

Devonport Palms Retirement Limited - Devonport Palms Retirement Complex

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:	Devonport Palms Retirement Limited
Premises audited:	Devonport Palms Retirement Complex
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 5 August 2015 End date: 6 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:	30



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
Yellow	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
Red	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

Devonport Palms provides rest home level care for up to 30 residents with full occupancy on the days of the audit. The service is managed by a facility manager who is also the owner. The owner/manager is a member of the Cavell Group, which provides strategic governance and support to the service. The manager is supported by a clinical leader/registered nurse. The residents and relatives interviewed spoke positively about the care and supports provided.

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.

Improvements are required around care plan documentation and documenting the administration of dietary supplements.

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.	Green	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.
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A strategic plan is in place. The quality plan outlines goals and objectives for the year and links to the strategic plan. The quality process being implemented includes an internal audit programme, monitoring adverse events and a health and safety programme that includes hazard management. Quality and risk information is reported at staff meetings. Residents and family are provided with 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 provided. 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. Two registered nurses are employed. A registered nurse is on call when not onsite. There are adequate numbers of staff on duty to ensure residents are safe. The residents' files are appropriate to the service type.

Continuum of service delivery

<p>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.</p>		<p>Some standards applicable to this service partially attained and of low risk.</p>
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Residents and families receive an information pack on admission. A registered nurse completes admission assessments using the InterRAI assessment tool. 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.

Medication policies reflect legislative medicine requirements and guidelines. All staff responsible for administration of medicines complete education and medicine competencies. Medication charts meet legislative requirements. An activities programme is in place. The programme includes outings, entertainment and activities that meet the recreational preferences and abilities of the residents. Residents expressed satisfaction with the activities provided.

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

Safe and appropriate environment

<p>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.</p>		<p>Standards applicable to this service fully attained.</p>
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A current building warrant of fitness is posted in a visible location. Reactive and preventative maintenance is carried out. Chemicals are stored safely and staff are provided with personal protective equipment. 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 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 and six monthly fire drills are conducted. External garden areas are accessible with suitable pathways, seating and shade is 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 is a restraint policy that includes comprehensive restraint procedures. There are clear guidelines in policy, which includes documented definitions of restraints and enablers that align with the definitions in the standard. There are currently no residents requiring enablers or restraints. Staff receive training on 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.
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The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator is a registered nurse. The infection control coordinator has attended 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	43	0	2	0	0	0
Criteria	0	91	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 English and in Māori in visible locations. Policy relating to the Code is implemented. The facility manager, clinical manager (who is a registered nurse) and care staff (one registered nurse (RN), one activities coordinator, and two 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 in-service training.</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 policies/procedures around informed consent and advanced directives. There are signed consents for release of information, outings and photographs in all six resident files sampled. Consent is obtained for specific treatments/procedures such as influenza vaccines. Resuscitation status and advance directives on all files sampled were appropriately signed.</p> <p>Discussions with the clinical manager and two caregivers, confirmed that they were familiar with the requirements to obtain informed</p>

		consent for personal care and entering rooms.
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>Information on advocacy services through the Health and Disability Commissioner's (HDC) Office is included in the resident information pack that is provided to residents and their family on admission. This information is also available at reception. A representative from the local HDC Advocacy Service provides annual education and training for staff and residents. 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>	FA	<p>The service has an open visiting policy. Residents may have visitors of their choice at any time. Numerous 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.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The service has a complaints policy that describes the management of the complaints process. 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 facility manager and clinical manager 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.</p> <p>The facility manager reported that there have been no complaints lodged. A complaints register is available if needed.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<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. Information is also available at the entrance to the facility. The facility manager and/or clinical manager/RN discuss aspects of the Code with residents and their family on admission.</p>

