

# Heritage Lifecare Limited - Edith Cavell Home and Hospital

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## Introduction

This report records the results of a Provisional 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>	Heritage Lifecare Limited
<b>Premises audited:</b>	Edith Cavell Home & Hospital Ltd
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 16 February 2016      End date: 17 February 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>	56

# 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
	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

Edith Cavell in Sumner Christchurch is certified to provide rest home and hospital level care for 63 residents. On the day of this provisional audit there were 56 residents. This consisted of 34 rest home residents and 22 hospital residents. There are 24 rooms, which can be occupied under a purchased occupational right agreement. These 24 rooms are spread throughout the facility.

The governing body is Edith Cavell Home and Hospital Limited. A General Manager and a Clinical Manager oversee the day to day management of the facility. This provisional audit was attended by a representative for the prospective purchaser.

The audit against the Health and Disability Services Standards and the provider's contract with the district health board (DHB), included observation of the environment, interviews with the management team and staff, review of documentation and interviews with residents and their families.

Two areas requiring improvement relating to documentation and assessments were identified during the 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.

Staff demonstrated good knowledge and practice of respecting residents' rights in their day to day interactions. Staff have received ongoing education on the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights.

One resident at the facility who identified as Māori has her needs met according to her wishes. The service provider reports there are no known barriers to Māori residents accessing the service. Services are planned to respect the individual culture, values and beliefs of the residents.

Staff communicate effectively with residents and their family/whānau. Residents, family members and external health providers interviewed, stated that communication is one of the strengths of this service. There was evidence that residents, families and other parties are provided with full and frank information in accordance with the principles of open disclosure. Appropriate written consents have been obtained.

There is a complaints process that is understood by residents, family members and staff and meets the requirements of the Code of Health and Disability Services Consumers' Rights. A current register is maintained by the general manager.

## Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The organisation has a documented vision and mission statement which is included in their strategic documents and is reviewed regularly. These are available to staff and are on display in the facility. The general manager has a position description, which gives her the authority to undertake the responsibilities of her role and she has the necessary skills, knowledge and experience to perform her job. In a temporary absence of the general manager, the clinical manager takes over day to day management of the facility.

There is a quality and risk management system in place. This includes a quality and risk management plan, which includes quality and clinical indicators, an internal audit programme and management of risks. A suite of policies and procedures are current and reviewed regularly. The adverse events reporting system and subsequent corrective action planning, feed into the quality improvement cycle to manage any further risk and ensure continuous quality improvement occurs.

There are appropriate systems for the recruitment, appointment and management of all employees. There is a formal orientation programme and an ongoing education and development plan for all staff. All staff have a current performance appraisal. The clinical manager prepares the weekly roster based on the staffing policy. The roster is designed to meet the needs of residents and incorporates nursing staff, caregivers, and a range of house-keeping, kitchen and diversional therapy staff members. The current roster is adequate for the number of residents and their level of need.

The prospective purchaser has no immediate plans to change the management structure at the facility or organisational management systems. Their representative was interviewed on site and they operate other facilities that are certified under these standards and understand the requirements. There is a transition plan that includes pre and post purchase actions.

Information is entered into resident files in a timely manner; however not all records are current, and not all information is included in the residents' integrated file and this needs addressing. The resident records were securely stored. No private information was publicly displayed.

## Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.
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The entry criteria for the service is clearly documented and communicated to the potential resident, family/whānau and referring agencies. If entry to the service is declined, a record is maintained.

Residents receive timely, competent, and appropriate services in order to meet their assessed needs and desired outcome/goals. Each stage of service provision is undertaken by suitably qualified/experienced staff who are competent to perform the function. The processes for assessment, planning, provision, review, and exit are provided within time frames that safely meet the needs of the resident and contractual requirements. However the use of the interRAI tool and cultural assessments for Māori are not always utilised and this needs addressing.

Evaluation of care is consistently documented at least six monthly.

Care plans reviewed describe the required support and/or intervention to achieve the desired outcomes. The provision of services and interventions was consistent with, and contributed to, meeting the residents' needs.

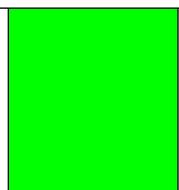
Resident support for access, or referral, to other health and/or disability service providers is appropriately facilitated or provided.

The service provides a planned activities programme, which reflects residents' preferences. The activities are planned and provided to develop and maintain skills and interests that are meaningful to the residents.

