

# Brujen Investment Trust - Hutton Park & Kenderdine Park

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## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** Brujen Investment Trust

**Premises audited:** Hutton Park||Kenderdine Park

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 15 December 2015      End date: 16 December 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:** 46

# Executive summary of the audit

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## 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

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

## General overview of the audit

Brujen Investments Limited owns both Kenderdine Park and Hutton Park rest homes. They are licenced for 63 rest home beds over the two sites and on the days of audit the number of residents was 46.

This certification audit was conducted against the Health and Disability Services Standards and the provider's contract with the district health board. The audit process included the review of policies and procedures, the review of staff files and patients' files, observations, and interviews with residents, families/whānau, management, staff and a general practitioner. Feedback from residents and families/whānau members was positive about the care and services provided.

There are no areas identified for improvement as part of this audit.

## Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Staff interviewed demonstrated good knowledge and practice of respecting residents' rights in their day to day interactions with residents. The management and registered nurses are fully informed of the obligations of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). All new staff receive education on the Code during the orientation process and this is on-going. Advocacy and interpreter services are available if needed.

There are no known barriers to Maori residents accessing either of the two services. Services are planned to respect and acknowledge the individual culture, values and beliefs of the residents. A cultural advisor is available if and when required.

Written informed consents are obtained from each resident, family/whanau, enduring power of attorney (EPOA) as required. Signed informed consent forms were sighted in all residents' records reviewed at both sites.

Linkages with family/whanau and the community are encouraged and maintained.

The service has a documented complaints management system which was implemented. There are no open complaints requiring action.

## 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.

Brujen Investments ensure that business and strategic planning is in place to cover all aspects of service delivery. The business plan is personalised to the individual sites and ensures the services offered meet residents' needs. Regular quarterly reporting against business and quality goals occurs to show how the service is progressing. Overall management of each facility is undertaken by the manager with clinical care being overseen by a registered nurse. Residents are receiving safe services that are well managed, planned and coordinated. Residents and their relatives reported being very satisfied with the care and services being provided.

Quality and risk management systems are coordinated by a quality team overseen by the manager. There is effective and integrated monitoring of all service delivery areas. The service is managing health and safety and risk matters in accordance with current best practice and legislation. There have been no serious adverse events. The event reporting system is well established, effective and known by staff.

Systems for human resource management are established. Service providers engage in ongoing training related to the care of the older person. Education records are maintained. The education programme is available for 2016.

Resident records are up-to-date, meet all legislative requirements and there is clear evidence of service integration. Confidentiality is maintained by staff.

Recruitment, selection and management of staff meets the requirements of these standards.

## Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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Pre-admission information clearly and accurately identifies the services offered. The service agreements are signed and dated appropriately on admission.

Services are provided by suitably qualified and skilled staff to meet the needs of the residents at both rest homes. The interRAI assessment process is being implemented. Timeframes for development of the long term care plans are met. When there is a change in the resident's needs, a short term care plan is developed and implemented to reflect this. Evaluations of the care plans occur six monthly, or when a significant change occurs, they are updated immediately. Continuity of care and team work is promoted at all times at both rest homes.

The general practitioner covers both services and reviews all residents medically within the required timeframes and more frequently if required. Referral to other health and disability services is planned and coordinated. Processes are in place should a transfer to the DHB be required.

The services share a diversional therapist who has developed and implemented an activities programme to meet the individual social and recreational needs of the residents at both facilities. Residents are encouraged to maintain links with their family/whanau and the community.

A safe medication system was observed at both sites. Staff responsible for medicine management have completed annual competencies. The medication management is overseen by the registered nurse at each facility.

Residents` nutritional requirements are met effectively by each service with preferences, likes and dislikes and special diets being catered for appropriately. The services employ experienced staff to prepare the meals from a four week rotating menu plan for summer/winter. The menu has been reviewed by a registered contracted dietitian.

## Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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There are documented emergency management response processes which are understood and implemented by the service providers. This includes protecting residents, visitors and staff from harm as a result of exposure to waste or infectious substances.

The buildings have current building warrants of fitness and the service has an approved fire evacuation plan. Medical and electrical equipment is checked to meet legislative requirements.

The facilities meet residents' needs with the provision of appropriate furnishings, single bedrooms, adequate toilet, bathing, hand-washing, and dining and relaxation areas. The service has a long term maintenance plan and ongoing reactive maintenance.

The facilities are appropriately heated and ventilated. The outdoor areas provide suitable furnishings and shade for residents' use.

## 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.

At the time of audit there is one enablers in use. Restraint approval and assessment processes are known to staff. Staff undertake annual education related to restraint minimisation and they have a clear understanding of the difference between enablers and restraints. Restraint would only be used for safety reasons.

## 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 prevention and control management system is appropriate for the nature of these two services, each providing rest home level care. The programme is reviewed annually. Infection prevention and control reduces the risk of infections to residents,

staff family/whanau and visitors. The policies and procedures reviewed reflected current good practice. Education is provided to all clinical and non-clinical staff, and residents, when appropriate.

The infection control surveillance programme is managed monthly by the registered nurse at each facility. Infection data is collated, analysed and trended. Comparison with previous data occurs. Where any trends are identified actions are implemented to reduce infections. The infection surveillance results are reported at the staff meetings held regularly.

