

Lifecare Funds Limited - Kolmar Lodge Rest Home

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:	Lifecare Funds Limited
Premises audited:	Kolmar Lodge Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 11 August 2015 End date: 11 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:	22

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

Kolmar Lodge provides rest home level care for up to 26 residents. On the day of the audit there were 22 residents. The service is one of three aged care facilities owned by two owner/directors. A duty manager manages the daily operations and is supported by a full-time registered nurse. The residents and relative interviewed spoke positively about the care and support provided at Kolmar Lodge.

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 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.	Green	Standards applicable to this service fully attained.
--	-------	--

Staff demonstrated 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. One full-time registered nurse is employed. She is available on call when not available onsite. Caregiver staff are responsible for laundry and cleaning.

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.
--	--	---

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 and activities that meet the recreational preferences 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

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.
--	--	--

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 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 are accessible with suitable pathways and 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.
---	--	--

There is a restraint policy that includes comprehensive restraint procedures. There are clear guidelines in policy, which include 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.

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 on-line 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 visible locations. Policy relating to the Code is implemented. The duty manager, registered nurse (RN) and care staff (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 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 policies/procedures around informed consent and advanced directives. There are signed consents for release of information, outings and photographs in the sample of files reviewed. 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 registered nurse (RN) and two caregivers confirmed that they were familiar with the requirements to obtain informed consent for personal care and entering rooms.</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 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 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. A recent complaint was lodged by a resident with the assistance of a local HDC Advocate.</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 and 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>	<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, duty manager and registered nurse 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>Only one complaint was lodged in 2014 and one complaint has been lodged in 2015 (year to date). The complaints register included all information and correspondence related to each complaint. Time frames for responding to the complaints were met in both instances and both complaints have been resolved.</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 duty manager and/or RN discuss aspects of the Code with residents and their family on admission. Discussions relating to the Code are also held during the quarterly resident meetings. These</p>

		meetings are facilitated by the diversional therapist/duty manager. All five residents and one 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. Rooms were single occupancy with the exception of two double rooms. Appropriate consents have been gained for the sharing of double rooms and privacy is maintained. 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 interviewed report that their 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. Residents who identify as Māori 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. 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</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. 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. The families interviewed also confirmed that they were involved in the development of the resident's plan of care.</p>

beliefs.		
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</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 all five staff files randomly selected for review (one RN, one cook, two caregivers, one duty manager/diversional therapist). Interviews with staff (two caregivers, one RN, one cook, one duty manager/diversional therapist) 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>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>Evidence-based practice is promoted to encourage good practice. One registered nurse is on site from 9am – 4pm five days a week and is 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 a range of specialty services (eg, 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 on-site. 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 member interviewed expressed their satisfaction with the care delivered.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>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 duty manager and RN confirmed family are notified following changes in health status. The family member 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 (link to finding 1.3.1.4). The information pack is available in large print and can be</p>

		read to residents who are visually impaired.
<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>Kolmar Lodge provides care for up to 26 rest home level residents and on the day of audit there were 22 residents at the facility. It is one of three aged care facilities owned by two directors and was purchased in 2006. In addition to the Aged Residential Care (ARC) contract, the facility holds a Long Term Chronic Support (LTCS) contract with the DHB. There were five 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 period that includes a building maintenance programme. A duty manager (non-clinical) reports to the directors and is supported by a registered nurse (RN). The registered nurse has appropriate experience to meet the clinical needs of the residents.</p> <p>The duty manager has been in post for five years and works on a full-time basis across the three facilities. The majority of her time is at Kolmar Lodge. She is a qualified diversional therapist and in addition to her responsibilities as duty manager, she is responsible for oversight of the activities programme at all three facilities.</p> <p>The duty manager and both directors have maintained at least eight hours annually, of professional development activities related to managing an aged care facility. The RN has also maintained at least eight hours annually of professional development activities related to her clinical role.</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 duty manager is supported by the directors (non-clinical) in her absence and the RN is supported by an RN from the directors' other aged care facility.</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</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.</p>