A medication management system is in place that meets all legislative and guideline requirements. Staff responsible for medicine management are assessed as competent to perform the function for each stage they manage.

The menu has been reviewed by a dietitian as suitable for the older person living in long term care. Residents and family reported satisfaction with the meals and choices provided.

## 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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The facility is purpose built and well maintained. Residents rooms are kept clean, tidy, well ventilated and at a comfortable temperature. There are a number of communal areas which provide a variety of spaces for residents to use. There are a sufficient number of toilets and bathrooms for the number of residents.

Easily accessed, safe and attractive outside areas are provided for use for residents. The building has a current building warrant of fitness.

There are systems in place for the management of waste and hazardous substances by staff who have been trained in this area.

Emergency procedures are well documented for ease of use and available in a number of places around the facility. Regular fire drills are held and staff are well trained to respond in any emergency. There is a generator on site and adequate supplies for civil defence and other emergencies are located at the facility. Appropriate security arrangements are in place.

The prospective provider has no plans to make any structural alterations to the environment that will impact on certification of the facility.

## 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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Edith Cavell has a philosophy of not using restraints and there were no residents with restraints on the days of audit. Two residents were using enablers on the days of audit.

There are policies and procedures in place, which meet the requirements of these standards, should they be needed. On reviewing residents' files it is evident that the philosophy of no restraint is implemented and all alternatives are explored first. All staff receive training in the facility's procedures and the restraint coordinator has undertaken additional research.

The prospective provider understands the requirements of this standard and does not intend to make any immediate changes to the systems for restraint minimisation and safe practice.

## 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 control registered nurse has a defined role to manage the environment and minimise the risk of infection to residents, service providers and visitors. The service has a clearly defined and documented infection control programme that is reviewed at least annually.

Staff files, observation and interviews verify initial and ongoing infection control education occurs.

Surveillance for infection is conducted monthly. Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to staff and management in a timely manner.

## 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	43	0	1	1	0	0
<b>Criteria</b>	0	91	0	1	1	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
Standard 1.1.1: Consumer Rights During Service Delivery  Consumers receive services in accordance with consumer rights legislation.	FA	The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) was displayed throughout the facility. New residents and families reported that they were provided with copies of the Code as part of the admission process.  Staff demonstrated knowledge of the Code and its implementation in their day to day practice. Staff were observed to be respecting the residents' rights.
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	Files reviewed included appropriate written consents by either residents or family. Staff during interview demonstrated good knowledge of consent processes. Family/whānau and residents interviewed verified appropriate consents occur as everyday practice.
Standard 1.1.11: Advocacy And Support  Service providers recognise and facilitate	FA	Family/whānau and residents interviewed reported that they were provided with information regarding access to advocacy services. Contact details for the Nationwide Health and Disability Advocacy Service was listed in the client information booklet, with the brochure available at the

the right of consumers to advocacy/support persons of their choice.		entrances to the service. Education was conducted as part of the in-service education programme.
Standard 1.1.12: Links With Family/Whānau And Other Community Resources  Consumers are able to maintain links with their family/whānau and their community.	FA	Family/whānau reported that they are encouraged to visit at any time, and are always welcomed. Residents are supported and encouraged to access community services with visitors, or as part of the planned activities programme.
Standard 1.1.13: Complaints Management  The right of the consumer to make a complaint is understood, respected, and upheld.	FA	The complaints policy for the facility meets the requirements of Right 10 of the Code of health and disability services consumers rights (the Code) and these standards. This is given to all new residents and their families on entry to the service, to all new staff at orientation and is included in annual refresher training.  The complaints register is maintained by the GM and confirms all required timeframes have been met. The issues raised are being managed appropriately. The GM demonstrates a sound understanding of the Code and her responsibilities for complaint management. Staff members interviewed also demonstrated a clear understanding of their responsibilities given their roles for reporting residents' concerns and complaints and directing them to the available complaint forms and health and disability commission pamphlets freely available within the facility.
Standard 1.1.2: Consumer Rights During Service Delivery  Consumers are informed of their rights.	FA	Family and residents interviewed reported that the Code was explained to them on admission and was included as part of the admission pack, and time was allowed for them to understand the information. The Nationwide Health and Disability Advocacy service information is also included in the admission pack with brochures available at the entrance of the facility.
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	The family/whānau and residents interviewed reported that the residents are treated in a manner that shows regard for the resident's dignity, privacy and independence. Files reviewed indicate that residents received services that are responsive to their needs, values and beliefs.  Residents, family/whānau, one general practitioner (GP) and one physiotherapist interviewed did not express any concerns regarding abuse or neglect.