		Discussions relating to the Code are also held during the quarterly resident meetings. These meetings are facilitated by the facility manager. Six residents and four family interviewed reported that the residents' rights are being upheld by the service.
<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. 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. They report that they facilitate the residents' independence by encouraging them to be as active as possible.</p> <p>All of the residents and families interviewed report that their family member's privacy is respected.</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. Māori residents are provided with care and support in line with their assessed values and beliefs.</p> <p>Māori links have been established with a local Kaumātua. Staff receive education on cultural awareness during their induction to the service, which continues as a regular education and training topic. All 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 culturally safe services are provided to each resident. Beliefs and values are discussed and incorporated into the care plan, sighted in all six care plans reviewed. All residents interviewed confirmed that they were involved in developing their plan of care, which included the</p>

		identification of individual values and beliefs. The families interviewed also confirmed that they were involved in the development of the resident's plan of care.
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	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 all five staff files randomly selected for review (one RN, one cook, three caregivers). Interviews with staff (two caregivers, one RN, one cook, one activities coordinator), confirmed their understanding of professional boundaries. Professional boundaries are reconfirmed through education and training sessions, staff meetings, and performance management, if there is infringement with the person concerned.
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>Evidence-based practice is evident, promoting and encouraging good practice. Two registered nurses are on site, totalling 80 hours per week, and are on call when not at the premises. Residents are reviewed by the general practitioner (GP) every three months at a minimum.</p> <p>The service receives support from the Bay of Plenty District Health Board, which includes visits as needed from a range of specialty services (e.g. psychogeriatrician, mental health services). Physiotherapy services are available as needed. There is a monthly in-service education and training programme for staff, which includes regularly assessing staff competencies. Podiatry and hairdressing services are available. Community outings are encouraged and include regular visits to local cafes, parks and shopping. Residents are supported to safely maintain their independence.</p> <p>All residents and family interviewed expressed their satisfaction with the care delivered. The GP interviewed is also satisfied with the level of care that is being provided.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	There is a policy to guide staff on the process around open disclosure. Ten 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 clinical manager and RN confirmed family are

		<p>notified following changes in health status. Family 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 are available if needed although have not been required.</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. The information pack is available in large print and can be read to residents who are visually impaired.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>The service is owned and managed by a member of the Cavell Group. The Cavell Group is comprised of a group of independent aged care providers who share policies and provide collegial support while maintaining their independent businesses. A mission and philosophy of care are defined for the service.</p> <p>At the time of the audit, there were 30 rest home level residents living in this 30 bed facility that is dedicated to the rest home level care.</p> <p>A strategic plan is in place for the Cavell Group. A quality plan that is specific to Devonport Palms links to the Cavell strategic plan, and lists annual goals and objectives. These are regularly reviewed by the facility manager and clinical manager.</p> <p>The facility manager/owner has a background in management. He keeps up to date with the aged care sector through regular attendance at Cavell Group director meetings and New Zealand Aged Care Provider forums. His professional development relating to the management of an aged care service exceeds eight hours per year. He is supported by a clinical manager with 40 years of aged care experience.</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</p>	FA	<p>The facility manager is supported by an experienced clinical manager/RN in his absence. Additional administrative support is available through the Cavell Group if needed.</p>

provision of timely, appropriate, and safe services to consumers.		
<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>The 2015 quality plan lists annual goals. Policies and procedures have been developed via the Cavell Group and are linked to InterRAI. A system of document control is in place with evidence of regular, two-yearly reviews. Staff are made aware of any policy changes through staff meetings, evidenced in meeting minutes.</p> <p>The monthly collating of quality and risk data includes monitoring accidents and incidents, resident satisfaction and infection rates. Internal audits regularly monitor compliance. A corrective action form (CAF) is completed where areas are identified for improvement. Staff are kept informed regarding results via staff meetings, handover and the communication book.</p> <p>Resident satisfaction and food satisfaction surveys are regularly completed. Results overall reflect that the residents perceive the service as good or excellent.</p> <p>A health and safety programme is in place, which includes managing identified hazards. Health and safety meetings are conducted each quarter. The facility has implemented the 'Work Well' staffing programme initiated by the Bay of Plenty District Health Board. The facility is working towards achieving ACC Workplace Safety Management Practice accreditation.</p> <p>Falls prevention strategies are in place that include the identification of interventions to minimise future falls. Falls risk assessments are in place. A physiotherapist is available on an as-needed basis. A recent investigation of a resident who slid off a bed was identified at risk, because of a particular item of clothing being worn. This information was provided to all staff in a timely manner and all of the residents were encouraged to no longer wear the item of clothing.</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>There is an incident reporting policy that includes definitions, and outlines responsibilities including immediate action, reporting, monitoring and corrective action to minimise and debriefing. Ten accident/incident reports selected for review reflected immediate and follow-up action(s) taken by a registered nurse.</p> <p>The service collects monthly data relating to adverse, unplanned and</p>