## 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)
<b>Standards</b>	0	45	0	0	0	0	0
<b>Criteria</b>	0	93	0	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

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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
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	<p>The services have a documented infection control programme which is reviewed annually. The programme is signed off by the director. The infection control programme aims to minimise risk of infections to residents, staff, family/whanau and visitors to the facility.</p> <p>The registered nurses are each responsible for the implementation of the programme at their respective rest homes. A job description is available which provides the accountability and responsibilities of the role. The registered nurses monitor all infections, using standardised definitions to identify infections appropriately. Each carry out surveillance monitoring of organisms, related to antibiotic use. Monthly records are maintained and these were reviewed at each facility. Infection control is presented at the staff meetings.</p> <p>The registered nurses were interviewed at each site. The director and the manager supported the programme and had a good understanding of the early detection of suspected infections. Senior caregivers are skilled and ensure they notify the registered nurses of any concerns when caring for residents. The handover of shifts is also a forum for reporting incidences of infection. Short term care plans are used, for example for wound care and other infections, and fluid balance records are also discussed. The contracted laboratory service sends monthly records of all specimens and infections identified on a monthly basis.</p> <p>A process is identified in policy for the prevention of exposing others to infection. Staff</p>

		<p>interviewed knew when not to come to work and when to return. Signage is available to use at each facility if required. Sanitising hand gel is available at both rest homes visited and there are adequate handwashing facilities for staff, visitors and residents. Infection control advice can be sought from the GP, the laboratory microbiologist or from the DHB infection control nurse specialists. There have been no outbreaks of infections at both sites since the last audit. Guidelines and a pandemic plan are in place should his be required.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The registered nurse at Kenderdine Park has been in this role for approximately one year and the registered nurse at Hutton Park for three and a half months. The registered nurse for Kenderdine Park was previously overseeing the programme across both sites. The registered nurses interviewed have a good understanding of infection prevention and control in a residential aged care facility. Expert advice can be sought from several sources, such as through the contracted laboratory service, the GP or the DHB infection prevention and control team. Education is provided by the registered nurses as per the education programme sighted and shared by both services.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>The infection prevention and control (IC) manual has recently been reviewed. The objectives of the infection control programme are clearly documented.</p> <p>The manual is supported by the IC policies and procedures. Specific infection control areas, such as antibiotic use, methicillin resistant staphylococcus aureus (MRSA) and other antimicrobial screening, wound care management, blood and body spills, cleaning and disinfectant, are covered adequately. Laundry, cleaning and kitchen policies and procedures are developed and implemented specifically for the relevant services provided. Standard precautions are adhered to throughout all areas of service provision.</p> <p>Observations at the onsite audit identified the implementation of infection prevention and control policies and procedures. Staff demonstrated safe and appropriate infection prevention and control practices.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and</p>	FA	<p>All newly employed staff receive infection control education as part of the orientation process. Infection control is also on the education plan each year. This was sighted on the education plan for 2015 and 2016. The registered nurses are responsible for the implementation of the programme and for providing education to the staff at their respective facilities. The training days are planned and displayed on the staff notice board. Education evidence is available and was</p>

consumers.		sighted on the day of the audit.  The clinical and non-clinical staff interviewed at both sites demonstrated good knowledge of infection control. Resident education is conducted as required. Hand hygiene is encouraged by all staff and management.
Standard 3.5: Surveillance  Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	FA	The infection prevention and control surveillance undertaken is the same at both sites audited. The surveillance programme is appropriate for the size of the facilities and nature of these rest home aged care services. All staff are required to take responsibility for surveillance activities as shown in the policy and procedures reviewed. An infection report form is completed as soon as signs and symptoms have been identified, and given to the registered nurse at the respective facility. Monitoring is described in the infection control plan to describe actions taken to ensure residents' safety.  The registered nurses each complete the monthly infection surveillance report for their facility. Monitoring occurs for all urinary tract infections (UTIs), upper respiratory and lower respiratory tract infections, eye infections, wound infections, multi-resistant organisms, diarrhoea, vomiting and other infections as relevant. Risks are minimised by the staff undertaking procedures for residents as needed.  The monthly analysis of the infections includes comparison with the previous month, reasons for the increase or decrease of infections and any action taken to reduce the incidence of infection. The analysis includes a summary that can be fed back to staff at the staff meetings. Minutes of the staff meetings are available and infection control is always on the agenda for each meeting. Ongoing infection prevention and control education often occurs at the staff meetings.
Standard 2.1.1: Restraint minimisation  Services demonstrate that the use of restraint is actively minimised.	FA	The restraint policy and procedure reviewed ensured the use of restraint is actively minimised. There are clear definitions of restraint and enablers. Enablers are only used voluntarily.  Training is provided to all staff on restraint minimisation and safe practice, enabler usage and prevention and/or de-escalation techniques. The management of challenging behaviour policies provided adequate information to guide staff. Only one resident is using an enabler. The restraint register is completed.  Staff interviewed have a good understanding that the use of enablers was a voluntary process along with approval and informed consent processes. A signed consent form is retained in the one resident's record to evidence enabler use. No restraints are currently in use at either of the