<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>There was one resident who identified as Māori at the time of audit (refer to criterion 1.3.4.2). The clinical manager reported that there are no barriers to Māori accessing the service. Staff interviewed demonstrated a good understanding of services that are commensurate with the needs of the Māori resident and importance of whānau.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>Residents' files reviewed demonstrated consultation with the resident and family/whānau on the resident's individual values and beliefs. Family/whānau reported they were consulted with the assessment and care plan development. Staff interviewed demonstrated good knowledge on respecting each resident's culture, values and beliefs.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>Staff employment documents had clear guidelines regarding professional boundaries. Family/whānau and residents interviewed reported they were very happy with the care provided. Family and residents expressed no concerns regarding breaches in professional boundaries and all reported high satisfaction with the caring, calming and patient manner of the staff.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>Evidence-based practice is observed, for example regular use of hand gel and personal protective equipment, assistance with mobility aids as instructed by the physiotherapist. Examples included weekly physiotherapist visits to the facility with mobility plans included in care planning documents and evidence of links with palliative care services. The DHB care guidelines for aged care are utilised. There are five registered nurses (RN) trained in interRAI.</p> <p>There is regular in-service education and staff access external education that is focused on aged care and best practice.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate</p>	FA	<p>Staff demonstrated that they understand the principles of open disclosure. Residents, family/whānau and the GP confirmed they are kept informed of the resident's status, including details of events which may have affected the resident. Evidence of open disclosure is</p>

<p>effectively with consumers and provide an environment conducive to effective communication.</p>		<p>documented within each resident's file. All interviewees reported that communication is excellent.</p> <p>There are guidelines for practising open disclosure within the documented policies and procedures of Edith Cavell home. These are included in training and evidence of open disclosure was available on residents files reviewed during this audit.</p> <p>At the time of this audit there were no residents who required interpreter services to ensure effective communication. Both the general manager (GM) and clinical manager (CM) demonstrated their understanding of the organisation's processes for obtaining these services should they be required.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Edith Cavell is privately owned by a single owner/director. The GM reports directly to them with weekly reports and at three monthly meetings. The clinical manager (CM) reports to the GM.</p> <p>The mission, vision and values of the organisation are documented in the business plan and quality plan. These are reviewed annually when progress against the objectives and goals in these strategic documents are reviewed.</p> <p>An interview with the prospective owner occurred with their quality and compliance manager. The prospective owners have a documented transition plan, which includes an organisational structure at senior management and executive level. If the proposed sale becomes unconditional and progresses they will not make any immediate changes to the organisation's management. Instead they will provide support and oversight and replace the management reporting with their own systems and monitoring.</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>	<p>FA</p>	<p>In the short term absence of the GM the CM will undertake the role of acting facility manager. When this occurs one of the registered nurses (RNs) takes over some of the CMs responsibilities to enable the CM to undertake the management role.</p> <p>At interview with staff members they report that the GM and CM are providing improved stability as the management team of the facility and their respective areas of responsibility. Staff find them approachable.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p>	<p>FA</p>	<p>There is a quality and risk management plan for the facility, which is reviewed annually. The GM coordinates the development and review of all policies and procedures for the facility, in</p>

