

Ruawai Rest Home 2014 Limited - Ruawai Resthome

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Ruawai Rest Home 2014 Limited

Premises audited: Ruawai Resthome

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 11 January 2016 End date: 11 January 2016

Proposed changes to current services (if any):

Total beds occupied across all premises included in the audit on the first day of the audit: 19

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

| Indicator | Description | Definition |
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|  | 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 |
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| | 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

Ruawai rest home provides rest home level of care for up to 19 residents. On the day of the audit there were 19 residents including two residents receiving respite care. The owners/managers have owned the facility since April 2015. One of the owners (manager) who is a registered nurse with a current practicing certificate was the facility manager prior to purchase. The owners/managers are responsible for the daily operations and a part-time registered nurse and long serving staff supports them. The residents and relatives spoke positively about the care and support provided at Ruawai rest home.

This certification audit was conducted against the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of resident and staff files, observations, and interviews with family, management and staff.

Improvements are required around meeting minutes, professional development, incident reporting, and documented interventions.

Consumer rights

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| 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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Ruawai provides care in a way that focuses on the individual resident. There is a Māori Health Plan and cultural safety policy supporting practice. Cultural assessment is undertaken on admission and during the review processes. Policies are implemented to support individual rights such as privacy, dignity, abuse/neglect, culture, values and beliefs, complaints, advocacy and informed consent. The service functions in a way that complies with the Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code). Information about the Code and related services is readily available to residents and families. Policies are implemented to support residents' rights. Care plans accommodate the choices of residents and/or their family. Complaints processes are implemented and complaints and concerns are managed and documented. Residents and family interviewed verified ongoing involvement with the community.

Organisational management

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| <p>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.</p> | | <p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p> |
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Ruawai is implementing a quality and risk management system that supports the provision of clinical care. An annual resident satisfaction survey is completed and there are regular resident meetings. There is a monthly collation of quality data and this is discussed at quality and staff meetings. Internal audits are completed as per the annual audit schedule. There are human resources policies including recruitment, selection, orientation and staff training and development. The service has an orientation programme that provides new staff with relevant information for safe work practice. The staffing policy aligns with contractual requirements and includes skill mixes.

Continuum of service delivery

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| 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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Prior to entry to the service, residents are screened and approved. There is an admission package available prior to or on entry to the service that includes information on the services provided at Ruawai rest home. The registered nurse is responsible for each stage of service provision. The registered nurse assesses and reviews residents' needs, outcomes and goals with the resident and/or family. Resident files included medical notes and notes of other visiting allied health professionals.

The diversional therapist provides an interesting and varied activities programme for the residents that include outings and community involvement.

Medication policies reflect legislative requirements and guidelines. The service has implemented an electronic medication system. Staff who are responsible for the administration of medicines, complete annual education and medication competencies.

All meals are prepared on site. Individual and special dietary needs are catered and alternative options are available for residents with dislikes. A dietitian has reviewed the menu.

Safe and appropriate environment

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| 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 service has implemented policies and procedures for fire, civil defence and other emergencies. The building holds a current warrant of fitness. Rooms were individualised. External areas were safe and well maintained. The facility has a van available for transportation of residents. There was a main lounge, sunroom and separate dining room. There were adequate communal toilets and showers. Fixtures, fittings and flooring are appropriate for rest home level care. Cleaning and laundry services were well monitored through the internal auditing system. Chemicals were stored securely. The temperature of the facility was comfortable and constant, and able to be adjusted in resident's rooms to suit individual resident preference.

Restraint minimisation and safe practice

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| 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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A restraint policy includes comprehensive restraint procedures. A documented definition of restraint and enablers aligns with the definition in the standards. There were no restraints and four enablers in place. Staff have attended training in the management of challenging behaviour.

Infection prevention and control

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| 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. |
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The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinators (shared role) are responsible for coordinating education and training for staff. The infection control coordinators have attended external training. There are a suite of infection control policies and guidelines to support practice. The infection control coordinators use the information obtained through surveillance to determine infection control activities and education needs within the facility.