		two services audited and this has been the case for approximately three years.
Standard 1.4.1: Management Of Waste And Hazardous Substances  Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.	FA	<p>Policies were sighted to detail how waste is to be segregated and disposed and aligns with current accepted practice, legislation and territorial authority requirements.</p> <p>Chemicals sighted were stored in designated and secure areas. Material safety data sheets detailing actions to take in the event of exposure were sighted for chemicals in use.</p> <p>Appropriate personal protective equipment (PPE) was available on site including disposable gloves, hair covers, aprons, masks and face protection/goggles. Emergency civil defence, isolation and pandemic kits are available with PPE resources. There have been no outbreaks of infection since the last audit. Staff interviewed have a good understanding on this topic and when to wear PPE to minimise risk of exposure to blood and other body fluids and contaminated items/equipment.</p> <p>Staff also advised they would report any adverse exposures to hazardous substances via the incident reporting system.</p>
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	<p>There are shared and single rooms for residents at both facilities. The rooms contained space for the residents, personal possessions and use of mobility devices if required. Residents were sighted mobilising independently inside and outside the rest homes.</p> <p>The staff interviewed advised there was sufficient space for the residents to mobilise and residents and family interviewed confirmed this.</p> <p>The managers interviewed, advised having worked with some of the residents to change the layout of their room as part of the falls prevention strategy adopted at this rest home.</p>
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	<p>There are two separate lounge/television room which can be used for the activities programme in each facility. In addition a separate lounge and sunroom is available.</p> <p>Meals can be served to residents directly from the kitchen into the separate dining room. Residents and their families and/or visitors can use this dining room. There is a comfortable area in the main entrance that is popular for residents to sit during the daytime at Kenderdine Park.</p> <p>Residents and family member interviewed confirmed that there was sufficient space available for residents and support persons to use in addition to the resident's bedroom.</p>

Standard 1.1.1: Consumer Rights During Service Delivery  Consumers receive services in accordance with consumer rights legislation.	FA	<p>Kenderdine Park and Hutton Park rest homes share the same policies and procedures. The consumer rights policy reviewed contains a list of consumer rights that are congruent with the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). The service policy states the Code is displayed and available to residents and monitored to ensure the rights of residents are respected at all times. New residents and family/whanau are given a copy of the Code on admission in the information pack sighted for each facility. The Code was displayed in all service areas in full view of residents, caregivers and visitors to the facilities.</p> <p>Staff receive training on the Code at commencement of employment as part of the orientation process. The staff interviewed, inclusive of the managers of each facility, the two registered nurses, caregivers and allied health professionals demonstrated knowledge on the Code and its implementation in their day to day practice.</p> <p>The Code is available in different languages for residents with English as a second language, as well as English and Maori versions.</p>
Standard 1.1.10: Informed Consent  Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.	FA	<p>The informed consent policy is available to guide staff. The policy is detailed and clearly defines the types of informed consent. Systems are in place to ensure residents, and where appropriate their family/whanau, are provided with appropriate information to make informed choices and informed decisions. The registered nurses interviewed demonstrated a good understanding in relation to informed consent and informed consent processes.</p> <p>Family and residents interviewed confirmed they have been made aware of and understand informed consent processes and that appropriate information had been provided.</p> <p>A multi-purpose informed consent form is utilised by the service provider and a copy is retained in each individual resident's record reviewed. Additional forms, for example for the annual influenza vaccinations, wound photographs and or treatments/procedures, were in the records sighted. Forms were signed and dated appropriately. Full explanations were provided by the registered nurses or the GP as required.</p> <p>The admission agreements were signed and dated by the provider and the resident and/or representative. The manager at Kenderdine Park or the owner director interviewed ensured these were all signed, filed and stored appropriately.</p> <p>The GP is responsible for ensuring competency of residents prior to the signing of any advance directives and reviews are undertaken six monthly. Reviews of health status are documented on</p>

		<p>the multidisciplinary team meeting form available and retained in the individual resident's record.</p> <p>The manager and two registered nurses interviewed reported they receive orientation/induction which covered the principles and practice of informed consent as part of the Code of Rights and provided evidence of understanding of the Code.</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>The advocacy policy is available to guide management and staff. The policy also makes reference to the complaints procedure. All residents have appropriate access to independent advice and support, including access to a cultural and/or spiritual advocate whenever required.</p> <p>A catholic priest visits the residents informally on a regular basis and acts as an advocate if required.</p> <p>Family interviewed reported they were provided with all relevant information regarding access to advocacy services. Contact details of the Nationwide Health and Disability Advocacy Service was displayed and is listed in the information booklets provided for each individual service. The contact details are also documented on the reverse of the Consumers' Rights Pamphlet. Education for staff is conducted as part of the orientation programme and is ongoing and this was evidenced in the education programme, staff records and by staff interviewed.</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 supported and encouraged to access community services with visitors or as part of the planned activities programme. Evidence was seen of this in the activity programme records and reported by residents interviewed.</p> <p>Visitors are able to visit anytime and families interviewed confirmed they are encouraged to visit. A 'visitor's book' was at reception and this was completed by visitors or contractors for health and safety reasons.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints policy details the residents or family member's right to make a complaint. The process for reporting, investigating, documenting and following up the complaint is documented and the timeframes aligned with the requirements of the Code. A complaints form is available. The complaints log is maintained by the manager.</p> <p>The manager advised that there has been one complaint received from the Health and Disability Commissioner (HDC) since the last audit and evidence provided by the facility and HDC showed the complaint had been investigated and no action was required by the HDC.</p>