<p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>conjunction with the CM. When appropriate other staff members are included in reviewing them before they are confirmed. All documents reviewed during the audit were current.</p> <p>The GM coordinates and manages the quality committee, which meets every two months through the year. A standard agenda incorporates the quality plan objectives, internal audit calendar and corrective actions, which may arise from these, as well as the ongoing development and review of documents.</p> <p>The CM implements the internal audit calendar, or delegates them to staff to complete, and develops corrective action plans for any issues identified through an audit. Each month graphs of the events are on display in the staff room. Staff members interviewed confirmed that they receive information about the events, which occur in the facility and how these are managed. They also demonstrated an understanding of their responsibilities in the quality cycle appropriate to their role. These documents were reviewed with the GM during the audit.</p> <p>There is a risk management plan, which identifies the risks to the business and includes management strategies to mitigate them as much as practicable. This is reviewed regularly at the same time as the review of the quality plan and business plan.</p> <p>The prospective owner confirmed that there are no immediate changes planned except to the management reporting tools and the quality improvement plan. Instead their approach is a gradual change over of documentation, rather than an immediate and sudden change. Their experience of other acquisitions has shown that a gradual change is more successful.</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>There is an incident and accident reporting policy which includes the essential notifications and statutory and regulatory reporting. (The requirement to report pressure injuries of category 3 under section 31 of the Health and Disability services (Safety) Act has recently been added to the policy.) A norovirus outbreak which occurred in September 2015 was appropriately reported to Public Health and evidence of this was reviewed with the GM during the audit. At interview she demonstrated her sound understanding of her responsibility in this area.</p> <p>Adverse events are reported and recorded on appropriate event reporting forms (there are several different forms for different purposes). As noted in standard 1.2.3 Quality and risk management, the data from collated adverse events is summarised by the CM on a monthly basis. Staff confirm that they report events using the reporting forms. They understand the importance of reporting and recording events, and receive collated event data at the regular monthly staff meetings.</p> <p>General practitioners (GPs) are notified of adverse events when they occur and this was confirmed during the auditor's interview with one of the GPs who visits. Residents and family</p>

		<p>members report that they are also notified of events and appreciate receiving this information.</p> <p>Three pressure injuries, which were being managed at the time of this audit, had not been reported and recorded on incident/accident report forms. This has been identified with other documentation issues in an area for improvement under standard 1.2 9 consumer information records.</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>Policies and procedures for recruitment, appointment and management of staff reflect current legislation and good employment practice. All recruitment is managed by the GM and CM, with a final decision on the candidate depending on the position being filled. All appropriate checks are performed during the appointment process and this was confirmed during a review of personnel files. Professional qualifications are verified and monitored annually. There are records verifying current practicing certificates / professional registrations held for all registered nurses working in the facility, registered medical practitioners and allied health professionals who provide services to residents who live at Edith Cavell. Personnel file reviews confirmed that performance appraisals are also current.</p> <p>There is a comprehensive training and education programme available for all staff members. This incorporates an orientation and induction programme and ongoing annual and biennial training. The GM now maintains a training register, which includes essential training, competencies that require renewal and other in-service and external training attended by staff. The programme includes wound and pressure injury management. Records of training attendance and the content of individual sessions were reviewed with the GM for 2015 up to the date of this audit.</p> <p>An area for improvement had been identified in relation to training and education at the facility's last certification audit in July 2015. Reporting has been made to the shared services agency as required by the provider.</p> <p>Staff members interviewed reported that the training available provides with the support and education available to undertake their roles effectively and safely. They also value the opportunity to undertake qualifications on the national qualifications framework.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably</p>	FA	<p>There is a staffing policy, which describes how the roster will be developed to meet the needs of residents in the facility. Rosters are compiled by the CM based on a ratio of one RN on every shift with a varying number of care givers throughout the facility and across the three shifts every day of the week. There is a cook and trained kitchen hand, with other kitchen staff, from 7am to</p>

