

# Eastern Services Limited - Gulf Views Rest Home

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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:

<b>Legal entity:</b>	Eastern Services Limited	
<b>Premises audited:</b>	Gulf Views Rest Home	
<b>Services audited:</b>	Rest home care (excluding dementia care)	
<b>Dates of audit:</b>	Start date: 18 January 2016	End date: 19 January 2016
<b>Proposed changes to current services (if any):</b>	None	
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	43	

# 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

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

Gulf Views Rest Home, is a family owned, purpose built aged care facility that provides rest home level of care for up to 45 residents. At the time of audit there were 43 residents at the service. The strengths of the service include strong connections to the local community and the residents' satisfaction with the care and services provided.

This certification audit was conducted against the Health and Disability Services Standards and the service's contract with the district health board. The audit process included the review of documentation, observations and interviews. The onsite documentation review included a selected number of residents' files. Interviews were conducted with the management team, clinical and non-clinical staff, residents, family/whanau and a general practitioner to verify the documented evidence. This audit report is an evaluation of the combined evidence on how the service meets each of the standards.

The service demonstrates compliance with all the relevant standards for an aged care facility.

## Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.	Green	Standards applicable to this service fully attained.
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Staff demonstrated good knowledge and practice of respecting residents' rights in their day to day interactions. Staff receive ongoing education on the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Families interviewed reported that staff work in a caring manner and respect each resident.

There are no residents who identify as Maori residing at the service at the time of audit.

Written consents are obtained from the residents' family/whanau, enduring power of attorney (EPOA) or appointed guardians. Signed consent forms were sighted in all residents' files reviewed.

The organisation provides services that reflect current accepted good practice and this was sighted in the progress notes.

There is a fair and easily accessible complaints management system. Complaints and compliments are recorded. There are no outstanding complaints.

## Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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The service's philosophy and vision is to uphold the dignity, individuality, privacy and freedom of choice for all residents. This philosophy is evidenced in the organisation's documents and management structure, to provide services that meet the needs of the residents and the community. There is a close linkage to local community volunteer groups, aged care services and religious groups.

The service is run by a suitably qualified and experienced nurse manager. The nurse manager is responsible for the overall running and resourcing of the clinical aspects of service delivery, with the owners and management team being responsible for the financial management of the service.

The service has a documented quality and risk management system that supports the provision of clinical care and support. Policies are reviewed by the nurse manager and senior staff team on a two yearly basis or when there is a change in legislation. The quality and risk performance is reported through meetings at the facility and monitored by the management team at the management meetings.

The adverse event reporting system is planned and coordinated with staff documenting and reporting adverse, unplanned or untoward events. The adverse events are reviewed and actions implemented to make improvement to care and service delivery.

Systems for human resources management are established and implemented. There are staff numbers and skill mix meet the requirements of rest home level of care. The education programme for all staff is available and planned for the year.

There is no information of a personal and private nature on public display. Current residents' records and past residents' archived records are securely stored.

## 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 has policies and processes related to entry into the service.

Residents have an initial nursing assessment and care plan developed by the registered nurse (RN) on admission to the service. The service meets the contractual time frames for the development of the long term care plan. When there are changes in the resident's needs, a short term care plan is implemented to reflect these changes. The care plan evaluations are conducted at least six monthly on all aspects of the care plan.

All new residents have InteRAI assessments completed and existing residents' assessments are updated using the InteRAI process on review dates.

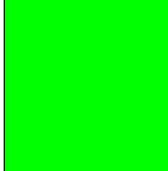
Residents are reviewed by a GP on admission to the service and at least three monthly, or more frequently to respond to any changing needs. The provision of services is provided to meet the individual needs of the residents. A team approach to care is provided ensuring continuity of services. Referrals to other health and disability services is planned and coordinated, based on the individual needs of the resident. The families interviewed reported that care plans are implemented and that the service manages the residents in a professional manner.

The service has a planned activities programme to meet the recreational needs of the residents. Residents are encouraged to maintain links with their family and the community.

A safe medicine administration system was observed at the time of audit. The service has documented evidence that staff responsible for medicine management are assessed as competent to do so.

