoists, wheel-on scale, electric beds, ultra-low beds, hospital recliners, wheelchairs, mobility aids, transfer belts, pressure area mattresses and resources. The directors have recently purchased additional recliner chairs, fallout chairs and hoists.
<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	There are five bedrooms with their own ensuite. All other rooms have shared ensuites. Residents interviewed confirm privacy is maintained at all times.
<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	All bedrooms are single including the two new additional bedrooms to be certified as dual purpose. The rooms are spacious enough to manoeuvre transferring equipment at hospital level. Residents at rest home level can move around the room with the use of mobility aids as required. Residents are encouraged to personalise their rooms as desired.
<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	There is a large lounge, which is also used for recreational activities. There is one spacious dining area for residents. All lounge/dining areas are easily accessible. Residents are able to move freely and safely and furniture is arranged to facilitate this. There is adequate space to allow for individual and group activities to occur within the lounge.
Standard 1.4.6: Cleaning And	FA	There is a cleaning policy and cleaning schedules in place. Personal protective equipment is available in

<p>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>the sluice room, cleaning and laundry room. There is a defined clean/dirty area within the laundry. Adequate linen supplies were sighted. The cleaning equipment is stored safely when not in use. Safety data sheets are available for staff. There are dedicated cleaning and laundry staff who were observed to be wearing appropriate protective wear when carrying out their duties. Cleaning and laundry audits have been completed. Residents expressed satisfaction with the cleaning and laundry service.</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 and disaster policies and procedures are in place. Fire evacuation drills take place every six months. Emergency flip charts are visible in staff areas. The orientation programme, and education and training programme include fire and security training and staff completing competency questionnaires. Staff interviews confirm their understanding of emergency procedures. Required fire equipment was sighted on the day of audit and all equipment has been checked within required timeframes. An approved fire evacuation plan is in place. There is at least one first aider on duty at all times.</p> <p>A civil defence plan is in place. There are adequate supplies in the event of a civil defence emergency including food, water, blankets, torches, batteries and the availability of gas cooking. A back up battery for emergency lighting is in place.</p> <p>The call bell system is suitable to meet the needs of the residents. Residents report their call bells are answered in a timely manner. Residents were observed having access to call bells in their rooms and communal areas. There is a minimum of one person available 24 hours a day, seven days a week with a current first aid/CPR certificate.</p> <p>External lighting is adequate for safety and security. Doors are locked at dusk.</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>All bedrooms and communal areas are well ventilated and light. The facility has under floor heating in all areas.</p>
<p>Standard 3.1: Infection control management</p>	<p>FA</p>	<p>The infection control coordinator is the clinical leader/ RN who has been in the role for two months. The infection control coordinator/clinical leader was the infection control coordinator in her previous role. She</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>has a job description that defines the role and responsibilities for infection control. The infection control coordinator provides a report to the infection control committee that meets three monthly. The infection control committee includes the infection control coordinators and representatives from the three aged care facilities owned by the directors. The two directors attend the committee meetings. Meeting minutes are available to staff. The infection control programme is reviewed annually.</p> <p>Visitors are asked not to visit if they have been unwell. Influenza vaccines are offered to residents. There are hand sanitisers throughout the facility and adequate supplies of personal protective equipment.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The infection control coordinator and infection control committee representatives manage infection control. The infection control coordinator has attended external education. The infection control officer has access to an external infection control specialist, district health board (DHB) infection control nurse, public health, and GP and laboratory personnel.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes the infection control programme, responsibilities and oversight, training and education of staff. The policies and procedures were reviewed in February 2015 by a contracted aged care consultant. The service is notified of any changes/reviewed policies.</p>
<p>Standard 3.4: Education</p>	FA	<p>The infection control coordinator is responsible for coordinating/providing education and training to staff.</p>

