

Komal Holdings Limited - Bloomfield Court Retirement 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 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:	Komal Holdings Limited
Premises audited:	Bloomfield Court Retirement Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 29 March 2016 End date: 29 March 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:	24

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

General overview of the audit

Bloomfield Court is certified to provide rest home level care for up to 26 residents. On the day of audit, there were 24 residents. The service is managed by the owner. The owner/manager is supported by two part-time registered nurses and care staff.

Residents and families interviewed were complimentary of the service that they receive. Staff turnover has been low.

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

The audit has identified that improvements are required around conducting quality activities, use of correction fluid, timeframes for assessments, completing assessments, aspects of the food service, monitoring hot water temperatures and providing alternative cooking facilities.

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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Bloomfield Court provides care in a way that focuses on the individual resident. The service functions in a way that complies with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Cultural and spiritual assessments are undertaken on admission and during the review processes. Information about the Code and services is easily accessible to residents and families. Care plans accommodate the choices of residents and/or their family. Family/friends are able to visit at any time. Residents and family interviewed verified ongoing involvement with community. Complaints and concerns have been managed and a complaints register is maintained.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some standards applicable to this service partially attained and of low risk.
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Bloomfield Court is implementing a quality and risk management system that supports the provision of care. The service has implemented policies and procedures from a recognised aged care consultant. Quality data is collated for accident/incidents, infection control, internal audits, concerns, complaints and surveys. The organisation has a three-year business plan in place with quality objectives that are linked to the quality improvement system. Quality, health and safety and infection control are set agenda items at the quality staff meetings. There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation programme that provides new staff with relevant

information for safe work practice. Staffing policy includes documented rationale for determining staffing levels and skill mixes for safe service delivery. The staffing roster indicates there are adequate numbers of staff on duty to safely deliver care.

Continuum of service delivery

<p>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.</p>		<p>Some standards applicable to this service partially attained and of low risk.</p>
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Entry to the service is managed by the owner/manager and registered nurses. There is comprehensive service information available. Care plans and reviews are completed by a registered nurse. Each resident has access to an individual and group activities programme. The group programme is varied and interesting. Medication is stored appropriately in line with legislation and guidelines. General practitioners review residents at least three monthly or more frequently if needed. Meals are prepared on-site. The menu is varied and appropriate. Individual and special dietary needs are catered for. Alternative options are provided. Residents and relatives interviewed were complimentary about the food service.

Safe and appropriate environment

<p>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.</p>		<p>Some standards applicable to this service partially attained and of low risk.</p>
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The building holds a current warrant of fitness. Reactive and preventative maintenance is carried out. External areas were safe and well maintained. The facility has a van available for transportation of residents. There are two wings each with a lounge and dining room. There were adequate communal toilets and showers. The service has implemented policies and procedures for civil defence and other emergencies and six monthly fire drills are conducted. External garden areas are available with suitable pathways, seating and shade provided. Smoking is only permitted in designated external areas. Resident's rooms, communal bathrooms and living areas all have call bells. Fixtures, fittings and flooring are appropriate for rest home level care. Cleaning and laundry services were maintained. Chemicals were stored securely. The temperature of the facility was comfortable, constant and able to be adjusted in resident's rooms to suit individual resident preference.

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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Bloomfield Court has restraint minimisation and safe practice policies and procedures in place. Staff receives training in restraint minimisation and challenging behaviour management. The service is restraint-free and no enablers were in use.

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.
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Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidences that relevant infection control education is provided to all service providers as part of their orientation and the ongoing in-service education programme. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events.

