

Tony And Cora Noblejas Limited - Christina's Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Tony And Cora Noblejas Limited

Premises audited: Christina's Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 10 February 2016 End date: 11 February 2016

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 18

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
	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

Christina's Rest Home is privately owned and provides rest home level care for up to 21 residents. On the day of audit there were 18 residents.

This certification audit was conducted against the Health and Disability Services Standards and the provider's contract with the district health board. The audit process included the review of relevant policies and procedures, the review of staff files, observations, and interviews with residents, families/whānau, management, staff, a visiting mental health district nurse and a general practitioner. There are no areas identified for improvement.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Staff demonstrated knowledge and understanding of the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights.

Residents and their families are informed of their rights at admission and throughout their stay. Residents receive services that have regard for their dignity, privacy and independence. The residents' ethnic, cultural and spiritual values are assessed at admission to ensure their needs are accommodated and respected.

Communication channels are clearly defined and interviews and observation confirmed communication is effective. Evidence was seen of informed consent and open disclosure in residents' files reviewed. Evidence-based practice is supported and encouraged to ensure residents receive services of an appropriate standard. Residents have access to visitors of their choice and are supported to access community services.

The service has a documented complaints management system which is implemented. There were no outstanding complaints at the time of audit.

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 organisation's mission and vision statements are identified in the business plan. Planning covers business strategies for all aspects of service delivery to ensure services are delivered in a coordinated manner to meet residents' needs.

The quality and risk system and processes support safe service delivery. Corrective action planning is implemented to manage any areas of concern or deficits. The quality management systems include an internal audit process, complaints management, incident/accident reporting and infection control data collection. Quality and risk management activities and results are shared among staff, residents and family/whānau, as appropriate.

The day to day operation of the facility is undertaken by staff that are appropriately experienced, educated and qualified. This allows residents' needs to be met in an effective, efficient and timely manner, as confirmed during resident and family/whānau interviews.

The service implements the documented staffing levels and skill mix to ensure contractual requirements are met. Human resources management processes implemented identify good practice and meet legislative requirements. The facility has very good staff retention. 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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The nurse manager (NM) conducts the initial assessment and initial care plan on the resident's admission to the service. The provision of care is based on the assessed needs of the resident.

The residents' care plans are well documented and clearly identify the needs, expected outcomes and/or goals and these are reviewed six monthly, or more often as required. The residents and their families are involved in the care planning and review. The general practitioner ensures all residents are seen on admission and provides full medical cover for residents 24 hours a day.

The activities programme is planned to meet the individual needs and abilities of the residents. A safe medicine management system was observed on the days of audit. Staff who are responsible for medicine management are assessed as competent to perform the role.

The menu is reviewed by a dietitian as being suitable for the older person living in a care facility. The staff have completed education requirements for safe food handling and all aspects of safe food management meet requirements.

Safe and appropriate environment

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

The building has a current building warrant of fitness and the service has an approved fire evacuation plan. There have been no changes to the services being delivered or to the facility footprint since the previous audit. Residents' are provided with an environment that is appropriate to meet their needs as confirmed during resident and family/whānau interviews. There is adequate toilet, bathing and hand washing facilities. Designated lounge and dining areas meet residents' relaxation, activity and dining needs. Bedrooms are single occupancy.

Cleaning and laundry processes are appropriate to the setting for rest home level care and staff are guided by policies and procedures to ensure residents are provided with a safe and hygienic facility. The facility heating is a mix of electricity and gas. Opening doors and windows creates a good air flow to keep the facility cool when required.

The outdoor areas provide suitable furnishings and shade for residents' use. Residents and families/whānau interviewed were happy with the environment provided.

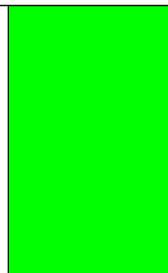
Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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At the time of audit no restraints or enablers were in use. The service operates a non-restraint policy. Policies and procedures are available to staff should restraint be required. Staff education is undertaken as part of orientation and as on-going in-service education. Staff are able to demonstrate their understanding of the restraint minimisation policy and procedures and the definition of an enabler. Policy describes all restraint definitions to meet Health and Disability Services Standards requirements, including that of enablers, which are voluntary and used for a resident's safety or to help maintain independence.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.