<p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>		<p>Infection control education occurs annually, last in May 2015 on multi-resistant organisms, hand hygiene and blood spills. The infection control coordinator provides education at handovers for those staff who do not attend education or for current trends and quality improvements. All newly appointed staff receives infection control education on orientation. Hand hygiene competencies are completed annually for all staff. Staff stated they are kept informed on infection control matters.</p> <p>Resident education is expected to occur as part of providing daily cares, and is discussed at resident meetings as appropriate. A resident hand-washing basin has been installed in the dining room and residents are educated in hand hygiene.</p>
<p>Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>There is a policy describing surveillance methodology for monitoring of infections. The infection control coordinator collates information monthly. Surveillance data is used to determine infection control activities and education needs in the facility. Trolleys with jugs of juice and water and disposable cups, is an indication to maintain fluid intake for the prevention of urinary tract and respiratory infections. Definitions of infections are in place appropriate to the complexity of service provided. Infection control data is reported at the committee meetings and staff meetings. Monthly comparison and trends for infection rates are analysed on an individual basis. Information and graphs are available to staff. The GP reviews antibiotic use at least three monthly with the medication review. There have been no outbreaks. Systems in place are appropriate to the size and complexity of the facility.</p>
<p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The restraint policy includes the definitions of restraint and enablers and comprehensive restraint procedures. Interviews with the caregiver and nursing staff confirm their understanding of restraints and enablers.</p> <p>Enablers are assessed as required for maintaining safety and independence and are requested voluntarily by the residents. At the time of the audit, the service had no resident using an enabler and six residents using a restraint.</p>
<p>Standard 2.2.1: Restraint approval and processes Services maintain a process for determining approval of all types of restraint used, restraint processes (including</p>	FA	<p>The restraint approval process is described in the restraint minimisation policy. Roles and responsibilities for the restraint coordinator (nurse manager) and for staff is documented and understood. The restraint approval form identifies the indications for restraint use, consent process, duration of restraint and monitoring requirements.</p>

policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.		
Standard 2.2.2: Assessment Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.	FA	<p>A restraint assessment tool is completed for residents requiring an approved restraint for safety. Assessments are undertaken by the restraint coordinator/RN in partnership with the resident and their family/whānau. Restraint assessments are based on information in the care plan, resident/family discussions and observations.</p> <p>On-going consultation with the resident and family/whānau are evident. Two hospital-level residents' files were reviewed where restraint was in use. Completed assessments considered those listed in in 2.2.2.1 (a) - (h).</p>
Standard 2.2.3: Safe Restraint Use Services use restraint safely	FA	<p>Procedures around monitoring and observation of restraint use are documented in policy. Approved restraints include bed rails only. The restraint coordinator (nurse manager) is responsible for ensuring all restraint documentation is completed. Assessments identify the specific interventions or strategies trialled before implementing restraint.</p> <p>Restraint authorisation is in consultation/partnership with the resident and family and the restraint coordinator. The use of restraint is linked to the residents' care plans. Internal audits conducted, measure staff compliance in following restraint procedures. Each episode of restraint is monitored a minimum of two hourly and is dependent on the individual risk to that resident. Monitoring is documented on a specific restraint monitoring form, evidenced in two residents' files where restraint was in use.</p> <p>A restraint register is in place providing an auditable record of restraint use and is completed for all residents requiring restraints and enablers.</p>
Standard 2.2.4: Evaluation Services evaluate all episodes of restraint.	FA	<p>The restraint evaluation includes the areas identified in 2.2.4.1 (a) – (k). Evaluations occur three-monthly as part of the on-going reassessment for the residents on the restraint register, and as part of the care plan review. Families are included as part of this review. A review of two files of residents using restraints identified that evaluations are up-to-date.</p>

<p>Standard 2.2.5: Restraint Monitoring and Quality Review</p> <p>Services demonstrate the monitoring and quality review of their use of restraint.</p>	<p>FA</p>	<p>Restraints are discussed and reviewed at restraint meetings. The restraint coordinator, two RNs and three caregivers attend these meetings. Meeting minutes include (but are not limited to), a review of the restraint and challenging behaviour education and training programme for staff and review of the facility's restraint policies and procedures.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.1.4</p> <p>Entry criteria, assessment, and entry screening processes are documented and clearly communicated to consumers, their family/whānau of choice where appropriate, local communities, and referral agencies.</p>	PA Low	The seven admission agreements have been signed within the required timeframe. The exclusions from the service were included in the admission agreement.	The schedule of charges attached to the admission agreement did not align with the provider responsibilities in the ARC contract. There was no evidence the residents had been charged for any services included in the ARC contract.	<p>Ensure the schedule of charges aligns with the exclusions from the service as per the admission agreement.</p> <p>90 days</p>
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and</p>	PA Low	There are policies and procedures in place for safe medicine management that meet legislative and policy requirements. Medication reconciliation is completed on	Three of fourteen medication charts reviewed did not have indications prescribed for use for	Ensure that all 'as required medication' have a

<p>appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>		<p>delivery of medications. Staff were observed to be safely administering medications. The prescribing of regular medications met legislative requirements.</p>	<p>'as required' medications.</p>	<p>prescribed indication for use.</p> <p>60 days</p>
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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.