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	39	0	6	0	0	0
Criteria	0	87	0	6	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>The service has available information on the Code of Health and Disability Services Consumers' Rights. Advocacy pamphlets and the Code of Rights are clearly displayed at the main facility entrance. Six residents and three relatives interviewed confirmed that information has been provided around the Code of Rights. There is a resident rights policy in place. Discussion with two caregivers identified all were aware of the Code of Rights and could describe the key principles. Code of Rights training has been provided.</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>Informed consent processes are discussed with residents and families on admission. Five resident files sampled evidenced that written consents were signed by the resident. Advanced directives were signed for separately. There is evidence of discussion with the general practitioner and resident when completing resuscitation orders. Caregivers and the registered nurse interviewed confirmed verbal consent is obtained when delivering care. Discussion with family members identified that the service actively involves them in decisions that affect their relative's lives.</p> <p>Four of four long-term resident files sampled had a signed admission agreement.</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>Residents and families are provided with a copy of the Code of Health and Disability Services Consumer Rights and Advocacy pamphlets on entry. Resident advocates are identified on admission. Pamphlets on advocacy services are available at the entrance to the facility. Interviews with the residents and relatives confirmed their understanding of the availability of advocacy services. Caregivers interviewed are aware of the resident's right to advocacy services and how to access the information.</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>The service has an open visiting policy and family and friends are encouraged to visit the home and are not restricted to visiting times. All residents interviewed confirmed that relatives and friends are able to visit at any time. Visitors were observed attending the home. Residents and relatives verified that they have been supported and encouraged to remain involved in the community. The service has a van and group outings are provided. Community groups visit the home as part of the activities programme.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints procedure is provided to residents and relatives at entry to the service. A record of all complaints, both verbal and written is maintained by the owner/manager using a complaints' book (register). One complaint was lodged in 2015. Resolution and sign off was completed within the required timeframes. Residents and family members interviewed advised that they are aware of the complaints procedure.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>There is a welcome information pack that includes information about the Code of Rights and there is opportunity to discuss this prior to entry and/or at admission with the resident, family or legal representative. The owner/manager is available to discuss concerns or complaints with residents and families at any time. Residents and family members interviewed state they receive sufficient verbal and written information to be able to make informed choices on matters that affect them.</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</p>	FA	<p>The facility provides physical and personal privacy for residents. During the audit, staff were observed treating residents with respect and ensuring their dignity is maintained. Staff interviewed were able to describe how they maintain resident privacy. Staff sign a privacy declaration on employment. The owner/manager is the privacy officer and has an open door policy.</p>

has regard for their dignity, privacy, and independence.		
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>There is a Māori health plan and ethnicity awareness policy and procedure. The policy includes references to other Māori providers available and interpreter services. The Māori health plan identifies the importance of whānau. The service has established links with local Māori and staff confirmed they are aware of the need to respond appropriately to maintain cultural safety. Residents who identify as Māori have this documented in their care plan.</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 service provides a culturally appropriate service by identifying any cultural needs as part of the assessment and planning process. Staff recognises and responds to values, beliefs and cultural differences. Residents interviewed indicated that they are asked to identify any spiritual, religious and/or cultural beliefs.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>The staff employment process includes the signing of a service Code of Conduct. Professional boundaries are defined in job descriptions. Staff were observed to be professional within the culture of a family environment. Staff are trained to provide a supportive relationship based on sense of trust, security and self-esteem. Interviews with care staff could describe how they build a supportive relationship with each resident. Residents interviewed stated they are treated fairly and with respect.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>The owner/manager is committed to providing services of a high standard, based on the service philosophy of care. All residents and families interviewed spoke positively about the care and support provided. The service has implemented policies and procedures from a recognised aged care consultant to provide a good level of assurance that it is adhering to relevant standards. Staff meetings and residents meetings are conducted. Staff have a sound understanding of principles of aged care and state that they feel supported by management. Care staff complete competencies relevant to their practice.</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>Management promote an open door policy. Relatives are aware of the open door policy and confirm on interview that the staff and management are approachable and available. Residents and family are informed prior to entry of the scope of services and any items they have to pay that is not covered by the agreement. Information is provided in formats suitable for the resident and their family. Interpreter services are available 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>Bloomfield Court is a 26 bed rest home. On the day of audit there were twenty-four rest home residents including two residents on respite care. All residents were under the ARCC agreement. The owner/manager purchased the business in June 2015. The owner/manager has the responsibility of the daily operations, finance maintenance and oversees the delivery of services. She is supported by two registered nurses (RN).</p> <p>There is a business plan for 2015-2017 in place. Goals identified included (but not limited to): upgrade the accommodation and environment, retain effective staff members and provide quality training in the areas of care services. There have been environmental improvements and replacement of equipment. The refurbishing plan is ongoing. Staff interviewed confirmed the communication levels are good and the staff work together as a team. Residents and families speak highly of the staff and the services provided.</p> <p>The Bloomfield Court owner/manager has attended at least eight hours of training relating to the management role. The owner/manager is available on call for any facility or staffing matters.</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>The registered nurse provides cover during a temporary absence of the manager.</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</p>	<p>PA Low</p>	<p>The quality and risk management plan and quality and risk policies describe Bloomfield Court's quality improvement processes. Progress with the quality and risk management programme has been monitored through the quarterly staff meetings. Meeting minutes have been maintained and staff are expected to read the minutes and sign off when read. Minutes sighted evidence there is discussion around complaints, compliments, health and safety, infection control and quality</p>