Standards applicable to this service fully attained.

There is a documented and implemented infection control programme which is appropriate to the service. The plan and outcomes are reviewed annually.

Infection prevention and control policies and procedures are clearly documented and implemented to minimise risk of infection to residents, staff and visitors. The service has an appropriate system for the surveillance of infections, which reflects the size and scope of the service. Where the infection rates are higher than expected the service implements an action plan to address any shortfalls identified. The DHB is consulted as required concerning infection surveillance data.

Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	45	0	0	0	0	0
Criteria	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)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Staff interviewed, including the caregivers, were able to demonstrate 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. At the time of audit staff were observed to be respecting the residents' rights during all interaction such as staff knocking on residents' doors prior to entering their rooms, staff speaking to residents with respect and dignity, and staff calling residents by their preferred names.</p> <p>The residents interviewed reported that they are treated with respect and receive information on admission. The Code is available in other languages for residents with English as a second language.</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>Consent forms sighted request the resident's agreement to collect and retain information, for a photograph, a name on a bedroom door and to travel in transport organised by the facility.</p> <p>Informed consent is evident in observation of day to day activities on the days of audit, with residents being actively involved in the decision making process. Files reviewed provided evidence of informed consent</p>

		<p>forms signed on admission.</p> <p>An advance directive enables a resident to choose if they would like: antibiotics for a chest infection; resuscitation in the event of cardiac, respiratory or cerebral collapse; active medical treatment to prolong life; transfer to the base hospital for on-going treatment. The advance directive is filled out in consultation with the resident's doctor, with consent or non-consent to be revoked at any time. Staff receive education on informed consent and the Code of Rights.</p> <p>Admission documentation clearly identifies inclusions and exclusions in the service, in addition to providing a booklet informing residents and families of the services.</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 are aware of their right to have support person/s as confirmed in interviews with residents.</p> <p>Education from the Nationwide Health and Disability Advocacy Service is given annually. The staff interviewed reported knowledge of residents' rights.</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 remain in contact with the community by going on outings and walks to local shops and parks. There is a portable phone which is taken to the residents as required.</p> <p>Policy includes procedures to be undertaken to assist residents to access community services and a van is available.</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>Policy and procedures identify that the organisation is committed to an effective and fair complaints system. Procedures are in place to show how they support a culture of openness and willingness to learn from incidents, including complaints. The complaints management processes sighted meet policy requirement.</p> <p>Complaints management is explained as part of the admission process for residents and family/whānau and is part of the staff orientation programme and ongoing education. Residents and family/whānau confirmed that the management's open door policy makes it easy to discuss concerns at any time. The complaints received since the</p>

		<p>previous audit have been of a minor nature and managed within policy timeframes and according to policy. This is confirmed in the complaints register sighted. There are no outstanding complaints at the time of audit.</p> <p>Staff confirmed during interview their understanding of the complaints process. Complaints are a standing agenda item for staff meetings, as confirmed by meeting minutes sighted.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Residents are provided with relevant 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 nurse manager (NM). Discussions relating to residents' rights and responsibilities take place formally (eg, in staff meetings and training forums) and at residents' meetings twice a year.</p> <p>The families that were available for interview reported that the Code was explained to them on admission and is part of the admission pack. Interviews were also conducted with residents who were able to provide insight into their care; they expressed that they were treated well and are happy at the facility.</p> <p>Evidence was seen of the Code of Rights being displayed throughout the facility.</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>Christina's Rest Home makes it a priority to maintain residents' independence and encourage individuality. Practical examples of how this occurs include facilitating resident's choice and identifying spiritual values and beliefs.</p> <p>The privacy and dignity policy details how staff are to ensure the protection of personal property and maintain the confidentiality of resident related information. The process for accessing personal health information is detailed. The policy includes the principals detailed in the Privacy Act.</p> <p>Evidence is seen in the files reviewed of the residents' goals which are personalised and reviewed every six months.</p> <p>Staff interviewed reported knowledge of residents' rights and understands dignity and respect.</p>