Residents' nutritional requirements are met by the service with likes, dislikes and special diets catered for and food available 24 hours a day. The service has a four week, summer/winter rotating menu which is approved by a registered 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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All building and plant complies with legislation with a current building warrant of fitness displayed. Ongoing maintenance ensures the building is maintained to a high standard. Fixtures, fittings, floor and wall surfaces are made of acceptable materials for this environment. All rooms have access to either single or shared ensuites or centrally located bathing and toileting facilities. There are adequate toilets, showers, and bathing facilities located throughout the facility that provide adequate privacy.

The environment is appropriate for the rest home level of care offered. All areas ensure physical privacy is maintained and have adequate space and amenities to facilitate independence.

Emergency preparedness was evident with adequate resources being available in the event of an emergency. All staff are trained appropriately in all aspects of health and safety in the work place.

Most of the laundry is conducted onsite, with some of the linen being laundered by an offsite contractor. There are processes in place to provide safe and hygienic cleaning services.

Processes reviewed protect residents, visitors, and staff from exposure to waste and infectious or hazardous substances.

The facility has an appropriate call bell system installed. There is access to external gardens and verandas off all rooms. The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the residents.

Routine safety checks and internal audits are performed by maintenance personnel and management. Emergency preparedness was evident with adequate resources being available in the event of an emergency. All staff are trained appropriately in all aspects of health and safety in the work place.

## Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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There are no residents requiring the use of restraint. Enablers are only used as a last resort to maintain the resident's safety and comfort. Clear definitions in the policies reviewed ensure staff understand the implications of restraint and enabler use.

## Infection prevention and control

<p>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.</p>		<p>Standards applicable to this service fully attained.</p>
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The infection prevention and control programme aims to prevent the spread of infection and reduce the risks to residents, staff and visitors. The surveillance programme is appropriate for the size and nature of the services provided. Monthly surveillance data and audits are recorded, collated and reported to management, and quarterly data to the contracted infection control advisory service.

The Infection Control Coordinator (ICC) is suitably qualified for the role and implements and reviews the infection control programme annually.

## 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

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>Staff interviewed demonstrated their knowledge of the Code of Health and Disability Services Consumers' Rights (the Code). The Code is included in staff orientation and in the annual in-service education programme, which was sighted. Residents' rights are upheld by staff (eg, staff knocking on residents' doors prior to entering their rooms, staff speaking to residents with respect and dignity, staff calling residents by their preferred names). Staff observed on the days of the audit demonstrated knowledge of the Code when interacting with residents.</p> <p>The residents and relatives interviewed reported that they are treated with respect and dignity.</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>Evidence was seen of the consent process for the collection and storage of health information, outings and indemnity, use of photographs for identification, sharing of information with an identified next of kin, and for general care and treatment. The resident's right to withdraw consent and change their mind is noted on the form. Information is provided on enduring power of attorney (EPOA) and ensuring where applicable this is activated.</p> <p>There are guidelines in the policy for advance directives which meet legislative requirements. The consent can be reviewed and altered as the resident wishes. The NM discusses</p>

		<p>information on informed consent with the resident and family on admission. An advance directive enables a resident to choose if they would like active medical treatment to prolong life, transfer to the base hospital for on-going treatment or receive 'comfort care'. The files reviewed have signed advance directive forms which meet legislative requirements</p> <p>Family members and residents are actively involved and included in care decisions as evidenced in residents' files reviewed.</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>Advocacy information is available in brochure format at the entrance to the facility. Residents and their families were aware of their right to have support persons as confirmed in interviews.</p> <p>Education from the Nationwide Health and Disability Advocacy Service is undertaken annually as part of the in-service education programme. The staff interviewed reported knowledge of residents' rights and advocacy service.</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 reported on interview that they are supported to be able to remain in contact with the community by outings and the walks to local shops and parks. Policy includes procedures to be undertaken to assist residents to access community services and a van is available.</p> <p>There is portable phone which is taken to the residents as required.</p> <p>Evidence in files reviewed showed attendance at the DHB for appointments as required.</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 process sighted identified the required procedures. Complaints have been dealt with in a professional manner with consideration to any cultural or other values. Complaints are actively managed in a timely manner and in accordance with the complaints policy, and any other statutory requirements relevant to the specific situation.</p> <p>Complaints management information is included in resident information packs given on admission, and as confirmed by the nurse manager, the process was discussed with family/whānau and residents as part of the admission process. Complaints forms are accessible to staff, residents and family as required. The complaints register records the complaints, dates and actions taken.</p> <p>Staff interviewed confirmed their understanding of the complaints process.</p>