<p>reflects continuous quality improvement principles.</p>		<p>initiatives and improvements. Staff interviewed state they are well informed and receive quality and risk management information such as accident/incident graphs and infection control stats.</p> <p>The internal audit schedule for 2016 has been commenced. Internal audit results are discussed, however not all audits were completed as per the 2015 schedule. The manager is responsible for coordinating the internal audit programme. The service has implemented a health and safety management system. There are implemented risk management and health and safety policies and procedures in place including accident and hazard management. The service has policies/procedures to support service delivery. A document control policy outlines the system implemented whereby all policies and procedures are reviewed regularly. Falls prevention strategies are implemented for individual residents.</p> <p>Residents/family are surveyed annually to gather feedback on the service provided. There was no resident/family satisfaction survey completed for 2015, as per the required schedule.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>As part of the risk management and health and safety framework, there is an accident/incident policy. When an incident occurs the staff member discovering the incident completes the accident/incident form. Ten accident/incident forms were reviewed. There is evidence of appropriate and timely clinical care and follow up for residents. Investigations are conducted by the registered nurse and manager. The manager is aware of essential notification requirements.</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>	<p>FA</p>	<p>Human resources policies include recruitment, selection, orientation and staff training and development. Five staff files were reviewed (one registered nurse, one cook, one activities coordinator and two caregivers). The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and suitability for the role. A current copy of the registered nurse's practicing certificate was sighted. The orientation programme includes organisational structure and policies and general information for staff. Staff are orientated to their area of work and complete competencies relevant to their role. Staff interviewed stated that new staff are adequately orientated to the service. The in-service programme covers compulsory training requirements.</p>
<p>Standard 1.2.8: Service Provider</p>	<p>FA</p>	<p>Staffing rosters were sighted and there is adequate number of staff on duty to meet the resident's needs. There are three caregivers on the morning shift and two on the afternoon shift. There is</p>

<p>Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>		<p>one caregiver on the night shift. There are two registered RNs; one full time and one part time. Residents interviewed confirm that there are sufficient staff on site at all times and staff are approachable and in their opinion, competent, professional, respectful and friendly.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	<p>PA Low</p>	<p>The resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24-hours of entry into the resident's individual record. An initial care plan is also developed in this time (with exception refer 1.3.5.2). Residents' files are protected from unauthorised access by being locked away in the nurses' station. Information containing sensitive resident information is not displayed in a way that can be viewed by other residents or members of the public. File entries are legible, dated and signed by the relevant caregiver or registered nurse. Correction fluid was noted to have been used.</p> <p>Individual resident files demonstrate service integration. This includes medical care interventions and records of the activities coordinator. Medication charts are in a separate folder.</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>The service has admission policies and processes in place. Residents receive an information pack outlining services able to be provided, the admission process and entry to the service. The owner/manager screens all potential residents prior to entry and records all admission enquiries. Residents and relatives interviewed confirmed they received information prior to admission and had the opportunity to discuss the admission agreement with the owner/manager. The admission agreement form in use aligns with the requirements of the ARCC contract. Exclusions from the service are included in the admission agreement. The information provided at entry includes examples of how services can be accessed that are not included in the agreement.</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 in place to ensure the discharge of residents occurs correctly. Residents who require emergency admissions to hospital are managed appropriately and relevant information is communicated to the DHB. The service ensures appropriate transfer of information occurs. Relatives interviewed confirmed they were kept well informed about all matters pertaining to residents, especially if there is a change in the resident's condition.</p>
<p>Standard 1.3.12: Medicine</p>	<p>FA</p>	<p>The medication management policies and procedures comply with medication legislation and guidelines. Medicines are appropriately stored in accordance with relevant guidelines and</p>

