

Scovan Healthcare Limited - Alexander House

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:	Scovan Healthcare Limited
Premises audited:	Alexander House
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 26 November 2015 End date: 26 November 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:	19

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

Alexander House rest home is privately owned and operated by experienced owner/managers for eight years. The service is certified to provide rest home level of care for up to 20 residents. On the day of the audit there were 19 residents.

This certification audit was conducted against the Health and Disability Standards and the contract with the District Health Board. This audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management and staff.

One of the owner/managers is a registered nurse and responsible for the daily operations of the business and clinical care of the residents. She is supported by a part-time registered nurse and a stable workforce.

Residents and relatives commented positively on the standard of care and services provided at Alexander House.

This certification audit identified an improvement required around job descriptions, essential notifications, documented interventions and three monthly medication chart reviews.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Alexander House provides care that focuses on the individual residents. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is visible within the facility. Policies are being implemented to support residents' rights and assessment and care planning includes individual choice. Staff training is provided on resident rights including advocacy services. There is a Maori health plan to support practice and individual values are considered during care planning. Complaints processes are implemented and there is a complaints register. Residents and family members interviewed verify ongoing involvement with community groups and confirm visiting can occur at any time.

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.		Some standards applicable to this service partially attained and of low risk.
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Alexander House has a 2014-2016 business plan and a quality assurance and risk management plan that outlines objectives for the next two years. The quality framework includes regularly reviewed policies, an internal audit programme and a health and safety programme that includes hazard management. Quality data is collated and reported to staff at the bi-monthly staff meetings.

Residents and relatives are provided the opportunity to feedback on service delivery issues at monthly meetings and via annual satisfaction surveys. There is an annual in-service programme that has been implemented for the year and staff are supported to

undertaken external training. There is an annual performance appraisal process in place. The service has a documented rationale for determining staffing and caregivers report staffing levels is sufficient to meet resident needs.

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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Entry to the service is managed by the owner/manager/registered nurse. There is comprehensive service information available. Initial assessments, care plans and evaluations are completed by the registered nurses. InterRAI assessments are in use for all residents. Care plans are reviewed within the required timeframes. Care plans demonstrate allied health involvement in the care of the resident. Residents and relatives confirmed they were involved in the care planning and review process. General practitioners reviewed residents at least three monthly or more frequently if needed.

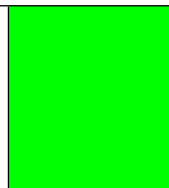
An activity coordinator provides an activity programme that meets the resident's individual recreational preferences. Residents are encouraged to maintain community links.

Medication policies are in line with legislation and guidelines. All staff who administer medications have completed an annual medication competency and medication education.

Meals are prepared on site. The menu is varied and appropriate. Individual dietary needs are catered for. Alternative options are provided. Residents and relatives interviewed were complimentary about the food service.

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 building has a current warrant of fitness and emergency evacuation plan. There is a reactive and planned maintenance schedule in place. Chemicals are stored safely throughout the facility. There is sufficient space to allow the movement of residents around the facility using mobility aids. There are sufficient lounge and dining areas throughout the facility. The internal areas are able to be ventilated and heated. The outdoor areas are safe and easily accessible. Cleaning staff is providing appropriate services. Staff have planned and implemented strategies for emergency management.

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.

The restraint policy includes the definitions of restraint and enablers. The policy includes comprehensive restraint procedures. Interviews with caregivers confirm their understanding of restraints and enablers. Enablers are assessed as required for maintaining safety and independence and are used voluntarily by the residents. On the day of audit, the service had no residents using restraint or enablers.

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 co-ordinator is the nurse/manager registered nurse. There is a suite of infection control policies and guidelines that meet infection control standards. Staff receive annual infection control education.

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	41	0	4	0	0	0
Criteria	0	89	0	4	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 Services Consumers' Rights (the Code) is prominently displayed in the facility. The service provides families and residents with information on the Code on entry to the service. Staff interviewed were aware of consumer's rights and were able to describe how they incorporated consumer rights within their service delivery. Four residents and three family members commented positively on the way staff showed respect of all aspects of the residents Code of Rights. Interviews with two caregivers reflected their understanding of the key principles of the Code.</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>Informed consent processes are discussed with residents and families on admission. Written general consents including photographs and outings were sighted in the five resident files reviewed. The admission agreements sighted were signed on admission. The caregivers and the owner/manager confirmed verbal consent is obtained when delivering care. Resuscitation forms have been appropriately signed. Discussion with family members identified that the service actively involves them in decisions that affect their relative's lives.</p>