<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Staff are provided with training on the Code and residents are provided with information on entry to the service. Opportunities for discussion and clarification relating to the Code are provided to residents and their families, as confirmed by interview with the NM (nurse/manager). Discussions relating to residents' rights and responsibilities take place formally (in staff meetings and training forums) and informally (eg, with the resident in their room). Education is held by the Nationwide Health and Disability Advocacy Service annually.</p> <p>Residents are addressed in a respectful manner as was confirmed in interview with residents and families,</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>Staff ensure privacy by knocking on doors before entering and closing on exit if requested. The process for accessing personal health information is detailed in the policy.</p> <p>Evidence is seen in files reviewed of the residents' goals which are personalised and reviewed every six months.</p> <p>Staff interviewed report knowledge of residents' rights and understand the principles of dignity and respect.</p> <p>Residents reported on interview they are treated with patience and encouraged to be as independent as possible.</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 relevant policy reviewed includes a range of cultural issues/considerations for staff to be aware of, and a commitment to the Treaty of Waitangi is included. Family/next of kin input and involvement in service delivery/decision making is sought if applicable.</p> <p>There were no Maori residents in the service at the time of audit. Education was given to staff on the Treaty of Waitangi in 2015 and staff interviewed reported that they understand the principles of the Treaty of Waitangi and attend the education annually. Staff interviewed demonstrated their knowledge of the Treaty of Waitangi and respect for different cultures.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p>	FA	<p>The Nurse Manager (NM) and the RNs assess the cultural and/or spiritual needs of the resident in consultation with the resident and family as part of the admission process. Specific health needs and food preferences are identified on admission. The care plan is developed to</p>

<p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>		<p>ensure that care and services are delivered in a culturally and/or spiritually sensitive manner in accordance with the Treaty of Waitangi and/or other protocols/guidelines as recognised by the resident.</p> <p>If required, a person acceptable to the resident is sought from the community to provide advice, training and support for the staff to enable the facility to meet the cultural/spiritual needs of the resident.</p> <p>Annual resident satisfaction surveys monitor satisfaction. Residents and their families are satisfied with the services provided as confirmed in interviews with residents.</p> <p>Staff interviewed reported the need to respect the individual's culture and values.</p>
<p>Standard 1.1.7: Discrimination Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>The employment position description and the Code of Rights define residents' rights relating to discrimination. Staff interviewed reported that they would report any inappropriate behaviour to the NM. The NM reported she would take formal action as part of the disciplinary procedure if there was an employee breach of conduct. There is no evidence of any behaviour that requires reporting and interviews with residents indicate no concerns.</p>
<p>Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>Evidence was seen of care staff undertaking or having completed the National Certificate in the Care of the Elderly Education programme. All staff have an up to date first aid certificate and all staff who administer medication have yearly assessments to determine competency.</p> <p>The NM and RNs attend education sessions run by the hospice and other local organisations. The planned yearly education programme reviewed included sessions that ensures an environment of good practice. The food service cooks have fulfilled the requirements of safe food handling. Residents' reported satisfaction with the meals and food and any concerns are listened to at monthly meetings.</p>
<p>Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>The open disclosure policy 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.</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' files reviewed, on the accident/incident form and in the residents' progress notes.
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>The service can provide rest home level of care for up to 45 residents, with 43 residents on the days of audit. Services are provided to meet the individual needs of each of the residents. The service is a family owned business. The owner and management team have monthly to two monthly management meetings, where all aspects of service provision are reviewed.</p> <p>The Business Plan for 2015-2016 contains the organisation's mission, values and goals. There are long term and short term goals within the plan. The plan is reviewed on an annual basis.</p> <p>The nurse manager is a registered nurse (RN) who has managed the service for over 21 years. The nurse manager's job description describes their responsibilities, accountabilities and authorities. The facility is a member of an aged care association, and regular updates and education is received on current legislation and issues related to management of aged care services. The nurse manager is actively involved in aged care and gerontology forums and has attended over 8 hours education in the past 12 months related to management in the aged care sector.</p> <p>The family/whanau and residents confirmed they were satisfied with the services provided and that their needs were met and they feel they are listened to.</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>One of the registered nurses fills in for the nurse manager during temporary absences. The nurse manager reports confidence in the RN's ability to take on the nurse management role during absences.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects</p>	FA	<p>The quality and risk plan details the risks, current controls and ongoing actions required to provide safe and appropriate care. The quality and risk systems are monitored through the management meetings and environmental audits. Each of the quality goals identified covers all aspects of care and service delivery. Staff are actively involved in the quality programme and demonstrated an understanding of what the organisation aims to achieve. The outcomes</p>