		<p>The family members interviewed reported that their relative was treated in a manner that shows regard to the resident's dignity, privacy and independence.</p> <p>As observed on the day of audit and confirmed with review of the residents' files, residents receive services in the least restrictive manner.</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 cultural awareness policy includes guidance for staff on the provision of culturally appropriate care to Māori residents. Family have involvement in service delivery assessments and input to decision making is sought from families. Māori residents with no one to advocate for them are referred to a Māori support service. The policy notes that tangata whenua and whānau will be consulted where necessary.</p> <p>The NM interviewed reports that there is one resident who identifies as Māori in the facility and the tangata whenua or whānau are contacted when required. Education was given to staff on the Treaty of Waitangi and staff interviewed reported that they understand the Treaty of Waitangi and attend the education annually.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>The NM assesses the cultural and/or spiritual needs of the resident in consultation with the resident, family and significant others as part of the admission process. Specific health issues and food preferences are identified on admission. Evidence of this was sighted in residents' files reviewed. A management plan is developed to 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 surveys monitor satisfaction. Residents and their families are satisfied with the services provided (as confirmed in interviews with residents) and review of satisfaction surveys.</p> <p>Staff interviewed reported on the need to respect the individual's culture and values.</p>

<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>The employment position descriptions define professional boundaries as part of the employment contract. Staff interviewed reported they would report any inappropriate behaviour to the NM. There is no evidence of any behaviour that requires reporting and interviews with residents indicate no concerns. Resident and family interviews reported on interview they have no concerns and feel the residents are safe.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>Evidence was seen of care staff undertaking education in the care of the elderly. 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 attends education sessions run by the DHB and she has an up to date portfolio. The planned yearly education programme sighted, includes sessions that promote good practice. The food service cooks have fulfilled the requirements of safe food handling. The management actively promote and encourage best practice with staff. Evidence of this was reported during interviews with the NM and caregivers. Examples include policies and procedures that are linked to evidence-based practice and regular visits by the GP.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>Files reviewed provided evidence of resident/family input in the assessment and care planning process, progress notes and communication records of family contact via phone. Incident reports that acknowledged family have been informed when necessary were sighted. Interviews with the NM, families and residents reported they are involved in all aspects of care.</p> <p>The residents and family have access to interpreter services provided by the CMDHB as 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>The business plan for 2016 shows the specific planning undertaken by the owners to meet the needs of residents. This covers all services offered at both a management and clinical level. The vision and mission statements of the organisation are documented and reviewed annually as part of the business planning process, this includes set goal evaluations. There is a specific quality plan and risk management is well</p>

		<p>documented.</p> <p>The nurse manager (NM) confirmed that the requirements for clause 5.1 of the Age Related Residential Care contract (ARRC) are met and that private payers are not charged for services which are covered by the ARRC contract. This includes GP visits (D16.5), transportation to services (D20), and supplies (D18).</p> <p>The NM, who is the owner, actively works in the facility as the registered nurse. She work Monday to Friday and is on call at other times. She has worked as the NM for 33 years and maintains both clinical and management education related to her role. She is supported by another registered nurse who covers shifts on a casual basis.</p> <p>Interviews with residents and family/whānau confirmed that their needs were met by the service.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>The business plan outlined how the day to day operation of the service is managed and identified the reporting lines for staff to ensure the provision of services were offered to meet residents' needs.</p> <p>During a temporary absence of the NM there is a relieving registered nurse who undertakes clinical duties. Two senior caregivers also undertake some management duties. They have both worked at the facility for over 25 years and undertaken management education and succession planning which allows them to perform the required roles with confidence. Service satisfaction was reported during resident and family/whānau interviews.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>The service has a quality and risk management system which is understood and implemented by service providers. This includes the update of policies and procedures which are managed by an off-site organisation, regular internal audits, incident and accident reporting, health and safety reporting, infection control data collection and complaints management. If an issue or deficit is found a recommendation is written and corrective actions are put in place to address the situation. Information is shared with all staff as confirmed in meeting minutes sighted and verified by staff interviewed.</p> <p>Staff, resident and family/whānau interviews confirmed any concerns they have were addressed by management. Staff verbalised examples</p>