		<p>All the residents and family member interviewed confirmed an understanding of the complaints process. The residents and family identified they are happy with the services provided.</p> <p>The staff interviewed were aware of their responsibilities in the event a resident made a complaint.</p>
Standard 1.1.2: Consumer Rights During Service Delivery  Consumers are informed of their rights.	FA	<p>A copy of the Code and information about the Nationwide Health and Disability Advocacy Service is provided to the residents and their families on admission. The manager and/or the registered nurse at Kenderdine Park and the registered nurse at Hutton Park go through the Code with the residents during the admission process.</p> <p>The family/whanau members that were available for interview reported that the Code was explained to them on admission. Interviews with residents who were able to provide insight into their care, expressed that they were treated with respect and were happy at the facility.</p> <p>An interpreter policy and an interpreter service is available when and if required through the district health board.</p> <p>Evidence of the Code of Rights being displayed was obvious at both facilities. Staff demonstrated respect towards all residents on the two days of the audit. Staff interviewed fully understood the obligations and impact the Code has for residents receiving health and disability services.</p>
Standard 1.1.3: Independence, Personal Privacy, Dignity, and Respect  Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.	FA	<p>The privacy policy requires the visual privacy and personal space of residents to be observed at all times and that staff facilitate the use of private space for interaction with visitors and significant others as required. The wishes of residents are acknowledged, sexuality and personal rights are upheld, and independence maintained, maximised and encouraged.</p> <p>The families interviewed reported that their relatives were treated appropriately and independence and privacy was respected and maintained.</p> <p>The residents' personal records reviewed indicated that residents received appropriate services to meet their needs, values and beliefs of culture, religion and ethnicity.</p> <p>The families interviewed reported satisfaction with the way the service meets the needs of their relatives. The catholic priest visits both facilities on a regular basis.</p> <p>As observed on the two days of the audit and confirmed during review of the individual resident's randomly selected records, residents receive services to meet their needs. No concerns were raised in relation to abuse and neglect from residents, family, management and staff interviewed.</p>

		Staff have received education and understood their responsibilities and know who they should report to if abuse/neglect was suspected with a resident and/or staff member.
Standard 1.1.4: Recognition of Māori Values And Beliefs  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.	FA	The organisation has a Maori Health Plan which acknowledges the Treaty of Waitangi and states the service will provide appropriate health services for Maori people. The two services are committed to identifying the needs of the residents and ensuring staff are trained and capable of working with all residents in their care. There were no barriers observed for Maori people entering and/or accessing either of the services.  Guidelines are developed and implemented to ensure guidance is available for the provision of culturally safe services for Maori residents. The manager at Kenderdine Park has completed a six week course on cultural awareness and this is evidenced in the staff training records reviewed. There are two Maori residents at Kenderdine Park and no residents currently or staff that identify as Maori at Hutton Park.
Standard 1.1.6: Recognition and Respect of The Individual's Culture, Values, And Beliefs  Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.	FA	The spiritual, religious and cultural policies and procedures are available to guide staff on the correct protocol for ensuring recognition and respect of the individual resident's culture, values and beliefs. A cultural assessment tool is available to ensure the identified needs can be effectively met. The two registered nurses have an understanding of the four corner stones of Maori Health. These components are blended to form an integrated and comprehensive model of health and well-being for Maori residents.  The two registered nurses report there are residents of varying cultures and staff at both facilities, such as Pacific Islanders, Indian, Fijian Indian and South African and other nationalities. The staff interviewed recognised and respected these cultural needs in their everyday practices.
Standard 1.1.8: Good Practice  Consumers receive services of an appropriate standard.	FA	The two registered nurses interviewed separately stated they promote and encourage best practice with staff. Evidence of this was demonstrated in interviews with the registered nurses. Policies and procedures are managed effectively by the quality assurance manager in consultation with staff. All policies and procedures, where applicable, and are linked to evidence-based practice.  The general practitioner was unable to be interviewed. The family and residents interviewed reported satisfaction with the services and care provided.

Standard 1.1.9: Communication  Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	<p>The open disclosure policy has been recently reviewed and is based on the principle that residents and their families have a right to know what has happened to them and to be fully informed. The cultural appropriateness procedure documents that residents and families who do not speak English shall be advised of the availability of an interpreter at the first point of contact with the service.</p> <p>The service promotes an environment that optimises communication and staff education related to appropriate communication methods. The owner director interviewed reported that staff have an open door policy and can contact management at any time if they have any concerns and/or issues.</p> <p>Family interviewed confirmed they are kept informed of the resident's status, including any events adversely affecting the resident. Evidence of open disclosure was documented in the residents' records reviewed, on the accident/incident form and in the residents' progress records sighted.</p>
Standard 1.2.1: Governance  The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	<p>The documented business plan is reviewed annually. Both rest homes operate under the same mission statement and philosophy which is described in the quality policy. The mission statement and vision is also framed and displayed on the wall in the entrance to the facilities. The aims and objectives are documented and included in the quality and risk plan.</p> <p>In conjunction with the quality improvement plan the managers have set up respective audit schedules, staff meetings and attend meetings with the Trust as required. Each facility has a RN who reported on interview their areas of responsibility.</p> <p>The manager at Kenderdine Park has been in the position for eight years. The manager is supported at this facility by a full time registered nurse. The director/manager at Hutton Park is orientating an RN who has recently been appointed to this service. The current managers and RNs have experience working in aged care and have undertaken the required education. The manager at Kenderdine Park has completed the manger's training for interRAI. The two registered nurses have completed the interRAI training in 2015 (one registered nurse has yet to be provided with final confirmation of the training undertaken).</p>
Standard 1.2.2: Service Management  The organisation ensures the day-to-day	FA	During a temporary absence of the managers or RNs coverage is provided within the two facilities to ensure safe service is continued to be provided to residents. The medical practitioner