<p>qualified/skilled and/or experienced service providers.</p>		<p>8.30pm daily, seven days a week. There is a laundry staff member daily, seven days a week and a team of domestic staff who work on various shifts, seven days a week. There is a full time diversional therapist five days a week. The CM is additional to the RN compliment on any given shift, five days of the week. She is also available on call to the nursing staff outside of these times. The current staffing levels meet the requirements of residents.</p> <p>Residents and the GP interviewed reported that there are sufficient numbers of suitably skilled staff at Edith Cavell home. The GP complimented the nursing and assessment skills of the RNs.</p> <p>The prospective owner uses a staffing model, and electronic tool, based on the 'Indicators for Safe Staffing'. This can be used as a rostering tool or to inform the development of rosters. As noted, the sale is still conditional at the time of the audit and submission of this report. If the sale goes through then their staffing model will be implemented at the facility.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	<p>PA Moderate</p>	<p>A review of records, interview with the clinical manager and documentation confirmed that information is entered into each resident's integrated file in a timely manner. Records reviewed were dated signed and legible. There were however some records that were not current or complete and this requires improvement.</p> <p>Current residents' old notes and archived records are stored in a secure room. These were observed as organised and dated.</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>Edith Cavell Rest Home has an enquiry book that logs enquiries for admission. The residents are required to have an interRAI assessment for the appropriate level of care. The entry criteria, assessment and entry process is clearly documented and communicated to the potential resident and family/whānau.</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>When admission is required to the acute care hospital, the service completes a transfer form and yellow envelope (refer criterion 1.2.9.1). The referral process documents any risks associated with each resident's transition, exit, discharge, or transfer. With the transfer form/envelope, the RN reported that the service also provided a copy of any other relevant information, such as the medication chart. A file of a resident reviewed with a recent admission to the acute care hospital evidenced that the transfer from the hospital was effectively managed.</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>Routine medications are supplied by the pharmacy in a robotic administration system. The medicines that are not pre-packed, such as liquid medicines, are individually supplied for each resident. In the hospital wing a standard small supply of medications is available for urgent situations. The medicines and pre-packed medicine sheets are checked for accuracy by the RN when delivered.</p> <p>The GP conducts medicine reconciliation on admission to the service and when the resident has any changes made by other specialists.</p> <p>Safe medicine administration was observed at the time of audit. All records were accurately completed.</p> <p>Medications were seen to be securely stored, and at appropriate temperatures. Controlled medications were checked according to medication guidelines, including pharmacist checks.</p> <p>All the medicine charts sighted had prescriptions that complied with legislation and aged care best practice guidelines. Each medicine was signed by the GP and had the required level of documentation to allow safe administration of the medicines. The prescriptions were legible, recorded the name, dose, route, strength and times for administration. The medicine charts recorded the regular, short course and pro-re-nata (PRN – as required) medicines for each resident, including urgent prescriptions meeting a previous required improvement.</p> <p>When medicines were discontinued, these were signed and dated by the GP. The medicine charts sighted had a current photo of the resident and recorded any medicine related allergies. Sample signature verification was recorded for all staff who administers medicines. All of the medicine charts were reviewed by the GP in the past three months, except those of recent admissions.</p> <p>Medication competencies were sighted for all staff who assist with the medicine management; this included the RNs.</p> <p>There were no residents who self-medicate, although there are processes in place should this occur.</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</p>	<p>FA</p>	<p>The current menu was reviewed by a dietitian in July 2015. The cook during interview reported that she is able to contact the dietitian if she has any menu queries. The cook in charge of the kitchen has been at the facility for over 5 years and has had a recent food hygiene education update. All residents interviewed reported satisfaction with the food and food services.</p> <p>Residents are routinely weighed at least monthly, and more frequently when indicated.</p>

<p>delivery.</p>		<p>Residents with additional or modified nutritional needs or specific diets are having these needs met.</p> <p>There is food available 24 hours a day for those who wish to snack at night.</p> <p>All aspects of food procurement, production, preparation, storage, delivery and disposal comply with current legislation and guidelines. A cleaning schedule with assigned tasks is completed each shift and the kitchen is observed to be clean, tidy and organised.</p> <p>Food temperatures, fridge and freezer recordings are undertaken daily and meet requirements. All foods sighted in the freezer were in their original packaging or labelled and dated if not in the original packaging.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	<p>FA</p>	<p>The clinical manager (CM) reported that they have not declined entry to any potential residents who have an appropriate needs assessment. The CM reported that if entry to the service was to be declined the referrer, potential resident and where appropriate their family/whānau, would be informed of the reason for this and of other options or alternative services.</p> <p>The facility's admission agreement contained information on the termination of the agreement. This documents that if a resident's needs changed and if the service can no longer provide a safe level of care to meet the needs of the resident, they would be reassessed for the appropriate level of care.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>PA Low</p>	<p>The service has implemented interRAI assessments, although not all residents have been assessed using the electronic tool yet. The service was still using the facility's paper based assessment tools for all six monthly assessments prior to care plan reviews. The interRAI is being completed in isolation of care plan reviews and not used to inform the care plan and this requires improvement. The service uses assessment tools for skin integrity/pressure area risk, falls risk, monitoring of behaviours and nutritional assessment. The care plans sighted reflect the paper based assessed needs of the residents. The assessment processes sighted in the residents' files reviewed covered the residents' physical, psycho-social, cultural and spiritual needs.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are</p>	<p>FA</p>	<p>Care plans reviewed were individualised and reflected the resident's individual needs. The files of both the residents reviewed using tracer methodology had appropriate care plans that identified the residents' needs and care requirements. The residents' files and care plans</p>