<p>continuous quality improvement principles.</p>		<p>of the internal auditing and quality management systems are discussed at the monthly staff meetings. Staff confirmed they understood and implement the quality and risk management systems.</p> <p>Policies are developed by the nurse manager and senior registered staff. All policies and procedures sighted were up to date, reflected current good practice and met legislative requirements. The organisation currently reviews all documents in a two yearly cycle, or more frequently if there is best practice or legislative changes. The document control system ensured that obsolete documents were removed from use. The review of policies or any updates are distributed to staff to read and they have signed that they have understood any changes. Recent policy updates included the implementation of the InteRAI assessment and care planning.</p> <p>The organisation had a documented quality and risk management plan which identifies risks and shows the strategies in place to manage risks. All potential and actual risks are reported at board level and reviewed regularly. Clinical risks are discussed monthly at staff meetings as confirmed in meeting minutes sighted and by staff. There is an up to date hazard register and a process for reporting hazards.</p> <p>Quality data collection and analysis is maintained by the service and evaluation of results shared with staff and management. When the internal audit or quality data indicated any shortfalls, corrective actions were put in place. The internal audit form records the identified issue, actions needed, who is to implement the actions and the review of when the actions have been implemented. Staff confirmed that all follow up actions were discussed during handover and at regular staff meetings. Data is collected, trended, reviewed and evaluated for all key components of service (eg, complaints, incidents and accidents, health and safety, hazards, restraint and infection control).</p> <p>The risk, hazard and emergency response plan identifies potential and actual hazards. The plan includes what the hazard is, risk level, preventative actions and ways to minimise risk.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>The nurse manager understands their obligations for reporting serious harm and essential notifications. There have been no incidents or accidents that have required essential notification since the last audit.</p> <p>Staff demonstrated knowledge of when they are required to complete an incident/accident form. There is a monthly analysis of the incident and accident reports. The analysis of the incidents and accidents are used to implement improvements as indicated. The analysis includes the numbers of falls and the times that falls are occurring for residents who have had</p>