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) |
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| Standards | 0 | 41 | 0 | 3 | 1 | 0 | 0 |
| Criteria | 0 | 89 | 0 | 3 | 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) |
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| 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 |
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| <p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p> | FA | <p>Ruawai has policies and procedures that align with the requirements of the Code of Health and Disability Services Consumer Rights (the Code). Families and residents are provided with information on admission, which includes the code of rights. Staff receive training about the code of rights as part of the two yearly in-service programme. The code of rights training was provided in June 2014. Interview with two caregivers demonstrate an understanding of the code of rights. Interviews with five residents and six relatives confirmed that the service functions in a way that complies with the code of rights.</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>Written informed consent is gained for general consents and were sighted in the five resident files sampled. Resuscitation advance directives had been signed by the resident and general practitioner in all files reviewed. Residents interviewed confirm they were given good information to be able to make informed choices. The owner/manager, registered nurse and caregivers interviewed stated the family are involved with the consent of the resident. EPOA documents are kept on</p> |

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| | | the resident's file. Discussion with family identify the service actively involves them in decisions that affect their relative's lives. |
| <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 | Residents are provided with a copy of the Code of Health and Disability Services Consumer Rights and Advocacy pamphlets on entry. Advocate support is available if requested. Staff receive training on advocacy. Information about accessing advocacy services information is available in the entrance foyer. This includes advocacy contact details. Interview with staff, residents and relatives informed they were aware of advocacy and how to access an advocate. |
| <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 | Maintaining links with the community is encouraged. Residents are encouraged to be involved in community activities and maintain family and friends networks. On interview all staff stated that residents are encouraged to build and maintain relationships. The activity programme includes opportunities to attend events outside of the facility. Interviews with residents confirm the activity staff help them access the community such as going shopping, outing, and attending church. Discussions with caregivers, relatives and residents confirmed that residents are supported and encouraged to remain involved in the community and external groups. |
| <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 | The service has a complaints policy that describes the management of the complaints process. Information about complaints is provided on admission. The manager/owner leads the investigation and management of complaints (verbal and written). Complaint forms are visible around the facility on noticeboards. There were no complaints made in 2015 and 2016 (year to date). Discussion with residents and relatives confirm they are aware of the complaints process. There is an up-to-date complaints register. |
| Standard 1.1.2: Consumer Rights During Service Delivery | FA | There is a welcome pack that includes information about the code of |

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| <p>Consumers are informed of their rights.</p> | | <p>rights, with the opportunity to discuss prior to and during the admission process with the resident and family. Code of rights posters are on the walls in the hallways of the facility. Residents and relatives interviewed confirmed information has been provided around the code of rights. Resident rights to access advocacy services is identified for residents and advocacy service leaflets are available at the front entrance. The families and residents are informed of the scope of services and any liability for payment for items not included in the scope. This is included in the service admission agreement.</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> | <p>FA</p> | <p>There are policies in place to guide practice in respect of independence, privacy and respect. A tour of the facility confirms there is the ability to support personal privacy for residents. Staff were observed to be respectful of residents' personal privacy by knocking on doors prior to entering resident rooms. Resident files are stored out of sight. The service has a philosophy that promotes quality of life, involves residents in decisions about their care, respects their rights and maintains privacy and individuality. Resident preferences are identified during the admission and care planning process, with family involvement. The service actively encourages residents to have choices and this includes voluntary participation in daily activities. Interview with caregivers described how choice is incorporated into resident cares. Interview with residents and relatives confirmed staff are respectful.</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> | <p>FA</p> | <p>There are current policies and procedures for the provision of culturally safe care for Māori residents including a Māori health plan. There is a cultural safety policy to guide practice including recognition of Māori values and beliefs and identify culturally safe practices for Māori. Family/whānau involvement is encouraged in assessment and care planning and visiting is encouraged. Links are established with community representative groups as requested by the resident/family. No residents identified as Māori on the day of audit.</p> |

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| <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> | <p>FA</p> | <p>The resident and family are invited to be involved in care planning. Any beliefs or values are discussed and incorporated into the care plan. Six monthly reviews assess if needs are being met in consultation with the resident/family. Discussion with residents and family confirm that staff take into account their cultural beliefs and values. Care plans reviewed included the residents' social, spiritual, cultural and recreational needs.</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>Job descriptions include responsibilities of the position and signed copies of all employment documents are included in staff files. Staff meetings occur monthly and include discussions on professional boundaries and concerns as they arise (minutes sighted). The manager/owner provides guidelines and mentoring for specific situations. The code of rights and abuse and neglect is included in orientation and in-service training. Interview with caregivers confirm their understanding of discrimination and exploitation and could describe how professional boundaries are maintained.</p> |
| <p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p> | <p>FA</p> | <p>Ruawai has a suite of appropriate policies and procedures that are updated as necessary. There is evidence of the support of education outside of the bi-annual training plan, such as palliative care training. Services provided at Ruawai adhere to the health & disability services standards. Discussions with residents and relative were positive about the care they receive. Interview with caregivers inform they are well supported by the manager/owner and registered nurse.</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>Accident/incidents, complaints procedures and the policy and process around open disclosure alerts staff to their responsibility to notify family/next of kin of any accident/incident and ensure full and frank open disclosure occurs. Incident/accident forms reviewed include a section to record family notification. All forms sighted indicated family were informed. Relatives interviewed confirmed they were notified of any changes in their family member's health status.</p> |