<p>continuous quality improvement principles.</p>		<p>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. Monthly accident/incident reports, infections and results of internal audits are completed. 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, including quarterly resident meetings. Issues arising from internal audits are documented and actioned 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 for all three aged care facilities. Staff accidents/incidents and identified 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 access to sensor mats if necessary.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>The service collects incident and accident data and reports aggregated figures bi-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 and is notified by caregivers of incidents after hours.</p> <p>Ten incident forms were reviewed and all were completed appropriately. The five residents' files reviewed demonstrated all documented accident/incident forms for that resident 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 duty 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</p>	<p>FA</p>	<p>There are human resources policies to support recruitment practices. The RN's practising certificate was 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</p>

<p>requirements of legislation.</p>		<p>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. The RN is enrolled to attend InterRAI training. In the meantime, the RN from the directors' other aged care facility, located in the same suburb, is able to complete InterRAI assessments.</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>	<p>FA</p>	<p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery, meeting contractual requirements. In addition to the rest home residents, the facility operates a day care programme where a maximum of three residents are on-site from 9am – 3pm, five days a week.</p> <p>A duty manager is on-site approximately 20 – 30 hours per week. The remainder of her time is spent at the other two aged care facilities owned by the directors. A full time RN is on-site Monday – Friday from 9am – 4pm. The RN is on-call when not on-site. Caregiving staff are also responsible for cleaning and laundry. An activities coordinator is rostered Monday – Friday with the caregivers responsible for 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. An initial care 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. 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. Individual resident files demonstrate service integration including records from allied health professionals and specialists involved in the care of the 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</p>	<p>PA Low</p>	<p>There is an admission policy and an admission procedure. There is a welcome 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</p>

<p>facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>		<p>is required prior to entry to the rest home. The duty manager stated there is good liaison and communication with the needs assessors, social worker, mental health team, GP's and nurse practitioner.</p> <p>The admission agreement reviewed does not align with the ARC contract.</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 guidelines.</p>	PA Low	<p>Medication policies meet the required legislative requirements for safe medicine management. The RN and caregivers administer medications. Staff responsible for administering medications have completed an annual medication competency and attended annual medication education. The RN checks medications on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. Standing orders have been reviewed annually. Three self-medicating residents have had self-medication assessments completed and reviewed three monthly. The medication fridge is monitored daily.</p> <p>The 10 medication charts sampled included photo identification and allergies. All medication charts sampled showed evidence of being reviewed by the GP three monthly. Not all medication charts reviewed identified correct prescribing of 'as required' medications.</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>	FA	<p>All food is cooked on site. There is one main kitchen and a smaller kitchenette located closely to the second smaller dining room. There is a qualified cook on during the day and a tea cook prepares the tea. There is a four week menu in place reviewed by the dietitian. The cook receives a dietary profile for each resident and is notified of any dietary changes. There is a dislikes and special dietary requests list. The menu includes a vegetarian and pacific island menu. Diabetic desserts are provided Alternatives are offered for resident dislikes.</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.</p> <p>Residents and family interviewed spoke positively about the meals and home baking. Resident</p>

		<p>meetings provide an opportunity for resident feedback on the meals.</p> <p>The food services staff have completed food safety and hygiene training.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>The 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>	FA	<p>Initial assessments are completed on admission and reviewed six monthly or earlier due to health changes. The outcome of risk assessment tools (as identified) are used to form the basis of the care plan. One new admission is not yet due for completion of the three week InterRAI assessment. The initial InterRAI assessment is scheduled to be completed for residents as their six monthly review falls due.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>The care plan describes the resident needs and care interventions required to support the resident's independence and wellbeing. The long-term care plan includes allied health input into care of the resident. Care plans are readily available for caregivers. Caregivers interviewed were knowledgeable about individual resident cares. 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>The service uses a short-term care plan to document the treatment and management of short-term needs.</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</p>	FA	<p>When a resident's health status changes the registered nurse will review the resident and if required refer to the GP or nurse specialist for a consultation. There is documented evidence of family notification when a resident's health status changes. Relatives stated that they are notified promptly of any changes to the resident's health. Residents state their needs are being met.</p> <p>There are adequate dressing supplies available as required. Wound assessment and ongoing</p>