<p>Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>legislation. Medication administration practice complies with the medication management policy for the medication round sighted. Medication prescribed is signed as administered in ten of ten medication records sampled. The caregivers administer medicines. Staff that administer medication have been assessed as competent. The facility uses a blister pack medication management system for the packaging of all tablets. The RN reconciles the delivery and documents this. Medication charts are written by medical practitioners and there was evidence of three monthly reviews by the GP. Medications are prescribed and charted in line with guidelines. One resident self-administers medicines and has a current competency assessment.</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>	PA Low	<p>There is a functional kitchen and all food is cooked on-site. There is a food service manual in place to guide staff. A resident dietary profile is developed for each resident on admission and is provided to the kitchen staff. The kitchen is able to meet the needs of residents who need special diets and the cook works closely with the RN. Not all kitchen staff have completed food safety training. The cooks follow a rotating menu, which has been reviewed by a dietitian. The temperatures of refrigerators, freezers and cooked foods have not been routinely monitored and recorded. There is special equipment available for residents if required. All food is stored appropriately. Residents and the family members interviewed were very happy with the quality and variety of food served.</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 service records the reason for declining service entry to residents should this occur and communicates this decision to residents/family/whānau. Anyone declined entry is referred back to the referring agency for appropriate placement and advice.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	PA Low	<p>In five of five files sampled all appropriate personal needs information is gathered during admission in consultation with the resident and their relative where appropriate. Appropriate risk assessment tools were also completed in five of five files, but not all files evidenced assessment reviews conducted where required. Two of the four long- term resident files sampled had interRAI assessments completed (interRAI was not yet contractually required for one resident). Care plans reflect assessments.</p>

<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>The long-term care plans reviewed described areas of the support required to meet the resident's goals and needs and identified allied health involvement under a range of template headings. The respite resident file sampled had a documented care plan. Residents and their family/whānau were documented as involved in the care planning and review process. Short-term care plans are in use for changes in health status. Staff interviewed reported they found the plans easy to follow.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>Caregivers follow the care plan and report progress against the care plan each shift. If external nursing or allied health advice is required the RNs will initiate a referral (e.g., to the district nurse). If external medical advice is required, this will be actioned by the GP. Staff have access to sufficient medical supplies (e.g., dressings). Sufficient continence products are available and resident files include a continence assessment and plan. Specialist continence advice is available as needed and this could be described.</p> <p>There is wound documentation for one pressure injury and four wounds. Wound documentation includes assessments, management plans, progress and evaluations. The RNs have access to specialist nursing wound care management advice through the district nursing 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>An activities coordinator is employed to operate the activities programme for all residents. Each resident has an individual activities assessment on admission and from this information, an individual activities plan has been developed by the activities coordinator for the four long-term resident files sampled. Each resident is free to choose whether they wish to participate in the group activities programme or their individual plan. Participation is monitored. Group activities reflect ordinary patterns of life and include planned visits to the community. Residents and families interviewed commented positively on the activity programme.</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>The registered nurse evaluates all initial care plans within three weeks of admission. The long-term care plan is reviewed at least six monthly or earlier if there is a change in health status. Reviews document progress toward goals. There is at least a three monthly review by the GP. Changes in health status are documented and followed up, however, reviews do not include interRAI or risk assessment reviews for all residents (refer 1.3.4.2). Care plan reviews are signed by the RN. Short-term care plans are evaluated and resolved or added to the long-term care plan if the problem is ongoing as sighted in resident files sampled. Where progress is different from expected, the service responds by initiating changes to the care plan.</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 service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. The nurses initiate referrals to nurse specialists and allied health services. Other specialist referrals are made by the GPs. Referrals and options for care were discussed with the family as evidenced in interviews and medical notes. The staff provided examples of where a resident's condition had changed and the resident was reassessed.</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>All chemicals are labelled with manufacturer labels. Chemicals are stored safely throughout the facility. Chemical product use and safety data sheets are available. Gloves, aprons and goggles are available for staff. Staff were observed to be wearing appropriate personal protective clothing when carrying out their duties. Safe chemical handling training has been provided.</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>	PA Low	<p>The service displays a current building warrant of fitness that expires on 31 May 2016. Regular and reactive maintenance occurs. Hot water temperatures are scheduled to be checked monthly. Hot water temperatures checks have not been conducted and monitored in the residents' area. Medical equipment and electrical appliances have been tested, tagged and calibrated. Residents were observed to mobilise safely within the facility. There are sufficient seating areas throughout the facility. The exterior has been well maintained with safe paving, outdoor shaded seating, lawn and gardens. Interviews with staff confirmed there was adequate equipment to provide safe 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</p>	FA	<p>All rooms are single occupancy except one that is shared by a married couple. Five rooms have full ensuite with the remainder having a toilet and hand basin shared between two rooms and shared shower room facilities. There were sufficient numbers of resident communal showers in close proximity to resident rooms and communal areas. Visitor toilet facilities were available. Residents interviewed state their privacy and dignity was maintained while attending to their personal cares and hygiene.</p>