<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>There is a policy that describes access to advocacy services. Staff receive training on advocacy. Information about accessing advocacy services information is available in the entrance foyer. This includes advocacy contact details. The information pack provided to residents at the time of entry to the service provides residents and family/whānau with advocacy information.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Residents are encouraged to be involved in community activities and maintain family and friends networks. On interview all staff stated that residents are encouraged to build and maintain relationships. All residents interviewed confirmed that relative/family visiting can occur at any time.</p> <p>Residents are encouraged to be involved in community activities and maintain family and friends networks. On interview all staff stated that residents are encouraged to build and maintain relationships. All residents interviewed confirmed that relative/family visiting can occur at any time.</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>Alexander House has a complaints policy that describes the management of complaints process. Information about complaints is provided on admission. Interview with residents demonstrated an understanding of the complaints process. Staff interviewed were able to describe the process around reporting complaints. There is a complaints register. Verbal and written complaints were documented. There have been four complaints in 2015 (year to date). All four complaints reviewed had noted investigation, timeframes, corrective actions when required and resolutions. Discussions with residents and relatives confirmed that any issues are addressed and they feel comfortable to raise any concerns.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>There are posters of the code of rights on displayed throughout the facility. On entry to the service residents receive an information pack that includes, code of rights and complaints information and a service agreement. A pre-entry brochure advertising the service is also included in the information folder provided to new residents. Staff stated they take time to explain the rights to residents and their family members. There are monthly residents' meetings during which resident rights and how to make a complaint are discussed.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And</p>	FA	<p>Residents were seen to be treated with dignity and respect. Privacy is ensured and independence encouraged. Discussions with residents and relatives were positive about the service in relation to</p>

<p>Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>		<p>their values and beliefs being considered and met. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. There is a policy on abuse and neglect and staff have received training.</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 has established cultural policies to meet the cultural needs of its residents. There is a Maori health plan and ethnicity awareness policy. Staff training includes cultural awareness. The service identifies opportunities to involve family/whānau for all residents as a key component of their cultural needs assessment and care plan development. The service has a linkage to a local Maori advisor for support as required. Currently there are no residents who identify as Maori in the facility.</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 values on admission in consultation with the resident, family and/or their representative. Individual cultural values and beliefs are incorporated into the residents' care plans. Residents and family members reported they were satisfied their cultural and individual values were being met.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>The facility has a staff code of conduct which states there will be zero tolerance against any discrimination occurring. Job descriptions include responsibilities of the position, ethics, advocacy and legal issues (link 1.2.7.2). Interviews with caregivers confirmed their understanding of the boundaries of their role and responsibilities. The abuse and neglect processes covers harassment and exploitation. The orientation provided to staff on induction includes standards of conduct. Staff have attended ongoing education and training in abuse and neglect.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>Services are provided at Alexander House that adhere to the health & disability services standards. There is a quality framework that includes monitoring of policies and practice to ensure they reflect current best practice. Staff meetings include discussion on service delivery, best practice, quality information and clinical practice. Staff are supported to attend on-site and external training and education.</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>Residents and family state the service provides an environment that encourages open communication. There is an admission pack with a wide range of information regarding the services available. There are resident monthly meetings where any concerns/issues are able to be discussed. Family/whānau are encouraged to attend resident meetings if they wish. Staff at the service wear name badges that identify them to residents. There is an interpreter's policy with access to interpreters if required.</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>Alexander House is a 20 bed rest home. On the day of the audit there were 19 residents. The manager/owner has developed a 2014-2016 business plan that includes goals, key objectives, strategic direction and quality improvement and risk management. Progress towards goals is managed through audits, six monthly management (quality) meetings and reported through to the bi-monthly staff meetings. Alexander House is one of two facilities owned by the two owner/managers for eight years. The service is operated and managed by one of the manager/owners who is a registered nurse experienced in aged care. She is supported by an RN who has been at the facility for 10 years. The part time RN works eight hours (one day) a week and is flexible to increase hours as required. The RN was not available on the day of the audit. The manager/owner has completed ongoing training appropriate to her position.</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 part-time RN provides cover in the absence of the owner/manager such as the managers six weekly day visit to the second facility. The owner/manager/RN and the RN share the on-call requirement. Alexander House has policies to guide practice in service delivery.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality</p>	FA	<p>Alexander House has a documented quality assurance and risk management plan that is in place. The plan includes objectives for the year and methods of measurement. The quality framework includes: policies that guide practice that are reviewed two yearly, an internal audit programme that aligns with the business plan and a health and safety programme that includes hazard management. Quality data is discussed at six monthly quality meeting and reported to the bi-monthly staff meetings. Resident/relatives meetings occur monthly (minutes viewed). Residents</p>