		<p>of quality improvements made, such as the replacement of the washing machine and the increased frequency of cleaning audits following a poor audit review.</p> <p>Actual and potential risks are identified using the quality and risk planning processes. Newly found hazards are discussed at staff meetings and residents are informed as appropriate. Staff confirmed that they understood and implemented documented hazard identification processes. The hazard register sighted covers all aspects of service delivery.</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>	FA	<p>Policy identifies that the organisation requires all incidents, accident and adverse events to be reported immediately. This includes the reporting of falls and pressure injuries as confirmed. The NM fully understands the requirements of her role to report falls and pressure injuries and she actively participates in the Northern Region Health of the Older People clinical network reviews for the reduction of harm.</p> <p>Staff interviewed stated they report and record all incidents and accidents and that this information was shared at all levels of the organisation, including any follow up actions required.</p> <p>Incident and accident reporting processes are well documented and corrective actions taken are shown on the forms used by the service.</p> <p>Family/whānau confirmed during interview that they are notified of any adverse, unplanned or untoward events and/or any concerns the staff may have. Management confirmed during interview that information gathered from incident and accidents is used as an opportunity to improve services where indicated.</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 identify human resources management that reflects good employment practice and meet the requirements of legislation. This is reflected in the staff files reviewed. All roles have job descriptions that describe staff responsibilities. Staff complete an orientation programme with specific competencies for their roles. Documentation in six staff files reviewed confirmed some competencies, such as medication management, are repeated annually.</p> <p>Staff undertake training and education related to their appointed roles. The NM attends the two monthly CANZ management training. Topics</p>

		<p>covered in staff education relate to the services provided. This was confirmed in the education records sighted for 2015.</p> <p>Staff that require professional qualifications have them validated as part of the employment process and annually, as confirmed in documentation sighted. The facility has a low staff turn over and there has only been one new staff member employed since the previous audit.</p> <p>Resident and family/whānau members interviewed, identified that residents' needs are met by the service. No negative comments were voiced during interviews on the days of audit.</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>Policy identifies staffing levels and skill mix are maintained to meet residents' needs and to comply with contractual requirements. Documentation identifies that at all times adequate numbers of suitably qualified and experienced staff are on duty to provide safe and quality care. The service operates on a 'master roster' where each staff member is allocated set shifts. Interviews with staff and the NM confirmed that staff are replaced when sick or on leave. Staff report they have adequate time to complete all required tasks to meet residents' needs.</p> <p>Resident and family/whānau members interviewed stated all their needs have been met in a timely manner. There is a registered nurse on duty Monday to Friday and on call at all times. Caregivers confirm they can contact the on-call RN at any time.</p> <p>The activities coordinator works Monday to Friday and there are dedicated kitchen and cleaning staff seven days a week. Caregivers who do the laundry have dedicated time but also work as caregivers according to rostered duties sighted.</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>	FA	<p>The service retains relevant and appropriate information to identify residents and to track records. This includes information gathered at the time of admission to the service, with the involvement of family. There is sufficient detail in residents' files to identify residents' ongoing care history and activities.</p> <p>There are policies and procedures in place for privacy and confidentiality. Staff could describe the procedures for maintaining confidentiality of residents' records. Files and other relevant information</p>