requirements.		
<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	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 room to allow cares to take place. The bedrooms are personalised. The bedroom furnishings and seating were appropriate for the resident group.
<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	There is a large lounge, dining room, library and small seating areas in the facility. The dining room is spacious and located directly off the kitchen area. All areas are easily accessible for the residents. The furnishings and seating are appropriate for the consumer group. Residents interviewed report they were able to move around the facility and staff assisted them when required. Activities take place in any of the lounge areas.
<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	Bloomfield Court monitors the effectiveness and compliance of cleaning and laundry policies and procedures. There is a separate laundry area where all linen and personal clothing is laundered by caregivers. Staff have attended infection control education and there was appropriate protective clothing available. Residents and family interviewed reported satisfaction with the laundry service.
<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	The service has a fire and emergency procedures plan. The fire evacuation scheme was approved in 1994. A call bell light over each door and a panel alerts staff to the area in which residents require assistance. Visitors and contractors sign in at reception when visiting. Fire drills have been conducted six monthly. Civil defence and first aid resources are available. Sufficient water is stored for emergency use and alternative heating and cooking facilities (BBQ) are available. Emergency lighting is installed. There is a staff member with a current first aid certificate across all shifts.
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with</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. Residents and family interviewed stated the environment was warm and comfortable

adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.		
<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	Bloomfield Court has an established infection control programme. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. A registered nurse is the designated infection control nurse with support from the owner/manager. Audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation. The infection control programme has been reviewed annually.
<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	The registered nurse at Bloomfield Court is the designated infection control (IC) nurse. There are adequate resources to implement the infection control programme for the size and complexity of the organisation. The IC nurse and IC team (comprising all staff) has external support from the local laboratory infection control team and IC nurse specialist at the DHB. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.
<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	There are infection control policies and procedures appropriate to for the size and complexity of the service. The infection control manual outlines a range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. The policies were developed by an external contractor and have been reviewed and updated.
<p>Standard 3.4: Education</p> <p>The organisation provides relevant</p>	FA	The infection control policy states that the facility is committed to the ongoing education of staff and residents. Formal infection control education for staff has occurred. The infection control nurse has completed infection control training. Visitors are advised of any outbreaks of infection and are