<p>consumer focused, integrated, and promote continuity of service delivery.</p>		<p>demonstrated service integration. The files had one main folder that contained the medical information, nursing assessment, care plan, routine observations, activities, therapies, family correspondence and specialist consultations. There were other folders for weight management which was not always transferred to the integrated file and this has been identified as an area for improvement in criterion 1.2.9.1.</p> <p>Residents and family/whānau interviewed reported that they are consulted at the time of care plan reviews and staff delivered services in line with their wishes. The GP interviewed expressed satisfaction with the care provided.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>Services are being delivered according to information in residents' individualised care plans. Short term care plans are being developed for short term problems such as skin tears and decreased mobility, pain and urinary infections. Progress notes reviewed demonstrated that care and support was consistent with the identified problems, personal goals and interventions, as described in the care plans. Care staff informed that they report any concerns about a resident, such as a change in their condition, both in the progress records and to RNs, and this was confirmed. Any untoward issues that arise are managed through the short term care planning process, which includes detailed interventions. Residents spoke highly of the level of care and support provided and consistently stated that all of their needs are being met.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>On admission a personal profile is completed for each resident. A detailed and individualised activity plan is developed and updated during review. A range of activities are planned for each month and copies of the monthly activity schedules show that options are varied. The monthly plan is in each resident's bedroom in a large print format. The diversional therapist during interview described the planning and involvement of residents in preparing the programme.</p> <p>Residents interviewed are happy with the activities available, and say they like the variety. They confirmed there is no compulsion to attend, or participate if they are in the lounge during activity time. Residents who wish are assisted to undertake activities on a one to one basis and a record of this is retained.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely</p>	<p>FA</p>	<p>Evaluation of both short and long term care plans is occurring in recommended timeframes with detailed outcomes/goals included. Both residents and family are consulted and are informed</p>

manner.		when changes are identified. This was confirmed during interviews and via a signature on the base of the care plan. Information is being included in progress notes and changes are being made to interventions on care plans when indicated. Staff interviewed stated they are consulted prior to evaluations.
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>Although one GP visits most of the residents, all residents are able to maintain their own GP if available. The GP arranges for any referral to specialist medical services when it is necessary. The residents' files reviewed had appropriate referrals to other health and diagnostic services. Referrals were sighted for consultations with general medicine, dermatology, neurology, surgery, mental health, and radiology and cardiology services. The GP interviewed reported that appropriate referrals to other health and disability services were well managed at this service.</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>There are guidelines for the management of waste and hazardous substances, which are followed by staff. These include directions for housekeeping and laundry staff members. Laundry and cleaning products are provided by an external contractor. This provider has material safety data sheets for all their products and these were current and matched all products used on site.</p> <p>All cleaning and laundry chemicals, and those used by the maintenance person, are stored in locked storage areas. Housekeeping staff have access to cleaning chemicals in labelled containers with instructions for use. They report that these products are effective at cleaning and don't leave a residue of smell.</p> <p>Staff have regular training in the use of the chemical products and in the management of waste and hazardous substances. This was evident in the review of personnel files and at interview with a range of staff members.</p> <p>Personal protective equipment (PPE) is available to all domestic and laundry staff in the sluice and utility rooms, the laundry and on the cleaner's trolley. Staff confirmed that they have ready access to adequate supplies of PPE at all times, and additional supplies are available during outbreaks.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an</p>	FA	<p>There is a current building warrant of fitness. Residents and family members interviewed during this audit reported that they find the environment is maintained to a good standard at all times</p>