		increased falls, with strategies implemented to reduce the number of falls.
<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>Professional qualifications and annual practising certificates (APCs) are validated on employment and annually. The service maintains a folder of current APCs, sighted for all staff and contractors who require them.</p> <p>The staff files evidenced that good employment processes are implemented, such as recruitment, interview and reference checking. After the orientation period there is then a performance review annually. Orientation includes the essential and emergency systems, handling concerns and complaints, cultural best practice, infection control, incident/accident reporting, managing challenging behaviours and restraint minimisation. Staff reported that the orientation and induction gave them a good understanding of their role and responsibilities.</p> <p>The in-service education programme covers the essential components of service delivery for rest home level of care. The service also accesses ongoing education support from the DHB aged residential care programme, gerontology nurse specialists, local aged care facility and palliative care services. Attendance records are kept for the education that staff have attended, as sighted in each of the staff member's personnel files. The RN who does the InteRAI assessments has completed their InteRAI competency training.</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>There is clearly documented policy on staffing levels and skill mix to meet the needs of residents requiring rest home level of care. There is at least two care staff on duty at all times. There is at least one RN, EN or senior trained staff member on duty each shift. In addition to the direct care staff, there is a RN and nurse manager on duty morning shift Monday to Friday. The RNs share afterhours on call and the GP practice is available afterhours. There is at least one staff member on duty each shift who has current first aid qualifications. There are appropriate staffing level for activities, cooking, cleaning and laundry. Staff report they have sufficient time to complete the duties they are required to do each shift.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current,</p>	FA	<p>Information is entered into the resident information management system in an accurate and timely manner, appropriate to the service type and setting. On admission the admission details and unique identification (NHI) for each resident is obtained. The residents' files sighted have accurate and timely information entered into the residents' care and administration files. A register is kept of current and past records. The records of past</p>

<p>confidential, and accessible when required.</p>		<p>residents are securely destroyed within time frames that comply with legislation. The electronic records are password protected and secure log in is required to access resident information. All records pertaining to individual residents are integrated.</p> <p>Information of a private or personal nature is maintained in a secure manner that is not publicly accessible or observable. The residents' files are securely stored in the locked nurses' station, with an administration file securely stored at the reception office. Archived records are stored securely on site, these are retrievable as required.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	<p>FA</p>	<p>Entry into service is managed by the NM who undertakes a tour of the facility and ensures the prospective resident is suitable for the services provided at this facility.</p> <p>Suitable information brochures are available and request for admission forms, should a room be available.</p> <p>Referrals are usually through the Needs Assessment Service Coordination (NASC) assessment team, who are aware of the level of care available at this facility.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>There is a specific transfer form to document information involving the resident being transferred to the DHB. The form highlights any known risks, such as falls, includes current medications, the national health index number (NHI), date of birth (DOB), next of kin, instruction regarding specific treatments and may include a medical referral as appropriate.</p> <p>When the resident is transferring to another facility another form is used outlining activities of daily living, reason for transfer, current medical problems, past history, medications, current treatments and observations. A verbal handover is given by the NM or RN on duty. Communication is maintained with the family as confirmed on interview.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication records reviewed are dated, signed off and signatures can be verified with the specimen signature list. Photo-identification was observed on each record sighted. Allergies and sensitivity are documented on signing sheets. There is evidence that signing sheets are recorded appropriately and alert stickers are available. Signature specimen lists are in the front of each medication folder for the medical and nursing staff for verification if required.</p> <p>There are no residents self-medicating at the time of the audit and there are no standing</p>