improvement principles.		<p>interviewed were aware meetings are held.</p> <p>Annual surveys are conducted of residents and relatives. All residents and relatives interviewed stated they are regularly asked for feedback regarding the service. At the time of audit resident and relative feedback indicated a high level of satisfaction with the service.</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>	PA Low	<p>There is an accident/incident reporting policy. The service collects a comprehensive set of data relating to adverse, unplanned and untoward events. This includes the collection of incident and accident information that is part of the quality framework. Accident/incident forms are collated monthly. Issues and trends are reported to staff via the bi-monthly staff meetings. Relevant authorities were not notified following one incident involving police (link 1.3.6.1).</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>	PA Low	<p>There are policies and processes to guide practice around recruitment and human resources management. There are job descriptions for all positions that include responsibilities and accountabilities however signed copies were not available in the five staff personnel files reviewed. Professional annual practising certificates are maintained. The service has a training policy and schedule for in-service education and training records are maintained.</p> <p>Appointment recruitment documentation was seen on the staff including signed contracts, orientation, training and reference checking. There is an annual appraisal process in place and appraisals were current in files reviewed.</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. Care staff reported that staffing levels and the skill mix was appropriate and safe. The service has a staffing levels policy implemented, which determines that the manager/owner or the RN will be on-call at all times. New staff are rostered on duty with an experienced staff member during the orientation phase of their employment.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely</p>	FA	<p>There are policies to guide practice. All resident files are stored securely away from public access. Resident records are integrated and support the provision of care. Files include care and support information for residents. Care plans are signed and dated by the RN. Progress notes are legible</p>

identifiable, accurately recorded, current, confidential, and accessible when required.		and signed and dated appropriately.
<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	The service has admission policies and processes in place. All potential residents are needs assessed prior to admission for approval of rest home level care. Residents receive an information pack outlining services provided including the admission process and entry to the service. The owner/manager/registered nurse screens all potential residents prior to entry. Residents (four) and relatives (three) confirmed they received information prior to admission and had the opportunity to discuss the admission agreement with the owner/manager. The admission agreement in use aligns with the requirements of the ARC contract. Exclusions from the service are included in the admission agreement.
<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	There are policies in place to ensure the discharge of residents occurs correctly. Residents who require emergency admissions to hospital are managed appropriately and relevant information is communicated to the receiving service. The provider ensures appropriate transfer of information occurs. Relatives confirmed they were kept well informed about all matters pertaining to residents, especially if there is a change in the resident's condition.
<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>There are medication policies in place that meet the MOH medication management guidelines. Caregivers and the RNs have complete annual medication competencies and attended medication education. All medications are checked by the RN on delivery and any discrepancies fed back to the pharmacy. Standing orders are not used. There was one self-medicating resident on the day of audit. A self-medication competency had been completed and reviewed three monthly. Signing administration sheets corresponded with the medication charts.</p> <p>Ten medication charts reviewed had photographs and allergy status identified on the charts.</p> <p>Six of 10 medication charts had not been reviewed three monthly by the GP.</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</p>	FA	<p>The kitchen has recently been renovated including new cabinets, appliances, flooring and includes a new servery adjacent to the dining room. All meals and baking are cooked on site. The cooks have completed food safety and hygiene units and chemical safety training.</p> <p>There is a food services manual in place to guide staff. The four weekly summer menu has been</p>