<p>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>		<p>organises after-hours management if he is not available.</p>
<p><b>Standard 1.2.3: Quality and Risk Management Systems</b>   The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>Documentation identifies that the service encourages reporting and recording of all accidents, incidents and unsafe conditions. Clinical risk processes included a risk management plan which was understood and is reviewed annually. Risks included, for example, residents' care risks, loss of data, records, staff competency, equipment/facility, hazards, legislative compliance, theft/fraud and natural disasters.</p> <p>The quality improvement risk and management plan details are appropriate for a residential care facility. This document reviewed is developed to provide a framework for monitoring and evaluation of the quality improvement system. Where improvements are required following quality activities, corrective action occurs in a planned manner. Responsibilities and outcomes are documented and signed off when completed.</p> <p>Key components, such as infection control, restraint, care of residents, and education, form part of the quality management plan. This is appropriate for the service provided and for the size of this service.</p> <p>The health and safety officer interviewed was fully aware of the responsibilities in relation to reporting, investigation, management and communication of hazards and/or accidents. This included eliminating, isolating and minimising hazards. Hazard identification is available for each area of service delivery and the register is maintained.</p> <p>The manager reported the quality issues are discussed on a monthly basis at staff meetings and quarterly as part of the quality team meeting. Minutes of meetings were available and reviewed.</p>
<p><b>Standard 1.2.4: Adverse Event Reporting</b>   All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>There is an incident reporting system. The policy defines the meaning of an incident and an accident. The responsibilities for staff and management in relation to reporting, investigation and management of accidents and incidents are noted. All adverse events are followed up by the managers. Any trends in incidents/accidents is collated on a monthly basis. Quality improvements are instigated by the managers and staff if required. Staff are kept well informed at monthly staff meetings.</p> <p>An incident accident register is maintained by the managers and the RNs update the resident's individual care plan as required if additional observations or preventative interventions need to</p>

		<p>occur to ensure the resident is safe.</p> <p>Interviews with staff, residents and family confirmed adverse events are discussed in an open and honest manner.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>The organisation has a documented process related to human resources management to ensure good employment practices are undertaken and that legislative requirements are effectively met. The good employer policy provides information on equal opportunities for all employees, staff rights and responsibilities, which are highlighted. The managers are responsible for ensuring adequate and appropriate staffing of the rest homes occurs.</p> <p>The managers ensure the annual practising certificates (APCs) for the nursing staff and the general practitioner (GP) are up to date. The current registrations and scopes of practice are recorded and sighted annually. In addition, the contracted podiatrist, dietitian, pharmacist and pharmacists APC details were sighted.</p> <p>All training and education is recorded appropriately. The programme is varied to meet the needs of the care staff. Staff 'dual role' at times for the cleaning, laundry and kitchen positions. All staff are trained in chemical use, hand and food hygiene. Medication competencies have been completed for the care staff that are able to administer the medications. The cook and kitchen hands have completed appropriate food handling training and certificates were sighted.</p> <p>The managers explained the recruitment process and the responsibilities involved. Job descriptions were available for all positions offered.</p> <p>Orientation is provided to all new staff. There is a checklist to identify orientation is completed. A 'buddy' system is utilised and works effectively for the rest home service. Appraisals are performed annually by the managers.</p> <p>Interviews with staff confirmed services are delivered to meet the needs of the residents. The GP was not available for interview.</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</p>	FA	<p>A staffing rationale is documented for both the facilities which provide rest home level care. The managers and RNs are employed Monday to Friday and one RN is on-call twenty four hours a day for clinical issues and a manager for all other areas. There are safe levels of care staff provided at each facility on each shift.</p> <p>The managers advised that additional staff can be arranged to meet any increase in residents'</p>

service providers.		needs. Residents and families interviewed did not identify any concerns in relation to staffing.
Standard 1.2.9: Consumer Information Management Systems  Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.	FA	<p>Personal information is entered in all residents' records reviewed. Entries are documented clearly and are legible with signatures and dates as required. All records are integrated. The resident registers are maintained individually at each facility. Residents' records are stored in the managers' offices at both of the rest homes. The records are accessible for the registered nurses at each facility. Resident information is not displayed in public view.</p> <p>Required information from the interRAI assessments is displayed in each record as completed by the registered nurses.</p> <p>The individual records are maintained by the registered nurses. Contents pages were in the front of each file sighted. Information is able to be retrieved as required. Archived records are stored appropriately in a dry, locked room and records can be accessed if and when needed.</p>
Standard 1.3.10: Transition, Exit, Discharge, or Transfer  Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.	FA	<p>The registered nurses interviewed understood the importance of any risks being identified prior to discharge planning. A transfer form is used and the 'yellow bag system' is a DHB requirement. The manager and registered nurses ensure open disclosure between services and family/whanau related to all aspects of service delivery occurs. This includes, but is not limited to, residents for either discharge and/or transfer to another facility or the DHB.</p> <p>If there are any specific requests or concerns that the resident or family want discussed, these are noted on the transfer form. The discharge form, medication record and the interRAI summary is provided. The care plan summary, which highlights the personal cares and/or needs of the resident and any interventions required, the resident information page, and any advance directives also accompany the resident if they are transferred to hospital.</p> <p>If the resident is transferred to a private hospital or dementia service for higher level of care to be provided, a copy of the recent review and authorisation of the needs level is sent with all of the records to ensure continuity of service provision.</p>
Standard 1.3.12: Medicine Management  Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe	FA	The same medication policies and procedures are used at both of the facilities audited. The policies are accessible to guide staff as required. The sighted policies meet legislative and best practice guidelines. All medication is overseen by the two registered nurses at their respective facilities. Senior caregivers are also responsible for the administration of the medications. The registered nurses and the senior caregivers have completed annual medication competencies