		<p>orders at this facility. The staff responsible for medication management have all completed medication competencies and on-going education relating to medication management as verified on the education record spreadsheet reviewed.</p> <p>The service implements reconciliation processes which include the checking of all blister packs for accuracy by the RN when delivered to the facility and all medication charts are faxed to the pharmacy and checked against the medical review updates every three months. There are processes in place to rotate the stored medicines to ensure they do not expire.</p> <p>The GP conducts medicine reconciliation when residents are admitted to the service and at least three monthly thereafter. Medicine file reviews showed that each medication was individually signed.</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 kitchen is large and areas are designated for food preparation, plating/tray system serving areas, clean and dirty areas as required. The kitchen was very clean on the days of audit. Daily cleaning schedules are met by the staff in all areas of the food service, as was observed. Rubbish is stored appropriately and disposal processes are in place. A waste management protocol is followed. Food monitoring of all the fridges and freezers occurs on a daily basis and the records reviewed show that temperatures are within the required range. All equipment and resources are readily available, inclusive of personal protective items, such as gloves, hats and aprons.</p> <p>On admission a nutritional assessment is performed by the RN and a copy is provided and retained by the kitchen manager. Any special dietary requirements or special diets are recorded and acknowledged by the kitchen staff when preparing the individual meals. Birthday cakes are made when clients celebrate this occasion.</p> <p>There was evidence of menu reviews being undertaken by a registered dietary service contracted to provide advice and support. Changes suggested by the dietitian have been implemented as part of the quality programme.</p> <p>There is a qualified cook who oversee all aspects of the kitchen management and kitchen hands. Staffing is consistent over seven days and evidence was seen of safe food handling certificates.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p>	FA	<p>The manager reported that the needs assessment team (NASC) at the DHB usually ring and a telephone discussion verifies the suitability for admission before the family visits, if the resident is in hospital. There is a folder which contains documentation of all enquiries and the</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>action taken if the admission is declined. This included contacting the referral agency.</p>
<p>Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>The initial nursing assessment includes good use of clinical tools, including falls risk, pressure area risk and pain assessment. Referral letters are sighted from external agencies, including DHB clinics, and there is evidence of family involvement in the assessment process. Evidence was sighted in files reviewed that assessments are conducted within the specified timeframes. The assessment information is used as part of care plan development.</p> <p>The RN reported that she oversees all care plans and residents and family are included.</p>
<p>Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>In files reviewed evidence was sighted of interventions related to the desired outcomes for each resident. Risks identified on admission are included in the care plan and these include falls risk, pressure injury risk and pain management.</p> <p>All health professionals document in the resident's individual clinical file and have access to care plans and progress notes as part of the integrated file system. Documentation in files reviewed included nursing notes, medical reviews and hospital correspondence. The residents reported that they are included in the care planning and are aware of any changes and these are discussed with them. Care staff reported they are informed of any changes to care plans at shift changeover.</p> <p>The RN accompanies the doctor on rounds and the doctor writes notes in the files. The care plan is written in a language that is user friendly and able to be understood by all staff. In residents' files reviewed there was evidence of family involvement in care planning.</p>
<p>Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>There is documented evidence that the interventions relating to the residents' assessed needs and desired outcomes are evaluated as required and within timeframes to ensure residents' planned outcomes are being met. There was evidence in documentation reviewed of a resident whose falls risk assessment had changed from a low to medium risk. Changes to the care plans included regular checking of the resident and leaving the call bell accessible.</p> <p>The care staff interviewed reported they were informed of any care plan changes at hand</p>

		over and have relevant in-service education as required specific to any new interventions.
<p><b>Standard 1.3.7: Planned Activities</b></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>There are two activities coordinators who implement the activity programme. A qualified occupational therapist oversees all aspects of the programme and visits monthly to meet with staff and review paperwork. A plan is in place for the activity coordinator to commence diversional therapy training in 2016 through the New Zealand Qualifications Authority (NZQA).</p> <p>Evidence was seen of monthly residents' meetings, resident satisfaction surveys and follow up on all concerns and suggestions. A quality initiative is in place to ensure the ongoing activity programme is maintained and resident satisfaction surveys improve.</p> <p>Evidence was seen on the programme of music, entertainment, exercise groups and outings to local parks. Community involvement includes schools and early childhood visits.</p> <p>Staff interviewed ensure that an activity is available when regular staff are not available. Residents and family members interviewed spoke favourably of the activities provided.</p>
<p><b>Standard 1.3.8: Evaluation</b></p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Reviews and ongoing assessments of residents are clearly documented in the residents' files reviewed. The medical consultations are clearly documented on the medical clinical records sighted. Documentation demonstrated that the care and support plans are evaluated at least six monthly or more often if required. If a resident is not responding appropriately to the interventions being delivered, or their health status changes, this is discussed with the GP.</p> <p>Residents' changing needs are clearly described in the care and support plans reviewed. Short term care and support plans are available and were sighted for wound care management, skin tears, pain management, changes in mobility, changes in food and fluid intake requirements, weight loss and skin cares.</p> <p>The multidisciplinary (MDT) reviews are organised by the RN and families are invited to attend or contribute to the review process. Family and residents confirmed their input into the MDT meeting. Family members reported that they can consult with the staff at any time if they have concerns or if there is a change in the resident's condition. The GP, nursing staff, OT, Dietitian, Physio and activities coordinator contribute to the reviews.</p>
<p><b>Standard 1.3.9: Referral To Other Health</b></p>	FA	The policy related to exit, transfer or transition states that residents will have access to