		<p>untoward events. This includes the collection of incident and accident information. Numbers of accidents and incidents in 2015 are very low with 'fall-free' months' identified. Monthly meeting minutes, staff handover and the communication book evidences discussions around incidents and accidents.</p> <p>Discussions with the facility manager and clinical manager confirmed their awareness of statutory requirements in relation to essential notification.</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 RNs' practising certificates are current. All five staff files randomly selected for review 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 monthly competencies that must be completed by staff. The clinical manager has completed her 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, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery, meeting contractual requirements. A full time clinical manager/RN and the facility manager/owner (non-clinical) are on site Monday to Friday. A second full time RN alternates am and pm shifts each week. An RN is on-call when not on-site. Caregiving staff are responsible for laundry. Cleaning staff work five days a week. An activities coordinator is rostered full-time Monday – Friday.</p> <p>Staff reported that staffing levels and the skill mix were appropriate and safe. Residents and family interviewed advised that they felt there</p>

		is sufficient staffing.
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The residents' files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial support plan is also developed in this time. Information containing personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Current and archived residents' files are protected from unauthorised access and are held securely.</p> <p>Residents' files demonstrate service integration. Information is held in more than one folder with all documentation stored in the same room. Entries are legible, dated and signed by the relevant caregiver or RN, including time and 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>	FA	<p>There is an admission policy and an admission procedure. There is an admission pack, which includes all relevant aspects of service and family are provided with associated information such as the Health and Disability Code of Rights and how to access advocacy. A needs assessment is required prior to entry to ensure the service can provide the assessed level of care. The clinical manager stated there is good liaison with the needs assessors, social worker, mental health team, GP's and nurse practitioner.</p> <p>The admission agreement reviewed aligns with the ARC contract. The six admission agreements sighted had all been signed within the required timeframe. Exclusions from the service are included in the admission agreement.</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>There are guidelines for death, discharge, transfer and follow up. When transferring, all relevant information is documented and transferred with the resident. Resident transfer information is communicated to the receiving health provider or service. There is documented evidence of family notification for resident transfers.</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</p>	PA Low	<p>Registered nurses and caregivers administer medications. All staff administering medications have completed an annual medication competency and attend annual medication education. All medications are checked on delivery against the medication chart and any</p>