<p>appropriate, accessible physical environment and facilities that are fit for their purpose.</p>		<p>and it is well presented.</p> <p>There is now a regular system for the relevant testing, maintenance and calibration of electrical equipment and medical devices. A comprehensive register has been developed by the GM and is maintained. All equipment sighted during the audit was consistent with the register. This was an area for improvement in the certification audit in July 2015. Reporting has been made to the shared services agency as required by the provider.</p> <p>All corridors and offices have now been re-carpeted, with carpet tiles, which are low resistance for mobility aids and blend well with the furnishings and décor. Residents and family members reported that the new carpet has made a marked improvement. The other modifications identified in an area for improvement (clean and dirty separation in the utility room, cleaning of the utility room, tidying the storage in the workshop, improving the storage of chemicals in the laundry and placing a wall in the laundry to close a small area) had been addressed by the time of this audit. As noted, the provider had already reported their corrective action for this improvement to the shared services agency prior to this onsite audit.</p> <p>All outside areas were easily accessed from the facility. These include an enclosed courtyard and garden and the outside gardens. All are very well maintained and provide an outside area for residents and visiting families to use. This includes large trees which provide shade.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>The facility has 60 rooms, 31 of which have an ensuite bathroom with shower, toilet and wash-hand basin. Of the remaining 29 rooms* (This includes the three double rooms) 19 have an ensuite toilet and wash basin. The remaining residents in the 10 rooms without an ensuite toilet use one of the 7 communal toilets. There is one additional toilet used for staff on the ground floor, and a staff toilet upstairs adjacent to the staff room.</p> <p>There are five communal showers with a toilet and these are used by 32 residents in 29 rooms*.</p> <p>The ratio of toilets and bathing facilities are adequate given the guidelines for safe care which are utilised within the sector.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>There are 60 bedrooms at Edith Cavell, three of which are double rooms. Bedrooms vary in size and configuration. The smallest rooms meet the size requirements for the provision of hospital level care. There are 30 rooms and studios for which residents can purchase occupation right agreement (ORA). Of the 24 ORA rooms, 11 of these are studio-sized and are of larger proportions.</p>

		<p>Residents are able to move independently, or with assistance in their rooms. Those who use mobility equipment have sufficient room to manoeuvre. Residents have personal items and furniture as they choose.</p> <p>All rooms are appropriate for the needs of the residents, depending upon their assessed need level.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>There are two lounges and two dining rooms. A third smaller room can be used for residents and their families to have private functions, or for groups of residents for communal activities or functions. The GM reported that while this room is not used often, but that when it is used it is to good effect.</p> <p>Residents and family members report their satisfaction with the environment at Edith Cavell.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>A laundry team member was interviewed during the audit. She monitors the effectiveness of laundry and cleaning on a daily basis through visual inspection. At interview she confirmed that she is always ensuring that the laundry services are being completed to the standard expected. A member of the housekeeping team similarly reported the procedures for the cleaning staff.</p> <p>Formal monitoring occurs through regular internal audits conducted by the CM. The cleaning and laundry products provider conducts monthly audits of the effectiveness of their products. Review of both confirms that the housekeeping services are conducted to an acceptable standard.</p> <p>Residents and family members interviewed during the audit stated that they were satisfied with cleaning and laundry services. The facility is kept looking clean and smelling fresh. During the two days on site the environment was observed to be well maintained, clean and hygienic throughout. Chemicals and cleaning products were stored securely when not in use. All products were in named bottles with original labels.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>A range of staff members were interviewed and all confirmed that they receive training in fire, emergency and security procedures. This occurs at orientation and annually thereafter.</p> <p>There is a well-documented emergency plan, which includes provisions for minor and major emergencies. This has been updated to include lessons learnt from the Canterbury earthquakes. The GM and maintenance person were interviewed in relation to the emergency response</p>

		<p>preparedness of the facility. All appropriate systems are in place to respond to a significant civil defence emergency, with supplies of food and water, equipment, fuel and a generator on site.</p> <p>There are security procedures in place overnight to lock external doors and these are checked during the night shift. There is an approved evacuation plan for the facility. The call system functions throughout and when activated they are responded to promptly.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>All rooms, including residents' bedrooms, have large windows, which allow natural light. There are windows in every room, which can be opened to provide ventilation and natural air flow. On the days of audit it was very warm and the facility was kept cool using open windows to allow air flow, curtains to reduce sunlight, while still enabling external views.</p> <p>Every bedroom has more than one window which looks onto gardens and lawns, at a normal height. All windows have curtains or blinds which are in good condition.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The infection control (IC) RN was not available on the day of the audit. The CM who supports the IC RN in the role was interviewed. The job description for the infection control coordinator role is clearly defined. There are clear lines of accountability for infection control matters at the service through the quality meetings, and relevant information is provided to management. IC is part of the quality meeting. The IC coordinator provides a report to the quality meeting monthly.</p> <p>The annual review of the infection control programme has been conducted within the past 12 months.</p> <p>The service has clear policies about staff, residents and visitors suffering from, or exposed to and susceptible to, infectious diseases. Staff reported that they do not come to work if they were unwell.</p> <p>Notices are placed at entrances to ask visitors not to visit if they are unwell, or had been exposed to others who are unwell. There was sanitising hand gel throughout the service for residents, visitors and staff.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement</p>	FA	<p>The IC coordinator attends ongoing education. The CM reported that the facility can access external advice from the hospital IC consultant, the GP, DHB and Ministry of Health services as required. Infection control is discussed at the monthly quality meeting and staff education meetings.</p>