<p>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>appropriate external treatment and support services and will be referred in a timely fashion. All referrals are clearly documented in the progress notes and in the diary. The family are notified of the upcoming appointment and are invited to attend and assist.</p> <p>In residents' files reviewed information relating to the referral process was sighted. Residents are given a choice of GP when they are admitted. If the need for other services are indicated or requested, the GP or RN sends a referral to seek specialist assistance from the DHB. The resident and the family are kept informed of the referral process.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>The cleaning, laundry and sluice room have safe, secure and appropriate storage of waste, chemicals and hazardous substances. Personal protective equipment (PPE), such as gloves, disposable gowns, and eye protection is available in the laundry/chemical storage area. The cleaning and laundry staff demonstrated knowledge on the safe use of the chemicals and PPE. Staff have ongoing education on infection prevention and control and the use of chemicals.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The service has a current building warrant of fitness and safety inspection for the lift is displayed. The contracted fire/maintenance service conducts a monthly compliance check of the environment.</p> <p>Hot water temperatures are monitored monthly, these being within safe guidelines. Medical equipment and scales evidence annual calibration, with a spreadsheet and external provider's report provided for this equipment. The electrical equipment is test and tagged. Six monthly service and inspection of the kitchen and laundry equipment is recorded.</p> <p>The environment promotes safe mobility, with secure hand rails in the hallways and floor surfaces that are intact and do not present a trip hazard. Each wing has access to the external areas and verandas.</p> <p>The residents and families reported satisfaction with the environment.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers</p>	FA	<p>Most of the rooms have access to either a single of shared ensuite toilet and hand basin. 15 rooms also have ensuite shower facilities. There are additional showers and toilets in each wing. The showers and toilets have privacy signage (vacant/engaged signs). There are separate facilities for staff and visitors. The residents reported satisfaction with the showering</p>

are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.		and toilet facilities.
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 rooms are single occupancy. Each resident's room has their personal items and provide enough space for the resident and staff to mobilise. The residents and families reported satisfaction with the personal space.
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 are lounge areas located on both levels of the facility. There is one large open planned dining and lounge area, a smaller lounge, sitting area and conservatory. Residents have access to additional sitting areas on the verandas that can be accessed from each resident's room. The residents and families report satisfaction with the communal areas.
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 cleaning and laundry is conducted by specific cleaning staff, with the care staff assisting with the laundry duties. The towels and linen laundering is conducted by a contractor offsite. The laundry has a dirty to clean flow and adequate industrial sized washing and drying machines. The cleaning and laundry equipment are stored in a safe and hygienic manner. There is secure storage of the bulk chemical supply in the laundry and cleaning areas. Staff demonstrated knowledge on the use of chemicals. The residents and family report satisfaction with the cleaning and laundry services
Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations.	FA	The approved evacuation scheme is dated 1995. The fire and emergency equipment has a monthly inspection as well as an annual certification by an external contractor. Emergency and security training is provided as part of staff orientation and ongoing in-service education. Evacuation drills are conducted six monthly, with the last conducted in October 2015. Staff demonstrated knowledge on how to respond in emergency or civil defence situations.  The service has bottled gas for cooking and emergency lighting in the event of mains failure. There is a water tank and bottled drinking water that is accessible in emergency situations.  Each room, toilet and bathing facility has access to a call bell. The call bell system has a light and audible alert when activated. Staff responded promptly when the call bell was tested. The residents and families reported satisfaction with the time frames in which call bells are