		<p>can be accessed in a timely manner.</p> <p>Entries are legible, dated and signed by the relevant staff member or allied health professional, including designation.</p> <p>Residents' files are protected from unauthorised access by being locked in a filing cabinet in a locked room. Staff files are secured in a key access filing cabinet and the NM's office is locked when not in use.</p> <p>Information containing sensitive resident information was not displayed in a way that could be viewed by other residents or members of the public. Individual resident's files demonstrated service integration, including medical care interventions. Medication records were in a separate folder with the medication.</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>	FA	<p>The 'Admissions Policy' sighted includes the procedure to be followed when a resident is admitted to the service. The Care Association New Zealand (CANZ) admissions agreement is provided. Policy identifies that entry screening processes are documented and communicated to the resident and their family/whānau or representative. The residents and family reported the admission agreement is discussed with them prior to admission and all aspects are understood. There is only one service agreement and this identifies the specific items that are included in the weekly fee and those items that maybe charged as an additional cost.</p> <p>The NM reported that the needs assessment team at CMDHB usually phone 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 (sighted) and the action taken if the admission is declined. This includes contacting the referral agency.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>There is a specific transfer form to document information involving the resident to the CMDHB or another facility. 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. Communication is maintained with the family at all times, as confirmed during interviews with residents.</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>Medicines for residents are received from the pharmacy in the blister pack delivery system. The signing sheet records the blister packs are checked for accuracy against the resident's medicine chart. A medicine reconciliation process occurs with new admissions and when the resident has been to a specialist or had a hospital admission. A safe system for medicine management was observed on the days of audit.</p> <p>Medicines are stored in a locked medicine cabinet that is locked in the office. There is a monthly stock rotation recorded for the medicines that are not packed in the sachets. There is an additional six monthly stock count.</p> <p>The medicine charts reviewed have been reviewed by the GP in the last three months, as recorded on the medicine charts. All prescriptions sighted contained the date, medicine name, dose and time of administration with any allergies highlighted in red ink. All medicine charts reviewed had each medicine individually prescribed. All signing sheets were fully completed on the administration of medicines, for the past four weeks.</p> <p>There were documented competencies sighted for the staff designated as responsible for medicine management.</p> <p>The NM reported that there are no residents assessed as competent to self-administer their medicines. There are no controlled medications on site during the audit but a safe process is implemented as required.</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>	<p>FA</p>	<p>The menu has been reviewed and approved by a registered dietitian as suitable for aged care residents. A nutritional profile is completed for each resident by the NM upon entry to the facility and this information is shared with the kitchen staff to ensure all needs, wants, dislikes and special diets are catered for. For example, the service provides diabetic meals and food for a resident with an allergy.</p> <p>All aspects of food procurement, production, preparation, storage, delivery and disposal comply with current legislation and guidelines. Fridge and freezer recordings are undertaken daily and meet requirements. All foods sighted in the freezer are in their original packaging or labelled and dated if not in the original packaging. Staff who work in the kitchen have undertaken food safety management</p>

		<p>education.</p> <p>Kitchen staff reported they receive education on infection control and chemical safety annually. Residents reported that any concerns concerning meals is listened to at the bi-monthly meetings.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>The NM reported that the needs assessment team at CMDHB usually phone 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 action taken if the admission is declined. This includes contacting the referral agency.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>The initial nursing assessment includes good use of clinical tools, including falls risk, pressure area, and mental assessment. Referral letters are sighted from external agencies, including CMDHB clinics, and there is evidence of family/whānau involvement in the assessment process. Evidence was sighted in files reviewed that assessments are conducted within the specified timeframes</p> <p>The NM reported that she oversees all care plans and residents and family are included.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Documentation in all files reviewed included nursing notes, medical reviews and hospital correspondence. The residents reported that they are included in the care planning process 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 changeovers.</p> <p>The NM accompanies the GP on his rounds and the GP documents the outcome in the resident's notes. Evidence was also seen of letters from CMHB clinics. The care plan is written in a language that is user friendly and able to be understood by all staff.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>The service has adequate dressing, continence supplies and equipment to meet the needs of the residents.</p> <p>The care plans reviewed had records of interventions that were consistent with the residents' assessed needs and desired goals. The residents and family/whānau interviewed reported that the service meets their needs and had praise for the interventions provided at the service.</p>

<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The service has an activities coordinator who guides the daily activities programme and the caregivers assist. The activities coordinator interviewed reported activities plans are individualised to the resident's needs. She reported that the planned activity maybe be changed depending on the residents' input and mood on the day. The residents' files reviewed have activities assessments and plans that are updated and evaluated in each resident's file at least six monthly.</p> <p>The residents and family/whānau interviewed reported involvement in the evaluation process and are satisfied with the care provided. The service, being all rest home level of care, has a number of residents that are independent with their activities and independently participate in community activities.</p> <p>Where possible, residents' independence is encouraged to maintain links with family and community groups. One to one activities are planned to meet the resident's interests.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Individual short term care plans were seen for wound care, infections and weight loss. These are signed off when completed or transferred to the long term care plan.</p> <p>Long-term care plans are reviewed every six months or earlier as required. Evidence of this was sighted in the files reviewed. Progress notes are signed each duty by caregivers and weekly by the NM. Evidence was seen of the family involvement in the care reviews. In files reviewed evidence is seen of documentation if an event occurs that is different from expected and requires changes to service.</p> <p>The clinical staff interviewed have knowledge of the care plan documentation requirements.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	<p>FA</p>	<p>All referrals are clearly documented in the progress notes and in the diary. The family are notified of any upcoming appointment and are invited to attend and assist.</p> <p>Residents' files reviewed requiring referrals to other health services had appropriate information relating to the referral process.</p> <p>Residents are given a choice of GP when they are admitted. Most residents use the GP contracted to the rest home. If the need for other</p>