the infection control programme and meet the needs of the organisation.		
<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	Edith Cavell uses policies and procedures that were developed by a specialist infection prevention and control advisory service. Staff demonstrated good infection prevention and control practices reflective of policy.
<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>Infection control education is provided by the IC RN and the CM, both of whom have maintained their knowledge of current practice. The in-service education programme contained education and attendance sheets for infection prevention and control education sessions. The infection prevention and control education is part of the annual compulsorily in-service education. Infection control practices are included in induction and orientation for all new staff.</p> <p>Informal education is provided as required to residents and their family/whānau. The CM gave examples of encouraging residents with fluids and personal hygiene for a resident with recurring urine infections.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>The RN holds the role of infection prevention and control coordinator. The job description for the infection control coordinator role is clearly defined. There are clear lines of accountability for infection control matters at the service through the staff meetings, and relevant information is provided to the Facility Manager and owner via meetings.</p> <p>Results of surveillance are documented, analysed and a report included at staff meetings. Data analyses include specific recommendations for minimising infections.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	The facility has policies and procedures for the use of restraints and enablers which comply with these standards. There is a clear philosophy of non-restraint use and all alternatives to restraints are considered and used before any restraint is considered.

		<p>On the days of audit there were no residents using restraints and there had been none for some time. There were two residents who were use enablers. The restraint coordinator was interviewed in relation to this standard. She has held the position for over a year, has attended all training provided at the facility and has researched further through the Canterbury DHB website. She demonstrated her understanding of the no-restraint philosophy and the restraint and enabler procedures.</p> <p>Both residents using enablers are doing so voluntarily. Their enablers are assessed, approved, managed, monitored and reviewed. The resident's files were reviewed and all documentation was current and as described in the organisation's policies and procedures.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.9.1</p> <p>Information is entered into the consumer information management system in an accurate and timely manner, appropriate to the service type and setting.</p>	<p>PA</p> <p>Moderate</p>	<p>Some resident files reviewed include information that is not current. For example:</p> <ol style="list-style-type: none"> <li>1. The physio therapist (instructions for daily walks) and the GP (resident is now palliative care) specific instructions are not included or reported on in the residents file.</li> <li>2. Weight recordings are documented in separate folders but are not always transferred to the resident’s integrated notes.</li> <li>3. Family communication records are not always completed. However this information may be included in residents’ progress notes, but it is difficult to find.</li> <li>4. Three pressure injuries (PIs) have been identified with interventions and outcomes appropriate. However, there is not an ACC claim or incident</li> </ol>	<p>Not all resident files have accurate information included and not all is entered in a timely manner.</p>	<p>Information regarding the resident is entered into their integrated file in an accurate and timely manner.</p> <p>60 days</p>

		<p>report completed for the PI (refer to criteria 1.3.3 and 1.2.4).</p> <p>5. The CM reported that transfer forms are completed when residents transfer to hospital. However for three recent transfers there is not a copy of the transfer form retained in the resident's notes.</p> <p>6. Incident summary (log) forms sighted in two residents' integrated files have not been updated since July 2015, although there is evidence that there have been several incidents since that date,</p>		
<p>Criterion 1.3.4.2</p> <p>The needs, outcomes, and/or goals of consumers are identified via the assessment process and are documented to serve as the basis for service delivery planning.</p>	PA Low	<p>The service has five RN's who are interRAI trained. One RN is completing all interRAI assessments and reassessments for residents. These are completed in isolation of care plan reviews and not used to inform the development or update of residents' care plans. The other four RN's are completing paper based assessments prior to review of the care plan. Different results are occurring. For example a resident with increased needs including a high risk for falls on the interRAI is identified as medium risk in the residents care plan.</p> <p>A resident who identifies as Māori has not had this included in the assessment and care planning process.</p>	<p>The needs, outcomes/goals of the resident identified during the electronic interRAI assessment process are not used as a basis of care plan development or update.</p>	<p>The interRAI assessment is used as a basis for service delivery planning.</p> <p>180 days</p>

## 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.