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| <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>Ruawai provides care for up to 19 rest home residents. On the day of audit, there were 19 rest home residents, including two respite and one young person with a disability (YPD). The service manager and her husband own the facility. The new ownership takeover occurred in April 2015. Ruawai key objectives for the 2015-2016 year includes developing strategic alliances, creating a stimulating environment for residents and where employees are motivated and accountable, re-certification, expansion and growth of the service. Each objective has a strategic goal that includes timeframes and person responsible, with identified performance indicators. The business plan is due for review in April 2016.</p> <p>An experienced registered nurse, who was previously the manager at Ruawai for four years, owns the service. A part-time registered nurse (three days a week) and a full-time diversional therapist support the manager/owner.</p> <p>The manager/owner has maintained at least eight hours annually of professional development activities related to managing a rest home.</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>During a temporary absence, the diversional therapist will cover the managerial responsibilities of the manager's role with clinical support provided by the registered nurse.</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> | <p>PA Low</p> | <p>Caregivers interviewed confirm they are made aware of any reviewed policies and sign to declare they have read and understood the content.</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>PA Moderate</p> | <p>There is an incident reporting policy that includes definitions, and outlines responsibilities including immediate action, reporting, monitoring and corrective action to minimise risk. Eleven incident forms reviewed were fully completed and showed timely RN assessments and follow-up. Not all incidents had been reported through the incident/accident reporting system.</p> |

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| | | Discussions with service management, confirms an awareness of the requirement to notify relevant authorities in relation to essential notifications. |
| <p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p> | PA Low | <p>There are human resources policies to support recruitment practices. Current practising certificates are available in the RN files. Five staff files were reviewed (manager, registered nurse, caregiver, cook and diversional therapist) and all had relevant documentation relating to employment. Performance appraisals were current.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme includes documented checklists (sighted). Staff interviewed were able to describe the orientation process and believed new staff were adequately orientated to the service.</p> <p>There is a two yearly education plan in place. Shortfall has been identified around mandatory training. There is evidence that additional training opportunities are offered to staff such as attendance at a palliative care series. Interview with caregivers confirm training opportunities are available.</p> |
| <p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p> | FA | <p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. Staffing is as follows: two caregivers in the morning and afternoon, and one on night shift. The manager/owner/RN is on site Monday to Friday with a part-time RN on duty three days a week. Both are available on call afterhours. The caregivers, residents and relatives stated there were sufficient staff on duty at all times.</p> |
| <p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded,</p> | FA | <p>The resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within required timeframes into the resident's individual record. Information containing</p> |

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| <p>current, confidential, and accessible when required.</p> | | <p>personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Resident files are protected from unauthorised access by being held in a locked staff area. Resident files are integrated. Resident records are legible and identifiable.</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>Prior to entry, potential residents have a 'needs assessment' completed. The service has an admission policy, admission agreement and a resident information pack available for residents/families at entry. The information pack includes all relevant aspects of the service. The admission agreement reviewed aligns with a) - k) of the ARC contract.</p> |
| <p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p> | <p>FA</p> | <p>There are policies to describe guidelines for death, discharge, transfer, documentation and follow-up. A record is kept and a copy of details is kept on the resident's file. All relevant information is documented and communicated to the receiving health provider or service. Follow-up occurs to check that the resident is settled, or in the case of death, communication with the family is made and this is documented.</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>Medication policies align with accepted guidelines. The service implemented an electronic medication system four weeks ago. The RNs and caregivers responsible for the administration of medications have completed annual competencies and medication education. Medications are checked on arrival by the registered nurse and any pharmacy errors recorded and fed back to the supplying pharmacy. There were two self-medicating residents with completed self-medication competencies in place.</p> <p>Standing orders were not in use.</p> <p>Ten medication charts and administration signing was viewed on the electronic medication system. Prescribing and three medication chart reviews met legislative requirements. One senior caregiver observed administering medications (via the electronic system) was able to describe the process for medication administration.</p> |