<p>guidelines.</p>		<p>discrepancies are fed back to the supplying pharmacy. Each resident has a current standing order signed by the GP. Medications requiring storage in a fridge, are stored in sealed containers in the kitchen fridge which is temperature monitored daily. All eye drops in use were dated. There were no self-medicating residents.</p> <p>The 12 medication charts sampled included photo identification and allergies. All medication charts sampled showed evidence of being reviewed by the GP three monthly. Administration signing sheets were complete for 11 of 12 medication files reviewed.</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 during the day and an evening cook prepares the tea. The four week menu has been reviewed by a dietitian. The cook receives a dietary form for each resident and is notified of any dietary changes. There is a dislikes and special dietary requests board. The service caters for alternative meals including vegetarian and pureed. Alternatives are offered for resident dislikes.</p> <p>The kitchen is well equipped, with regular servicing of appliances. The chemical provider conducts monthly service checks on the dishwasher. All perishable foods are dated. The fridges and freezers are temperature monitored daily. End cooked food temperature is taken and recorded weekly and for all poultry meals. Personal protective equipment is worn as appropriate. A cleaning schedule (sighted) has been maintained.</p> <p>Residents and family interviewed spoke positively about the meals and home baking. Resident meetings provide an opportunity for resident feedback on the meals.</p> <p>The food services staff have completed food safety and hygiene training and chemical safety.</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 service would record the reason (no bed availability or unable to meet the assessed level of care), for declining service entry if this occurred. Potential residents would be referred back to the referring agency if entry is declined.</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>Initial assessments are completed on admission and reviewed as part of the InterRAI assessment process. InterRAI assessments have been completed for all residents. Risk assessments (within the InterRAI assessment tool) have been completed as identified and reflected in the long-term care plan (link 1.3.5.2).</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>PA Low</p>	<p>The service use a care plan template that is individualised to meet the resident's needs in all areas, however, cognitive loss and mood is not included in the care plan template. There were short-term care plans in place for short-term needs and changes in health status. There is documented evidence of resident/family input into care planning and six monthly reviews. Residents and family confirmed they are involved in the care planning process.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>When a resident's health status changes, the registered nurse reviews the resident and if required, refers to the GP or nurse specialist for a consultation. There is documented evidence of family notification when a resident's health status changes. Family members stated that staff are approachable if they needed to discuss their relative's health at any time. Residents state their needs are being met.</p> <p>There are adequate dressing supplies available as required. Wound assessment and ongoing evaluation forms are used for wound management if required. Currently there are no residents with wounds or skin tears.</p> <p>Continence products are available. Resident continence needs are documented in the care plan. The clinical manager could describe the referral process for wound or continence management advice. Monitoring forms are in use for pain management, weight management and observations.</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 co-ordinator has been in the role since February 2015. She has had previous experience as a caregiver completing an aged care course in the care of the older person. The activity coordinator is supported by a qualified diversional therapist (DT) within the Cavell provider group and attends the regional DT meetings. The activity coordinator has a current first aid certificate and has an attended a DT</p>

		<p>education day.</p> <p>The activity programme is planned a month in advance and all residents receive a copy of the programme. The programme is Monday to Friday. The activity co-ordinator is employed four days a week (Tuesday to Friday) with a caregiver taking activities on the Mondays. Activities for the week are displayed.</p> <p>There are a range of activities to meet the recreational preferences and individual abilities including word games, history, memorabilia, entertainment, craft, exercises and movies. One on one time is spent with residents who choose not to participate in the group programme. A mobility van is hired for outings and drives. Residents are encouraged to maintain community involvement such as the RSA, recycled teenagers group and shopping. Interdenominational church services are held three times a week.</p> <p>The activities coordinator completes an activities assessment on admission. Each resident has an individualised activity plan which is reviewed six monthly.</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 manner.</p>	<p>FA</p>	<p>Long-term care plans are evaluated six monthly or earlier due to health changes. Short-term care plans focus on short term issues and are reviewed regularly with ongoing problems transferred to the long-term care plan. Written evaluation forms are used to document progress towards meeting the residents' goals. The six monthly review is completed with input from the multidisciplinary team (clinical manager, facility manager, team leader/caregiver and member of the family or resident as appropriate).</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	<p>FA</p>	<p>Referral to other health and disability services is evident in the sample group of residents' files. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on residents' files. Discussion with the clinical manager identified that the service has access to GP's, ambulance/emergency services, allied health professionals, and needs assessors and mental health services for the older person.</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>There is a waste and hazardous substance safety policy. Management of waste and hazardous substances are covered during orientation of new staff and as scheduled on the education planner.</p> <p>All chemicals are correctly labelled and are stored in locked cupboards. Safety data sheets and product wall charts 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>	<p>FA</p>	<p>The building holds a current warrant of fitness, which expires on 21 January 2016. There is a lift and stair access between the two floors. The lift can accommodate a bed/ambulance stretcher. Contractors who are available 24/7 carry out reactive and preventative maintenance. There is a planned maintenance programme. Hot water temperatures of all resident areas are monitored two monthly and are maintained below 45 degrees Celsius.</p> <p>The living areas are carpeted and vinyl surfaces exist in bathrooms/toilet areas. 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. There is outdoor furniture and seating with shade provided. There is a designated resident smoking area.</p> <p>The staff interviewed stated that they have all the equipment referred to in care plans to provide care.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>There are adequate numbers of communal toilets and showers for residents in rooms without ensuites. Other bedrooms have either single or shared ensuites. All bedrooms have hand basins. There is appropriate signage, easy clean flooring and fixtures and handrails appropriately placed. Privacy is maintained at all times (observed).</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas</p>	<p>FA</p>	<p>Bedrooms are single with the exception of one double room. The rooms are spacious enough for the resident to easily manoeuvre around with mobility aids as required. Residents are encouraged to</p>