practice guidelines.		<p>and this is evidenced in the training and personal records of the staff concerned.</p> <p>Medicines are received from the contracted pharmacy in a re-packed delivery system. The registered nurses check the medications on arrival from the pharmacy. Controlled drugs are checked regularly and a register is maintained at both sites. Medications are stored in two lockable medication trollies available, one at each site. The controlled drug signing sheet is red in colour. There is a clear process for medication/incident events which is implemented at both sites.</p> <p>The lunchtime medication round was observed at each site on consecutive days. The medications were safely administered by the caregivers concerned. Each wore an apron to identify that they were administering the medications.</p> <p>The medication records were randomly selected and reviewed at both sites. The records had been reviewed by the GP in appropriate time frames and records are maintained. All medications are prescribed by the GP separately on the records reviewed and signed and dated appropriately. There is a staff specimen signature list available at each site to verify signatures if and when required. Photographic identification is evident on all medication records. Medication not in use is returned to the contracted pharmacy. The medication fridge storage is monitored.</p> <p>A complaint from the Health and Disability Commissioner (HDC) in relation to medicines administration competencies has been addressed appropriately.</p> <p>A self-medication policy is documented and implemented. There is one resident at Kenderdine Park who has permission from the GP to self-medicate two inhalers as required and an appropriate self-medication assessment has been completed. There are no residents at Hutton Park who self-medicate medicines. Any Vitamin B12 injections are administered three monthly by the registered nurses.</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>The nutritional services at both facilities were sighted. Kenderdine Park, the larger of the two facilities, has a large well designed kitchen. The cook interviewed has 17 years of experience at this facility. The role is shared by a relief cook. The meals were observed to be homely with fresh baking available. The cook and kitchen hand interviewed are both fully informed about food handling and practices to meet legislative requirements. The menu has recently been reviewed by the dietitian and changed over to the summer menu (four weekly menu cycle). The cook is responsible for ordering and checking all deliveries of food from the contracted services. The three deep freezers and two fridges are monitored on a daily basis by the cook and records were clearly maintained. There is a cleaning schedule available for the cleaning of the kitchen.</p> <p>The registered nurse is responsible for undertaking a nutritional assessment when all residents</p>

		<p>are admitted to the facility. Any allergies and/or sensitivities which are food related, likes and dislikes, special diets and/or preferences are provided to the cook. The cook explained the process and how special food can be prepared, such as mouli foods, if needed. Dietitian referrals can be arranged by the GP or the registered nurse.</p> <p>The families and residents interviewed reported satisfaction with the meal service.</p> <p>Hutton Park - The cook at this rest home is also very experienced and has completed relative training and hand hygiene requirements. The kitchen is smaller in size but functional. Storage for foods is adequate and temperature monitoring does occur and records were available. The dining room was set up with Christmas centre pieces and residents were enjoying the lunchtime meal provided. No family members were available for interview but residents interviewed reported they enjoyed the meals provided. The Christmas Day menu was also displayed. The same summer menu plan is utilised at this facility. All aspects of food procurement, production, preparation, storage, delivery and disposal comply with current legislation and guidelines.</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 registered nurses interviewed reported that they do not refuse a resident if they have a suitable needs assessment (NASC) for the level of care that is available, being rest home care.</p> <p>In the event that either of the services cannot safely meet the needs of an individual resident or a higher level of care is required, a referral is made by the GP to the NASC service so that a re-assessment can be organised and/or alternative residential care be arranged. The resident register is updated if a resident is discharged or transferred to another facility. The registered nurses are responsible for completing an interRAI re-assessment when required. The RN from Kenderdine Park is responsible for the interRAI assessments should these be required for transfer, and is covering Hutton Park presently, in this capacity.</p>
<p>Standard 1.3.3: Service Provision Requirements</p> <p>Consumers receive timely, competent, and appropriate services in order to meet their assessed needs and desired outcome/goals.</p>	FA	<p>Each stage of service delivery is undertaken by suitably skilled staff. The registered nurse at Kenderdine Park is fully trained in the interRAI process and the registered nurse at Hutton Park has completed the training and is awaiting the final evaluation. The registered nurses are responsible for conducting the comprehensive nursing assessments (interRAI) for all residents on admission to the services (currently the Kenderdine Park the registered nurse is covering both facilities and is assisting with the interRAI assessments on admission or if a resident is to be transferred), developing the initial care plan and subsequent long term care plan, evaluations and reviews of the care plans. There is involvement of the resident and family/whanau and this was evident in the residents' records randomly selected and reviewed.</p>