		services are indicated or requested, the GP or NM sends a referral to seek specialist service provider assistance from the CMDHB. The resident and the family are kept informed of the referral process.
<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 organisation's waste management policy covers hazardous, controlled and non-hazardous waste management procedures. In order to protect staff, residents and visitors from harm as a result of exposure to waste products the service implements correct handling of waste procedures which are regularly audited and reviewed. Yellow sharps bins are used for the safe disposal of medical waste such as needles.</p> <p>Personal protective equipment/clothing (PPE) sighted included disposable gloves, aprons and goggles. Staff interviewed confirmed they can access PPE at any time and were observed wearing disposal gloves and aprons as required.</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>Documentation sighted identified that all processes were undertaken as required to maintain the building warrant of fitness. The current warrant of fitness expires in March 2016.</p> <p>Maintenance is undertaken by both internal maintenance and external contractors as required. Electrical safety testing was completed in February 2016. Electrical equipment sighted had an approved testing tag. Clinical equipment is tested and calibrated by an approved provider at least annually or when required. This last occurred in January 2016.</p> <p>The physical environment minimises the risk of harm and safe mobility by ensuring the flooring is in good condition, bathroom floors are non-slip and walking areas are kept non-cluttered. Regular environmental audits sighted identify that the service actively work to maintain a safe environment for staff and residents. The provider supplies appropriate equipment such as walking frames to meet clause D15.3 of the ARRC agreement.</p> <p>The service identifies planned annual maintenance in their business goals and this is signed off when completed.</p> <p>There are easily accessed, level surface, shaded outdoor areas for residents.</p> <p>Interviews with residents and family/whānau members confirmed the</p>

		environment was suitable to meet their needs.
<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>	FA	<p>There are adequate centrally located toilet/shower facilities for residents with separate staff and visitor facilities. All resident bedrooms have hand washing facilities.</p> <p>Hot water temperatures are monitored and documentation identifies that they remained within safe levels.</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>	FA	<p>All bedrooms are of a size which allows enough space for residents to mobilise with or without assistance or mobility aids in a safe manner. Bedrooms are personalised to meet resident's wants and needs and have appropriate areas for residents to place personal belongings. All bedrooms are single occupancy.</p> <p>Resident and family/whānau members interviewed confirmed they were happy with their bedrooms and stated that privacy is never an issue.</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>Residents are provided with safe, adequate areas to meet their relaxation, activity and dining needs. Dining and lounge areas are separated. The areas are appropriately furnished to meet residents' needs.</p> <p>Residents and family/whānau voiced their satisfaction with the environment. Activities are undertaken in one lounge and the dining area as observed on the days of audit.</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>The service has documented procedures in place for cleaning and laundry tasks. Chemicals are stored securely. With the exception of one bottle of chemicals, which was removed on the day of audit, chemicals are clearly labelled and safety data sheets are available. This is not a generic problem. Dedicated cleaning staff maintain the documented daily cleaning schedule. The facility looks and smells clean. Monthly chemical testing data completed by the chemical provider was sighted to say the strength of all cleaning chemicals is correct.</p> <p>Time is allocated for caregivers to undertake laundry tasks throughout the day. These dual roles are identified in the caregivers' job descriptions and staff confirm they have time to complete all tasks.</p> <p>The washing machine is a newly purchased commercial grade machine.</p>