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| <p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p> | FA | <p>All food is prepared and cooked on-site at Ruawai rest home. Two qualified cooks cover the seven-day week. They have completed food safety units. There was a six weekly rotating menu in place. A dietitian has reviewed the menu.</p> <p>The food is prepared in the main kitchen and served directly to residents in the dining room. The cook receives resident dietary profiles and is notified of any dietary changes and requirements. Dislikes are accommodated. Fridge and freezer temperatures were recorded daily. Food temperatures had been taken and recorded daily. All foods were date labelled and stored correctly. A cleaning schedule is maintained.</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>Ruawai rest home records the reason for declining entry to residents should this occur, and communicates this to residents/family/whānau and refers the resident/family/whānau back to 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>Nursing and risk assessments were completed in a timely manner using appropriate tools to meet all the resident's needs. The owner/RN is InterRAI trained. All residents (with the exception of one resident not under the district health board contract) have an InterRAI assessment in place. The long-term care plans reflect the outcome of the assessments. InterRAI assessments had been completed for new admissions and residents who had been at the service over six months.</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>The care plan is completed within three weeks of admission by the owner/RN or part-time RN. Care plans describe the resident goals, supports and interventions required to meet desired goals. There is documented evidence of resident and/or family input ensuring a resident focused approach to care. Resident files reviewed identified that family were involved.</p> <p>There was evidence of allied health care professionals involved in the</p> |

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| | | <p>care of the resident.</p> <p>Short-term care plans are used for changes in health status (link 1.3.6.1).</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> | PA Low | <p>When a resident's condition alters, the registered nurse initiates a review and if required, arranges a GP visit. There is evidence of three monthly medical reviews or earlier for health status changes. Residents and relatives interviewed confirm care delivery and support by staff is consistent with their expectations. Families confirmed they were informed of any changes to resident's health status. Resident files reviewed included communication with family.</p> <p>Staff report there are adequate continence and dressing supplies. On the day of the audit, supplies of these products were sighted. There was one surgical wound and one chronic lesion on the day of audit. There were no pressure injuries. Wound management plans, evaluations and wound monitoring forms were in place for the two minor wounds. The owner/RN interviewed could describe the referral process to a wound specialist or continence nurse.</p> |
| <p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p> | FA | <p>The service employs a full-time diversional therapist (DT) Monday to Friday, who is responsible for the planning and delivery of the activities programme. The DT links into the monthly DT regional meetings. The DT has attended "walking in another's shoes" course and holds a current first aid certificate.</p> <p>The programme is flexible and provides a variety of activities that are meaningful to the residents. Residents have the opportunity to provide suggestions for activities and outings. Volunteers are involved in the programme. Residents are encouraged to maintain links with community groups such as senior citizens club, RSA visits, concerts, inter-home visits and the library. Guest speakers, entertainers, pet therapy and outings are scheduled weekly. Ruawai rest home has its own van for transportation.</p> <p>Residents attend church services on site and are supported to attend</p> |

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| | | <p>church in the community.</p> <p>Residents have an activity assessment completed on admission. Activity plans were sighted in the resident files reviewed. Activity plans had been reviewed at the same time as care plans.</p> |
| <p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p> | FA | <p>The RN has evaluated three initial nursing assessment/care plans (sighted) within three weeks of admission. InterRAI assessments are completed six monthly or earlier due to changes in health status. Long-term care plans are reviewed at least six monthly by the multidisciplinary (MDT) team. Families are invited to attend the MDT meeting. Evaluations indicate if resident goals have been met or unmet.</p> <p>Short-term care plans have been reviewed regularly by the RN and either resolved or added to the long-term care plan if the problem is ongoing.</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> | FA | <p>The owner/RN could describe the referral process to other medical and non-medical services. Referral documentation was maintained on resident files. The service provided an example of where a resident's condition had changed and the resident had been reassessed for a higher level of care to another facility.</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 policies in place for waste management, waste disposal for general waste and medical waste management. All chemicals are labelled with manufacturer labels. There is designated secure cupboard for the storage of chemicals. Chemical product use and safety data sheets are available. The hazard register identifies hazardous substances. Gloves, aprons, and goggles are available for staff. Staff were observed to be wearing appropriate personal protective clothing when carrying out their duties. Staff have received education in chemical safety.</p> |