		<p>The general practitioner (GP) conducts medical assessments within the necessary timeframes and visits each resident three monthly or more frequently if required. A schedule is available for each rest home. The GP covers both facilities and has done so for fifteen years. When the GP is on leave a locum is arranged.</p> <p>The residents' records reviewed at both sites all have the same documentation, such as initial assessments, social/lifestyle history assessments and goals are set for the residents that identifies the physical, psycho-social, spiritual and cultural aspects for each individual resident. Additional assessments, besides the comprehensive interRAI assessment, occurs and specific tools are available for this purpose. For example, cultural assessments, wound care, nutritional status, pressure injury risk assessments (Waterlow) and Braden Scale were validated.</p> <p>Evaluations occurred six monthly or earlier if needed. A schedule is developed for both individual sites and implemented and this process was reviewed. Each registered nurse is responsible for all of the reviews at their respective rest home. Families are kept informed as much as possible should any changes or interventions occur. Family members interviewed spoke highly of the staff keeping them well informed at all times.</p> <p>Continuity of care is promoted at both rest home sites and handovers were sighted and occurred between each shift.</p> <p>Residents, families interviewed reported satisfaction with the care and services provided at the facility.</p> <p><b>Tracer Methodology rest home care:</b> The two rest home residents chosen for review in depth using tracer methodology (one from each facility) were appropriately assessed prior to placement for rest home level care services. Full interRAI assessments have been performed prior to admission by the NASC service. The resident from Kenderdine Park has also had a comprehensive interRAI assessment performed by the registered nurse as part of the admission process. The Hutton Park resident will have an interRAI assessment completed at the six monthly review when it is next due. Additional assessments, such as falls risk assessment and nutritional assessments, were utilised for these residents as required.</p> <p>Both residents on admission had been assessed by the GP within the appropriate timeframes to meet the service agreement obligations. Regular reviews have occurred at least three monthly since admission, inclusive of medication reviews. A red stamp in each file sighted evidenced the reviews have occurred. Both long term care plans reviewed ensured independence was maintained and that all assistance needed with personal cares was documented. Recreational plans were developed and implemented with input from the individual residents and family. Cultural needs identified were documented. Short term care plans have been established as required.</p>
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Standard 1.3.4: Assessment  Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	<p>All new residents admitted to both rest home services have an interRAI assessment and/or this is completed at the six month review. The assessment process on admission includes review of any previous interRAI assessments, such as for homecare and/or needs assessment service coordinator's comments. Any additional assessments are completed such as pain, cultural, skin pressure area prevention, falls risk assessments, nutritional status and other assessments depending on identified needs for the individual resident.</p> <p>The registered nurses interviewed reported that any results of any assessments are discussed with the resident and family/whanau if available and are included in the long term care plan with appropriate interventions being documented to guide staff on how to meet the set goals or objectives.</p> <p>Residents, staff and families interviewed reported appropriate care is provided that meets identified support needs and preferences. This was confirmed in residents' records reviewed.</p>
Standard 1.3.5: Planning  Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	<p>The residents' long term care plans reviewed at both sites addressed the individual resident's needs, abilities, level of independence, identified deficits and took into account the resident's habits and idiosyncrasies. The interRAI assessment summaries, which include triggered outcome scores and the needs identified by the registered nurse completing each individual assessment, were also present in the records reviewed.</p> <p>The two registered nurses interviewed demonstrated they understand the interRAI process and that these will continue to be implemented.</p> <p>The individual care plans and individual activities plans reviewed identified residents' activities, motivational and recreational requirements with documented evidence of how these are best managed effectively for each individual resident. The qualified diversional therapist who works across the two rest home sites provided insight on how the activities programme interventions were developed to meet the needs of the residents. Group and one on one activities are</p>

		<p>provided.</p> <p>The records sighted demonstrated integration with dividers between each section and a contents page with a list of contents.</p> <p>The two registered nurses and the manager of Kenderdine Park interviewed reported they have adequate information to assist with the continuity of care and service delivery for each individual resident at both rest homes.</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>	FA	<p>As observed during the audit and from review of the care plan documentation, support and care was individualised and focused on achieving desired outcomes set. The registered nurses and caregivers interviewed demonstrated appropriate skills and knowledge of the individual needs of the residents. The records sighted showed evidence of consultation and involvement with the resident and family as able. The residents interviewed reported satisfaction with the care and services received.</p> <p>Short term care plans are developed and implemented for any event that is not part of the long term care plan, such as weight loss, recurrent falls, wound and skin tears and care management. The registered nurse stated they would keep the GP well informed of all progress.</p> <p>Each facility has adequate stocks of wound and continence products to meet the needs of the residents. The care plans reviewed recorded interventions that were consistent with the identified residents' need being able to be effectively met. Observation on the two days of the audit indicated residents are receiving care that is consistent with meeting their needs. The registered nurses interviewed at each site reported that all care plan interventions are accurate and up-to-date.</p> <p>The two registered nurses are responsible for the care and management of all residents at their respective rest homes. However, they are able to relieve each other for leave and are both well informed about the residents at both facilities.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>The activities programme ensures resident's individual motivational, recreational and cultural needs are recognised and incorporated into the programme reviewed. There is one qualified diversional therapist who works at both rest homes implementing the activities programme. The residents have the opportunity to maintain interests, choices and activities. The programme discussed with the diversional therapist is based on the residents' needs, interests, skills and strengths and covers cognitive, physical and social needs.</p>

		<p>The activities programme is planned monthly. A copy of the activities programme was displayed at each facility with the activities for the day. Attendance records are maintained each session. The diversional therapist and the caregivers who assist with implementation of the activities as required understand that resident participation is voluntary and this is respected. Each resident has their own activities plan which is reviewed six monthly. The diversional therapist ensures goals are achievable and updated as required.</p> <p>Residents are encouraged to maintain links with the community and family. Visits from local preschools and schools are maintained. There is a church service held every Sunday. Special days are celebrated for example birthdays, cultural days, anniversaries and other special theme events are arranged.</p> <p>Residents were visibly enjoying the activities seen during the audit at both rest homes. Residents reported that they enjoy the range and variety of activities arranged. One family member interviewed reported that family are always made welcome and can join in the activities with their family member.</p>
Standard 1.3.8: Evaluation  Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	<p>Service delivery plans, such as the care and activities plans, are reviewed six monthly or more frequently if required. The two registered nurses are responsible for the reviews taking place as specified in the developed schedules sighted. Evaluations are resident focused and indicated the degree of achievement or response to supports/interventions and progress towards meeting the set goals. If a resident is not responding to the interventions being delivered, or their health status changes, then this is discussed with the GP. Changing needs are clearly described in the care plans reviewed at both sites. Short term care plans are developed and implemented as required.</p> <p>The caregivers interviewed at both sites demonstrated knowledge of short term care plans and reported these are identified and information is shared in the handover between shifts. Progress is also discussed as part of the six monthly reviews.</p> <p>Family reported that they are involved when staff have any concerns or when there are changes in the resident's condition. This contact with the family is documented in the progress records sighted.</p>
Standard 1.3.9: Referral to Other Health and Disability Services (Internal And External)	FA	<p>Residents and their families are provided with options if required to access other health and disability services.</p> <p>There is a process for transferring residents if and when required. The DHB referral process is</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>followed closely should a resident require to be transferred. The DHB referral system (yellow bag system) provides a guide for the GP and emergency services.</p> <p>The registered nurses interviewed reported that referral services respond promptly to referrals sent. Records of the processes maintained was confirmed in the residents' records reviewed at both sites and for the one of the two residents reviewed in detail. The records reviewed included referrals and consultations with specialists at out-patients clinics, radiology services inclusive of portable x-ray radiologists, nurse practitioners, physiotherapist, podiatrist and/or dietitian services.</p>
<p><b>Standard 1.4.3: Toilet, Shower, and Bathing Facilities</b></p> <p>Consumers are provided with adequate toilet/shower/bathing facilities.</p> <p>Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>There are adequate showers and toilets in close proximity to the residents` bedrooms. All resident's bedrooms have a hand-basin, flowing soap and paper hand towel dispenser. Staff and residents were to knock before opening toilet or shower doors.</p> <p>Three shared rooms each have an ensuite toilet and there is a visitors' toilet. There is a separate bathroom for the use of staff situated near the office.</p>
<p><b>Standard 1.4.6: Cleaning and Laundry Services</b></p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>Policies and procedures for both the laundry and the cleaning services are consistent with good practice and are reflective of the size of the facility and services provided. Staff have received training in product management by the contracted company representative which is undertaken annually. Certificates are provided.</p> <p>The managers interviewed understood the requirements and responsibilities for the cleaning and laundry services.</p> <p>All products are labelled appropriately and a separate room is allocated for cleaning supplies. The laundry is undertaken by the staff on each shift. There are two washing machines and two clothes dryers. Outside lines are used as much as possible during the day to dry the clothes. Material data sheets are available for all products used for cleaning and laundry services. Chemical storage is appropriate and safety is maintained.</p> <p>Staff, residents and family interviewed confirmed the rest home is kept clean and tidy and residents' clothes are washed and returned in a timely manner.</p>