		<p>Staff who work in the laundry understand what each wash cycle is for.</p> <p>Residents and family/whānau interviewed stated they are happy with the laundry and cleaning services provided.</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>Emergency management policies and procedures implemented guide staff actions in the event of an emergency. The emergency plan is understood by staff interviewed. Fire equipment is checked annually by an approved provider. The facility has a fire service approved evacuation plan dated September 1998. There have been no changes to the facility footprint since this time. Regular six monthly fire evacuation trials occur. The last one was in November 2015 and follow-up was required. All resident areas have fitted smoke alarms and a sprinkler system. Emergency education and training for staff is shown on the in-service calendar.</p> <p>Emergency supplies and equipment include food and water. There is well stocked civil defence cupboard where supplies are rotated so they do not expire.</p> <p>Alternative energy and utility sources are available in the event of the main supplies failing and include emergency lighting and a gas BBQ that can be used for cooking (sighted).</p> <p>Security systems in place include staff checking that doors and windows are closed after dark. Staff and residents interviewed confirmed they feel safe at all times.</p> <p>Call bells and an intercom system are in place for staff and residents to call for assistance when required. Resident and family/whānau interviews confirmed call bells were answered in an acceptable timeframe.</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 resident areas have adequate natural light and areas are ventilated via opening of doors and windows. The facility was well aired on the days of audit. Resident and family/whānau interviews confirmed the facility is kept at a suitable temperature throughout the year.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of</p>	FA	<p>The role of the infection control coordinator and the responsibilities is</p>

<p>infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>		<p>identified in the infection control manual. The NM is responsible for facilitating the infection prevention and control programme. The staff interviewed confirmed timely ongoing communication is occurring when residents are suspected or confirmed as having an infection. This includes at shift handovers and discussion at monthly staff meetings.</p> <p>In accordance with organisation policy, staff and residents are offered annual influenza vaccinations. Personal protective equipment and waterless hand gel is readily available and was seen to be used.</p> <p>An annual review of progress to achieving the infection prevention and control objectives has been undertaken by the NM annually.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	<p>FA</p>	<p>The NM has attended relevant education on infection prevention and control. This includes a study day provided by an external infection prevention and control consultant. The NM advises she liaises with the GP if there are any concerns about a resident with a known or suspected infection.</p> <p>The NM is responsible for gaining infection control, infectious disease and microbiological advice and support, where this is not available within the organisation. The NM advised in the event of an outbreak, advice will be sought from the GP, gerontology nurse specialist at the DHB or laboratory services. This advice has not been required to date.</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>	<p>FA</p>	<p>Staff confirmed that a copy of the infection prevention and control policies is available to read/refer to when required. Should they have any concerns they would contact the NM who is on call when not on site. The GP confirmed during interview that he is contacted by staff in a timely manner when the needs of the resident have changed.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>Education is provided for staff on infection prevention and control as a component of the orientation and ongoing education programme. Two in-service education sessions have occurred in 2015 on relevant topics. These included outbreak management/norovirus which was attended by staff and managers. As an example, during the audit the newsletter received was on urinary tract infections. This information is</p>

		<p>disseminated to staff.</p> <p>Residents and family are provided with advice on infection prevention and control activities via residents' meetings. The residents' meeting minutes included discussions on the importance of hand hygiene and the overall number of residents' infections, to promote resident awareness.</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>Infection control data is collected on urinary tract infections, chest infections, wound infections, eye and ear infections and multi-resistant organisms. The monthly report of collected data is presented at quality and staff meetings. Infection control data is included in the quality audit programme.</p> <p>All care staff members are responsible for the reporting of suspected infections to the infection control co-ordinator (NM). The infection control co-ordinator is responsible for ensuring appropriate action, notification and follow-up is undertaken. The actions implemented included increased awareness/communication at handover regarding infections, increased education on standard precautions and a new cleaning regime.</p> <p>Staff interviewed reported knowledge on infection control issues.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Policy identifies that Christina's Rest Home is restraint free. The restraint register, staff interviews and resident file reviews confirmed there was no restraint or enablers in use at the time of audit. Policy identifies what an enabler is and what paper work and actions are required prior to an enabler being used. Staff education includes managing challenging behaviour without the use of restraint.</p> <p>The service has comprehensive de-escalation interventions, which are documented in resident files as a separate care plan where appropriate. The visiting mental health district nurse confirmed residents who have demonstrated previous risk behaviours are well managed by the service without the use of restraint.</p> <p>(It was noted by the auditors that the two walking entry gates to the facility have a padlock on them. The nurse NM and staff confirmed the padlocks are used as visual deterrent only but are never used to secure the gates). The nurse NM voiced her understanding of environmental</p>

		restraint. Staff are aware of the difference between an enabler and a restraint and what actions need to be taken related to the use of both.
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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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

As well as whole standards, individual criterion within a standard can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display

End of the report.