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| <p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p> | <p>FA</p> | <p>The service displays a current building warrant of fitness, which expires on 8 July 2016. The owner/managers have a reactive and planned maintenance programme in place. There has been ongoing upgrading of the facility including refurbishment and painting of the interior and purchase of equipment. Hot water temperature checks were conducted and recorded monthly and are between 43 and 45 degrees Celsius. An external contractor has calibrated medical equipment. Electrical equipment has been serviced/checked annually.</p> <p>Residents were observed to safely mobilise throughout the facility with easy access to communal areas. There is safe access to outdoor areas. The external area is well maintained with safe paving, outdoor shaded seating, lawn and gardens. Interviews with staff confirmed there was adequate equipment to provide safe and timely care.</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>Two bedrooms share a full ensuite. The number of communal toilets and showers were adequate. The toilets and showers are identifiable and include vacant/in-use signs. Fixtures, fittings and floor and wall surfaces are made of accepted materials to support good hygiene and infection control practices for this environment. Residents interviewed state their privacy and dignity is maintained while attending to their personal cares and hygiene. Privacy curtains are in the shower rooms.</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>Bedrooms are spacious enough to meet the assessed resident needs. Residents are able to manoeuvre mobility aids around the bed and personal space. Caregivers interviewed report that rooms have sufficient space to allow cares to take place. The bedrooms are personalised. The bedroom furnishings and seating were appropriate for the resident group.</p> |
| <p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate,</p> | <p>FA</p> | <p>There was one lounge with an adjacent sun lounge. The dining room is located close to the kitchen area. All areas are easily accessible for the residents. Seating and furnishings are appropriate for the resident group. Residents were seen to be moving freely within the communal</p> |

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| and accessible areas to meet their relaxation, activity, and dining needs. | | areas throughout the audit. Residents interviewed report they can move freely around the facility and staff assist them if required. |
| <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 | All laundry is completed on site by all staff. The laundry had defined clean/dirty areas and an entry and exit door. The chemical provider monitors the effectiveness of laundry processes. Residents and relatives expressed satisfaction with cleaning and laundry services. There is a dedicated cleaner employed for five hours a day Monday-Friday. New laundry equipment has been purchased and the laundry has been repainted within the last year. |
| <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 | Appropriate training, information and equipment for responding to emergencies is provided. There is an approved evacuation plan (letter dated 31 May 2006). Fire evacuations are held six monthly and the last drill was completed 31 November 2015. There is a staff member on duty 24 hours, with a current first aid certificate. There is a civil defence and emergency plan in place. The civil defence kit is readily accessible. The facility is well prepared for civil emergencies and has emergency lighting, a store of emergency water and a gas BBQ for alternative cooking. Emergency food supplies are sufficient for three days and kept in the kitchen. At least three days of other supplies such as continence products and personal protective equipment is available. The call bell system is available in all areas. During the tour of the facility, residents were observed to have easy access to the call bells and residents interviewed stated their call bells were answered in a timely manner. |
| <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 | All communal and resident bedrooms have external windows with plenty of natural sunlight. General living areas and resident rooms are appropriately heated and ventilated. There is also a wood-burner in the main lounge. Residents and family interviewed state the environment is comfortable. |

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| <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 programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. The infection-control coordinator role is shared between the owner/RN and part-time RN. An infection control programme is linked into the quality management system. The infection control programme (under new management) is due for review 1 April 2016. Visitors are asked not to visit if unwell. Hand sanitisers are appropriately placed throughout the facility.</p> |
| <p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p> | FA | <p>The infection control committee meets three monthly as part of the quality meeting. The infection control coordinators have attended external education on infection control within the last year. The infection control coordinators have access to GPs, local laboratory, the infection control and public health departments at the local DHB for advice.</p> |
| <p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p> | FA | <p>The infection control policies include a comprehensive range of standards and guidelines including defining roles and responsibilities for the prevention of infection, training and education of staff. Infection control procedures developed in respect of the kitchen, laundry and housekeeping incorporate the principles of infection control. These principles are documented in the service policies. External expertise can be accessed as required, to assist in the development of policies and procedures.</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> | FA | <p>The infection control coordinators are responsible for coordinating/providing education and training to staff. Training on infection control is included in orientation and as part of the annual training schedule. Hand hygiene including a practical observation and education on outbreak management, was last held in April 2015. Infection control updates occur at handovers as required.</p> <p>Resident education is expected to occur as part of providing daily cares as appropriate.</p> |