<p>education on infection control to all service providers, support staff, and consumers.</p>		<p>advised not to attend until the outbreak has been resolved. Information is provided to residents and visitors that is appropriate to their needs and this is documented in medical records.</p>
<p>Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in Bloomfield Court rest home's infection control manual. Monthly infection data is collected for all infections based on signs and symptoms of infection. An individual resident infection form is completed which includes signs and symptoms of infection, treatment, follow up, review and resolution. Surveillance of all infections is entered on to a monthly infection summary. This data is monitored and evaluated monthly and annually. Outcomes and actions are discussed at staff meetings. If there is an emergent issue, it is acted upon in a timely manner. Reports are easily accessible to the manager. One outbreak has been reported and appropriately managed since the previous audit.</p>
<p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The service has documented systems in place to ensure the use of restraint is actively minimized and is restraint-free. There were no enablers in use. Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0. Staff education on RMSP /enablers has been provided.</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)
Criterion 1.2.3.6 Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.	PA Low	The internal audit schedule for 2016 is in the process of being completed. Residents/family are surveyed annually to gather feedback on the service provided.	i) The audit schedule for 2015 was not fully completed; and ii) the resident/family satisfaction survey completed for 2015, was not fully completed as per the required schedule.	i) Ensure that the audit schedule is fully completed; and ii) ensure that there is a thorough resident/family satisfaction survey is completed including analysis and actions where identified. 180 days
Criterion 1.2.9.9 All records are legible and the name and designation of the	PA Low	Five residents' files and ten medication charts were reviewed. Progress notes entries evidence the date and time and the name and designation of the person making the entry. Times are documented on medication administration sheets. The use of correctional fluid was not	Correctional fluid had been used to correct documentation errors in two	Provide evidence that correctional fluid is not used to make corrections or amendments to documentation entries.

service provider is identifiable.		evident in three files reviewed.	resident files sampled.	90 days
Criterion 1.3.13.5 All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.	PA Low	There are two cooks at Bloomfield Court. New residents' nutritional information is provided to the kitchen. Likes and dislikes are catered for. Supplements are provided if required. One cook has not completed safe food handling qualifications. The fridge and freezer temperatures have only been recorded since mid-March 2016. Hot food temperatures are not recorded.	i) One cook has not completed a recognised safe food handling qualification; and ii) fridge, freezer and hot food temperatures have not been routinely recorded.	(i) provide evidence that the cooks have completed safe food handling qualifications; and ii) ensure that fridge, freezer and hot food temperatures are monitored and recorded daily. Since the draft report the service advised that staff have completed a food safety training in-service with a Dietitian. Fridge and freezer temps have now been completed. 60 days
Criterion 1.3.3.3 Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.	PA Low	The interRAI assessment tool is being used. Six residents have been assessed by the registered nurse with the interRAI tool. Two of five residents in the sample reviewed were admitted after 1 July 2015. One had been assessed with the interRAI, however this had been completed four months after admission. One did not have the interRAI assessment completed (refer 1.3.4.2). Risk assessments have been completed on admission including falls, pressure, nutrition, continence and pain assessments. The RN is booked for interRAI training in May.	The interRAI assessment tool had not been completed within the required timeframes for one resident file reviewed.	Ensure that the interRAI assessment tool is completed within the required timeframes. 60 days
Criterion 1.3.4.2 The needs, outcomes, and/or goals of	PA Low	The service has a comprehensive nursing admission assessment that has been completed for all five resident files reviewed. Paper based assessments included continence, pressure injury risk, nutrition, falls risk and	i) The interRAI assessment tool has not been completed for	i) Ensure that all residents have the interRAI assessment tool completed when required; and ii) Ensure that all required risk assessments are

consumers are identified via the assessment process and are documented to serve as the basis for service delivery planning.		<p>pain. Two of four permanent residents have been reviewed with the risk assessment tools and interRAI assessment. One is not yet required to be assessed with the tool.</p>	<p>one resident admitted after 1 July 2015; and ii) risk assessments for two residents have not been completed or reviewed.</p>	<p>completed and reviewed as required by policy.</p> <p>90 days</p>
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	<p>Hot water temperatures are scheduled to be monitored and recorded. Hot water temperatures have been monitored for the kitchen and laundry.</p>	<p>Hot water temperatures have not been monitored in the resident areas.</p>	<p>Provide evidence that hot water temperatures are monitored and recorded in resident areas.</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.

No data to display

End of the report.