<p>this service is a component of service delivery.</p>		<p>reviewed by a dietitian October 2015. A resident nutritional profile is developed for each resident on admission. The cook is notified of residents dietary preferences including likes and dislikes. Residents interviewed stated their dietary needs are accommodated including alternative options.</p> <p>The temperatures of refrigerators, freezers and cooked foods are monitored and recorded weekly. All food was stored appropriately and dated.</p> <p>Residents and relatives commented positively on the quality and variety of food served. There is an opportunity to provide feedback and meal suggestions through the resident meetings and surveys.</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 records the reason for declining service entry to residents should this occur, and communicates this decision to residents/family. Potential clients declined entry are referred back to the referring agency for appropriate placement and advice.</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>All appropriate personal needs information is gathered during admission in consultation with the resident and their relative where appropriate. Relevant assessment tools were completed and the outcome of assessments formed the basis of the care plan. InterRAI assessments have been completed for all residents on admission and with the six monthly care plan reviews or earlier for a change to a resident's health condition in files sampled. The manager/RN completed interRAI when training was first commenced for RNs.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>Initial care plans were completed in the resident files sampled. Long term care plans had been completed for four of five resident files reviewed. One resident had not been at the service long enough for a review. The care plans are individualised and documented the resident care and support needs. The long term care plans reviewed described the support required to meet the resident's goals and needs and identified allied health involvement. Short term care plans are in use for changes in health status. Caregivers reported the care plans contained all the information required to deliver safe and timely care.</p> <p>Residents and relatives confirmed they were involved in the care planning and review process. There was documented evidence of resident/relative involvement in care planning.</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>PA Low</p>	<p>When a residents condition changes the RN initiates a GP visit or nurse specialist consultation. Short term care plans are developed for the management of short term needs and changes in a resident's health status. Not all interventions for short term needs had been documented. There is evidence of relative notification of health status changes as documented on the family communication form.</p> <p>Staff have access to sufficient medical and dressing supplies. Sufficient continence products are available and resident files include a continence assessment and plan. Specialist continence and wound advice is available as needed and nurse initiated referrals could be described.</p> <p>Wound assessments, monitoring and wound management plans are available for use. There were no wounds on the day of audit.</p> <p>There are monitoring and observations forms and charts in place. The service developed a blood pressure and weight graph that is presented at the GP three monthly visits for easy identification of trends, changes to health status.</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 service employs an activities coordinator for 17.5 hours Monday to Friday. The activity coordinator attends monthly local diversional therapy meetings and all on-site education. The weekly programme includes a variety of activities that meets the recreational preferences and abilities of the residents. Residents were observed participating in activities throughout the audit day.</p> <p>There are twice weekly entertainers, weekly visiting canine friends, weekly van outings and fortnightly church services. Residents are encouraged to maintain community links with activities such as shopping, café visits and attending community clubs and groups. The ladies group are involved in knitting for charities.</p> <p>Resident meetings provide residents with an opportunity to provide feedback on the activity programme.</p> <p>The activity plans were reviewed at the same time as the clinical care plans in resident files sampled.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are</p>	<p>FA</p>	<p>Care plans reviewed were updated as changes were noted in care requirements in three of five resident files reviewed (link 1.3.6.1). Four of five long term care plans had been evaluated six</p>

<p>evaluated in a comprehensive and timely manner.</p>		<p>monthly. There were written evaluations that evidenced multidisciplinary input into the review process. Relatives confirmed they are involved in the care plan review. The GP reviews the resident at least a three monthly. Short term care plans were evaluated and resolved or added to the long term care plan if the problem is on-going.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	<p>FA</p>	<p>The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. The manager/RN initiates referrals to nurse specialists and allied health services. Other specialist referrals were made by the GP. Referrals and options for care were discussed with the family as evidenced in interviews and medical notes. The manager/RN provided examples of where a resident's condition had changed and the resident was reassessed.</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 are implemented policies in place to guide staff in waste management. Staff interviewed were aware of practices outlined in relevant policy. Gloves, aprons, and goggles are available and staff were observed wearing personal protective clothing while carrying out their duties. Infection prevention and control policies state specific tasks and duties for which protective equipment is to be worn. Chemicals sighted were labelled correctly and stored safely throughout the facility. Safety data sheets are available.</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 29 June 2016. Electrical equipment has been tested and tagged. Medical equipment has been calibrated. The building is of a villa style that has been well maintained. One of the owners is responsible for the reactive and planned maintenance. There is a documented renovation programme that includes ongoing refurbishment. Hot water temperatures are monitored and recorded below 45 degrees Celsius. The facility has sufficient space for residents to mobilise safely using mobility aids. The external areas are well maintained. Residents have access to safely designed external areas that have seating and shade. There is a designated area for residents who smoke. Staff stated they had sufficient equipment to safely deliver the cares as outlined in the resident care plans.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p>	<p>FA</p>	<p>There are an adequate number of communal toilets and shower/bathing areas for residents in each of the three wings. All bedrooms have hand basins. Two bedrooms have a shared ensuite. Toilets</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.		and showers have privacy slide signs in place. Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares.
Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.	FA	All residents rooms are of an appropriate size to allow care to be provided and for the safe use of mobility aids. Residents are encouraged to personalise their bedrooms as sighted during the tour of the facility.
Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.	FA	There is a large main lounge used for activities and a smaller lounge quiet time or visitors communal areas include the lounge and separate dining area. The communal areas are easily and safely accessible for residents. There is a separate dining room. All communal areas are easily accessible. The outdoor area is safe and easily accessible.
Standard 1.4.6: Cleaning And Laundry Services Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.	FA	The facility employs a hygiene technician for four hours Monday to Sunday. Cleaning products are supplied by a chemical provider. Chemicals are stored safely when not in use. The standard of cleanliness is monitored through the internal audit programme. Residents and relatives interviewed were satisfied with the standard of cleanliness in the facility. All personal clothing and laundry is done on site by the hygiene technician and HCAs. The laundry is well equipped and is divided into a laundry room and clean folding/linen room. Residents and relatives interviewed were satisfied with the laundry service.
Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during	FA	The service has an approved evacuation plan dated 25 May 2007. Six monthly fire drills are held the last one being July 2015. There is at least one first aider on duty at all times. There is an emergency plan and disaster preparedness policies and procedures. Adequate water store, food supply, barbeques and civil defence equipment available in the event of an emergency. The call