<p><b>Standard 1.4.7: Essential, Emergency, and Security Systems</b></p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>The fire evacuation plan has been approved and the evacuation plan is framed in the entrance to the facilities. A fire evacuation drill is held six monthly.</p> <p>Policy documents provide guidance for staff on responding to other events, including earthquake, flooding and volcanic eruptions.</p> <p>A review of the staff records and training records verifies all staff have current first aid certificates. The caregivers interviewed detailed their responsibilities in the event of an emergency.</p> <p>The managers reported that they are well informed and explained the emergency resources available, such as emergency water, drinking water (50 litres) available, one emergency gas heater, emergency power with a generator being available, and barbecue for cooking. Spare blankets are available. Clinical supplies are available for any emergency.</p> <p>Call bells are located in all service areas and in every resident's room to summon assistance as required.</p> <p>The caregivers interviewed understood the significance of checking all windows and doors prior to darkness. The caregivers complete a visual check together at handover to ensure all residents are safe and accounted for. The police can be contacted anytime for security purposes if required.</p>
<p><b>Standard 1.4.8: Natural Light, Ventilation, and Heating</b></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>There are windows present in all residents' bedrooms. Ranch slider doors and/or windows were sighted open during the audit. Heating is provided as required and is located in each room with individual controls.</p> <p>The residents and families interviewed confirmed the facility is normally warm and well ventilated.</p>
<p><b>Standard 1.1.7: Discrimination</b></p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>The staff records reviewed contained job descriptions and employment agreements for all staff. The agreements have clear guidelines regarding professional boundaries. House rules are part of the employment agreement and staff responsibilities were reviewed. There are definitions of the different types and forms of discrimination. There are key objectives to be upheld for all residents.</p> <p>The two registered nurses have each completed the professional boundaries workshops which are a requirement of the New Zealand Nursing Council. The family/whanau/residents interviewed</p>

		reported they are pleased with the care provided at each facility.
Standard 1.3.1: Entry to Services  Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.	FA	<p>An appropriate information system is available for families seeking to place a family member in a rest home. The manager and/or the registered nurses (RNs) are responsible for the pre-admission information. Most residents for these two rest home level services are admitted directly through the DHB Health Services for Older People, the Needs Assessment Coordination Service (NASC) and families sighting the facility of choice. The NASC service ensures the interRAI pre-assessment documentation is made available to the nursing staff when a resident is admitted to the individual service of choice.</p> <p>There is an information booklet available for each individual facility, Kenderdine Park and Hutton Park rest homes. Contact details are provided and a website is also available for each site.</p> <p>The resident agreement is based on the Aged Care Association agreement which is individualised for each service. The residents' agreements are signed and dated and stored in the managers'/registered nurses' offices. The admission agreement identifies any additional charges that are not covered by the service agreement and the relevant costs of each charge required.</p>
Standard 1.4.2: Facility Specifications  Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	<p>Both facilities have a current Building Warrant of Fitness. An external company undertakes performance monitoring and electrical safety checking of clinical equipment. Electrical equipment has evidence of current electrical testing and tag checks. The maintenance person is responsible for all maintenance requests. A book is maintained to verify requests are completed. Calibrations checks are completed by a contracted service and a log book is maintained.</p> <p>The residents and families interviewed confirmed the facility is appropriately furnished to create a homelike environment. Furniture, furnishings and fixtures are appropriate for the service settings. Residents have personalised their bedrooms.</p> <p>The rest homes are one and two levels and have safe outside areas where the residents can walk. Small courtyards are accessible with appropriate seating available.</p> <p>There are safety handrails in the hallways, showers and toilets. The bathroom floors have non-slip linoleum covering.</p>

## **Specific results for criterion where corrective actions are required**

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

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

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

No data to display
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## **Specific results for criterion where a continuous improvement has been recorded**

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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.