outcomes.		<p>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 RN could describe the referral process for wound or continence management advice. Monitoring forms are in use for weight management, behaviours 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>	FA	<p>The activity coordinator (also a caregiver) is employed for 25 hours per week Monday to Friday. Caregivers coordinate activities in the weekends. The company registered diversional therapist oversees the activity programme across the three directors' aged care facilities.</p> <p>The activity programme is planned a month in advance. The range of activities meets the recreational preferences and individual abilities of the residents. 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. Residents enjoy participating in household chores. Entertainers visit the home regularly.</p> <p>Each younger person in the service has an individual activity plan that identifies their recreational preferences, key workers (as applicable) and their community links.</p> <p>The activity coordinator completes an activity assessment on admission. Each resident has an individualised activity plan incorporated into the long-term care plan which is reviewed six monthly.</p> <p>Resident meetings are held three monthly and 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>	FA	<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 RN completes a six monthly review with input from the care staff and resident/relative. The GP completes a resident three monthly review.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p>	FA	<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 RN and duty manager</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>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 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>	<p>FA</p>	<p>The building holds a current warrant of fitness, which expires on 16 March 2016. Reactive and preventative maintenance is carried out. The maintenance person (also a health and safety representative), oversees the maintenance for three facilities under the same company. 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.</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, seating and shade. There is a designated resident smoking area.</p> <p>Care staff stated that they have all the equipment referred to in care plans to provide safe and timely 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</p>	<p>FA</p>	<p>There are adequate numbers of communal toilets and showers in each wing. There are engaged/vacant signs on the doors. The majority of bedrooms have hand basins. Residents interviewed confirm privacy is maintained at all times.</p>

requirements or receiving assistance with personal hygiene requirements.		
<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	Bedrooms are single with the exception of two double rooms. The rooms are spacious enough for the resident to easily manoeuvre around with 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 one large lounge, a smaller lounge and sunroom available for activities, quiet time or visitors. There are two dining areas 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 lounges.
<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	There is a cleaning policy and cleaning schedules in place. Personal protective equipment is available in 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. 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>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, 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.</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>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,</p>

		<p>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 gas heating in communal areas and individual oil filled heaters in rooms.</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 coordinator is an RN who has been in the role less than a year. The infection control coordinator reports 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>Infection control is managed by the infection control coordinator and infection control committee representatives. The infection control coordinator completed the ministry of health on-line infection control course. 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</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 February 2015 by a contracted aged care consultant. The service is notified of any changes/reviewed policies.</p>

implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.		
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The infection control coordinator is responsible for coordinating/providing education and training to staff. Infection control education occurs annually. All newly appointed staff receives infection control education on orientation. Hand hygiene competencies 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>	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. 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</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>There are policies around restraints and enablers including definitions. The RN 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 understand 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 1.3.1.4</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 five admission agreements sighted had all been signed within the required timeframes. Exclusions from the service has been included in the admission agreement.	The schedule of charges attached to the admission agreement do not align with the ARC provider responsibilities. There was no evidence that the residents had been charged for any services that are included in the ARC contract.	<p>Ensure that the schedule of charges in the resident admission agreement aligns with the ARC contract.</p> <p>90 days</p>
<p>Criterion 1.3.12.1</p>	PA Low	The pharmacy generated medication charts meet the legislative requirements for regular	The were no indications for use for 'as required' medications on	Ensure all 'as required'

<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>		<p>medications. Dates and times of administration of medications correspond with the medication chart. The date and time was recorded for 'as required' medications. 'As required' medication orders were fully complete for six of ten charts reviewed.</p>	<p>four of 10 medication charts sampled including GTN spray, salbutamol (two) and lorazepam.</p>	<p>medications charted have an indication for use recorded.</p> <p>90 days</p>
--	--	--	--	--

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.