emergency and security situations.		bell system is available in all bedrooms, bathrooms and communal areas. A hand bell in the lounge is easily heard throughout the facility. The facility is secure afterhours.
Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.	FA	General living areas and resident rooms are appropriately heated and ventilated. All rooms have external windows allowing plenty of natural sunlight.
Standard 3.1: Infection control management 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.	FA	The infection control coordinator is the part-time registered nurse. The infection control coordinator job description defines the responsibility for infection control within the service. The infection control coordinator provides a monthly report to governance (owners) and staff meetings. The infection control programme has been reviewed annually. Visitors are asked not to visit if they are unwell. Influenza vaccines are offered to residents and staff. There are hand sanitizers throughout the facility and adequate supplies of personal protective equipment. There have been no outbreaks.
Standard 3.2: Implementing the infection control programme There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.	FA	Infection control is managed by the infection control coordinator who has been in the role three years. The infection control coordinator attended external education on outbreak management in March 2015. The infection control coordinator has access to infection control personnel within the district health board and an external infection control consultant, laboratory services and the GP.
Standard 3.3: Policies and procedures Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available	FA	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 have been reviewed October 2015.

and are 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 infection control and prevention education and training for staff on orientation and annually. Staff complete hand hygiene audits.</p> <p>Resident education occurs at resident meetings at other times 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. Definitions of infections are in place appropriate to the complexity of service provided. The infection control coordinator collects the infection rates each month, identifies trends and uses the information to initiate quality activities within the facility including training needs. Care staff interviewed were aware of infection rates and infection control practice. Six monthly internal infection control audits.</p> <p>Systems are 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 is a documented definition of restraint and enablers which is congruent with the definition in NZS 8134.0. The policy includes restraint procedures. The policy identifies that restraint is used as a last resort. There were no enablers or restraints in use on the day of audit. The approval group has terms of reference that defines responsibilities of the approval group members. Staff complete restraint and challenging behaviour education including questionnaires.</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 1.2.4.2</p> <p>The service provider understands their statutory and/or regulatory obligations in relation to essential notification reporting and the correct authority is notified where required.</p>	PA Low	<p>There has been one missing person incident reported through the incident/accident process. The incident was reported immediately to the owner/manager and correct procedures for missing persons followed. The resident wears a GPS watch, however this was unavailable on the day of the incident due to being repaired. The police were notified and the resident was returned safely to the facility. The documentation following the incident has been completed. The GP and family were notified. There have been no further incidents.</p>	<p>The police were involved in the search for the missing resident. The district health board had not been notified of the incident or a section 31 form.</p>	<p>Ensure relevant authorities are notified for incidents where required.</p> <p>90 days</p>
<p>Criterion 1.2.7.2</p> <p>Professional qualifications</p>	PA Low	<p>There are job descriptions in the policy manual for all positions that include responsibilities and accountabilities.</p>	<p>There were no signed job descriptions in staff files</p>	<p>Ensure that signed job</p>

are validated, including evidence of registration and scope of practice for service providers.		There were no signed job descriptions in staff files reviewed.	reviewed.	descriptions are kept in staff files. 90 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	The prescribing of medications met legislative requirements. As required medications included an indication for use. Six of four medications charts identified the GP had reviewed the medication chart at least three monthly.	Four medication charts did not have documented evidence that they had been reviewed three monthly.	<p>Ensure medication charts are reviewed at least three monthly by the GP.</p> <p>60 days</p>
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>	PA Low	Residents and family members confirm care delivery and support is consistent with their expectations.	There were no documented interventions for two residents with changes to health status. There were no documented interventions for; a) one resident with exacerbation of pain requiring GP intervention, and b) post incident interventions and management for one resident who wandered from the facility.	<p>Ensure documented interventions reflect the resident's current health status.</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.