appropriate to the consumer group and setting.		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	<p>There is a large open plan lounge on the ground floor with access to the outdoor area. The upstairs area has a lounge, which allows for small group or individual quiet time and family visits. There is a separate resident dining room. All lounge/dining areas are easily accessed. 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 lounges.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>There is a cleaning policy and cleaning schedules are in place. Personal protective equipment is available in sluice, cleaning and laundry rooms. There is a defined clean/dirty area within the laundry. There were adequate linen supplies sighted. The cleaning trolleys are stored safely when not in use. Safety data sheets are available for cleaning and laundry staff. Staff 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>	FA	<p>Emergency and disaster policies and procedures are in place. Fire evacuation drills take place every six months. The orientation programme and education and training programme includes fire and security training and staff completing competency questionnaires. Staff interviews confirm their understanding of emergency procedures. An approved fire evacuation plan is in place.</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 and the availability of gas cooking. A back up battery for emergency lighting is in place.</p> <p>A call bell system is in place, suitable to meet the needs of the residents. Residents report their call bells are answered in a timely manner. 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>	FA	<p>All bedrooms and communal areas are well ventilated and light. The facility has ceiling heating. The temperature is monitored (visual display) by the facility manager. Each bedroom room is individually thermostat controlled.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The infection control officer is an RN who has been in the role for six months. The infection control officer is supported by the previous infection control officer (senior caregiver), the clinical manager and facility manager. There are three monthly provider group (Cavell group) combined infection control and health and safety 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 sanitizers throughout the facility and adequate supplies of personal protective equipment.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>Infection control is managed by the infection control officer and infection control committee representatives. The infection control officer completed a one year post graduate infection control course in 2013. The Bay of Plenty group of infection control personnel meet three monthly, which includes guest speakers and 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.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control</p>	FA	<p>The infection control officer is responsible for coordinating/providing education and training to staff. Infection control education occurs</p>

<p>to all service providers, support staff, and consumers.</p>		<p>annually. All newly appointed staff receives infection control education on orientation. Hand hygiene audits are completed annually for all staff.</p> <p>Resident education is expected to occur as part of providing daily cares and discussed at resident meetings as appropriate.</p>
<p>Standard 3.5: Surveillance</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>Policies and procedures document infection prevention and control surveillance methods. The surveillance data is collected and analysed monthly, to identify areas for improvement or corrective action requirements. Infection control internal audits have been completed. Infection rates have been low. Trends are identified and quality initiatives are discussed at staff meetings (minutes sighted). There is a policy describing surveillance methodology for monitoring of infections. Definitions of infections are in place appropriate to the complexity of service provided.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>There are policies around restraints and enablers including definitions. The clinical manager is the restraint coordinator and is knowledgeable regarding this role. During the audit there were no residents using a restraint or an enabler. Staff receive training around restraint minimisation and managing challenging behaviours. Staff interviewed understands the difference between an enabler and a restraint.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	PA Low	Medication charts sampled met the legislative requirements. As required medications had indications for use. Dates and times of administration of ‘as required’ medications were recorded on the signing sheets. There were no signing gaps on the administration signing sheets for packaged medications.	There is no signing sheet or evidence of administration of a dietary supplement prescribed for one resident.	<p>Ensure prescribed dietary supplements are signed for as administered on a signing sheet.</p> <p>60 days</p>
<p>Criterion 1.3.5.2</p> <p>Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.</p>	PA Low	The care plan describes the resident needs and care interventions required to support the resident’s independence and well-being. Care plans are readily available for caregivers. Caregivers interviewed were knowledgeable in individual resident cares.	The InterRAI assessment for one resident with known depression included a risk assessment for cognitive loss/mood. The outcome of the assessment and supports required were not included in the service long-term care plan.	Ensure the outcome of the InterRAI risk assessments (as triggers), are included in the service long-term care plan.

				90 days
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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.