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| <p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p> | <p>FA</p> | <p>There is a policy describing surveillance methodology for monitoring of infections. The infection control coordinator collates information obtained through surveillance to determine infection control activities and education needs in the facility. Individual infection report forms are completed for all infections. Infections are included on a monthly register and a monthly report, and the infection control coordinators complete graphs. Definitions of infections are in place, appropriate to the complexity of service provided. Infection control data is collated monthly and discussed at both the quality and staff meetings (link 1.2.3.6). The surveillance of infection data assists in evaluating compliance with infection control practices. Internal audits for infection control are included in the annual audit schedule. There is close liaison with the GPs who advise and provide feedback /information to the service. Systems in place are appropriate to the size and complexity of the facility.</p> <p>There have been no outbreaks.</p> |
| <p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p> | <p>FA</p> | <p>Ruawai rest home has policies and procedures on restraint minimisation and safe practice. Policy includes guidelines and definitions for use of enablers and restraint. The owner/RN is the restraint coordinator with a job description defining responsibilities of the role. The restraint coordinator confirms that the service promotes a restraint-free environment. There are no residents assessed as requiring restraint. There were four residents using enablers (bedside). All four files reviewed evidenced assessment, consent and evaluation of enabler use. All enablers in use were voluntary and used to assist the resident to freely move in bed. Restraint education is included in the two-yearly training programme. Restraint/enablers are discussed at monthly staff meetings. The caregivers interviewed were knowledgeable in the use of enablers.</p> |

Specific results for criterion where corrective actions are required

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

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

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

| Criterion with desired outcome | Attainment Rating | Audit Evidence | Audit Finding | Corrective action required and timeframe for completion (days) |
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| <p>Criterion 1.2.3.6</p> <p>Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.</p> | PA Low | Quality data, including infection events and accident/incidents, is collated on a monthly basis. The infection rates and accident/incident data such as number of falls are communicated to staff and recorded in the meeting minutes which are available to staff. Trending and analysis of data has not been documented in meeting minutes. | Meeting minutes do not demonstrate discussion around trending, analysis or evaluation of the monthly data. | <p>Ensure quality data, trends identified, analysis and evaluation of data, is communicated to staff at facility and quality assurance meetings and recorded in meeting minutes.</p> <p>180 days</p> |
| <p>Criterion 1.2.4.3</p> <p>The service provider documents adverse, unplanned, or untoward events including service shortfalls in order to identify opportunities to</p> | PA Moderate | Progress notes reported incidences, monitoring and follow-up for all adverse events. Ten of 11 accident/incident forms had been completed and reported to the RN on duty/on call within a timely manner. | <p>(i) One incident of an unwitnessed fall resulting in a “bump” to the head was not reported to the RN on call as per protocol, for a suspected head injury.</p> <p>2) There was no incident/accident form for a behavioural incident as reported in the progress notes and 3) there were no incident/accident forms for one</p> | Ensure all incidents are reported on the accident/incident forms and reported to the RN within a timely manner, as per protocol. |

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| improve service delivery, and to identify and manage risk. | | | resident who had four incidents of wandering from the facility as per progress notes. | 30 days |
| <p>Criterion 1.2.7.5</p> <p>A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.</p> | PA Low | There is a two yearly education plan that includes all the required mandatory education. | Two yearly education requirements have not been completed as per the education plan. Communication, cultural safety and complaints/open disclosure training had not been completed in 2014 or 2015. | <p>Ensure that communication, cultural safety and all staff complete complaints/open disclosure training sessions.</p> <p>180 days</p> |
| <p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p> | PA Low | Resident care plans (short-term and long-term) document appropriate interventions to manage clinical risk such as poor mobility, falls, skin integrity, and weight loss. Care plans were reviewed regularly to ensure interventions meet the resident's current needs. Caregivers interviewed confirmed they are updated of any changes in resident's care or treatment during handover sessions at the beginning of each shift. | There were no documented interventions/de-escalation techniques for one resident with challenging behaviours. | <p>Ensure interventions are documented to reflect the resident's current health status.</p> <p>60 days</p> |

Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.