		<p>answered.</p> <p>There are process implemented to ensure the entrances, doors and windows are secured at night. A security firm provides night time inspections. Staff, residents and families report satisfaction with the security arrangements.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>Areas used by residents have external windows and doors for light and ventilation. The corridors have skylights. The service is centrally heated in the colder months, with the residents being able to individually control the temperature in their rooms. The residents report satisfaction with the heating, light and ventilation of the service.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The service has a documented infection control programme which is reviewed as part of the annual quality review programme. The infection control programme minimises the risk of infections to residents, staff and anyone else visiting the facility.</p> <p>The infection control coordinator (ICC) is the NM. The infection control coordinator uses standardised definitions to identify infections, surveillance, changes in behaviours, monitoring of organisms related to antibiotic use and the monthly surveillance record. Infection control is a standing agenda item in the staff meetings. If there is an infectious outbreak this is reported immediately to staff, management, and where required, to the DHB and public health department.</p> <p>The infection control coordinator interviewed reported that the staff have good assessment skills in the early identification of suspected infections. Residents with infections are reported to staff at handover, have short term care plans developed and documentation in the progress notes.</p> <p>A process is identified in policy for the prevention of exposing providers, residents and visitors from infections. Staff and visitors suffering from infectious diseases are advised not to enter the facility by notices at entrances. When outbreaks are identified in the community, notices are placed at the entrance not to visit the service if the visitor has come in contact with people or services that have outbreaks identified. Sanitising hand gel is available throughout the facility and there are adequate hand washing facilities for staff, visitors and residents. Residents suffering from infections are encouraged to stay in their rooms if required, although the infection control coordinator reports that this can be difficult at times with residents with cognitive impairment.</p>

		The RN and caregivers interviewed demonstrated good infection prevention and control techniques and awareness of standard precautions, such as hand washing.
<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 ICC confirmed being responsible for facilitating infection prevention and control activities. The ICC has attended relevant education on infection prevention and control and advises she liaises with the GP if there are any concerns about a resident with a known or suspected infection.</p> <p>The ICC is responsible for gaining infection control, infectious disease and microbiological advice and support, where this is not available within the organisation. In the event of an outbreak advice will be sought from the GP, gerontology nurse specialist at the DHB or laboratory 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	A copy of the infection prevention and control policies are available for staff to refer to as and when required and this was sighted. Staff interviewed confirmed access to policies on infection prevention and control. Staff reported if they had any concerns they would contact the RN who is on call when not on site. The GP confirmed in interview that he is contacted by staff in a timely manner when the needs of the resident have changed.
<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>Education is provided for staff on infection prevention and control as a component of the orientation and ongoing education programme. Education is provided by an external infection control consultant as part of the annual education programme. As an example, a newsletter received was on urinary tract infections.</p> <p>Residents and family are provided with advice on infection prevention and control activities via residents' meetings. The residents' meeting minutes included discussion on the importance of hand hygiene.</p> <p>Staff reported on interview they regularly receive education on infection prevention as part of the annual programme and also at handover if a situation arises.</p>

<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>Surveillance for infections is carried out in accordance with agreed objectives, priorities, and the methodology that is specified in the infection control programme. The surveillance programme reviewed is appropriate for the size and nature of the services provided.</p> <p>The ICC is the NM with experience and knowledge in infection prevention and control. The ICC/NM explained the surveillance system, the role, responsibilities and the reporting systems in place. Information gained is reported as part of the quality management system requirements and quality improvement objectives on a monthly basis. The ICC and the GP interviewed are aware of any reporting obligations and who to contact.</p> <p>Relevant types of infections, such as urinary tract infections, lower respiratory infections, influenza, chest, skin and wound infections, oral infections, shingles and other infections are part of the surveillance programme. Surveillance forms have been developed and implemented for this purpose. Infection reports are completed and reviewed individually by the ICC. Any immediate trends, advice or information fact sheets are provided back to the service concerned. Additional advice and support on infection control matters can be sought from the microbiologist at the DHB or a private infection control nurse consultant.</p> <p>Caregivers reported that they are kept well informed and understood their responsibilities for reporting any signs and symptoms of a resident having an infection to the RN.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>There is no recorded restraint use at the service. When enablers are used, these are voluntary and the least restrictive option to maintain the resident's safety and independence. Staff demonstrated knowledge on enabler use. Restraint minimisation and management of challenging behaviours is part of the staff's ongoing education programme. There are sufficient policies and procedures for restraint approval, assessment, safe use, evaluation and quality review if restraint was to be used.</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
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End of the report.