Experion Care NZ Limited - Bardowie Retirement Complex

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 Audit (NZ) 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:	Experion Care NZ Limited
Premises audited:	Bardowie Retirement Complex
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 23 May 2016 End date: 24 May 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: 20	

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Bardowie Retirement Complex is a 20 bed facility for rest home level of care residents. Both long-term and short stay respite care services are provided. The service was fully occupied at the time of audit.

The audit was conducted against the Health and Disability Services Standards and the provider's contract with the district health board. The audit process included the review of policies and procedures, the review of staff files, observations, interviews with residents, family/whānau, management, staff and a general practitioner.

There are four areas for improvement in relation to evidencing analysis and evaluation of the quality data, electrical safety inspections, charting of medications and care planning interventions.

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.

The residents receive services that respect their rights and are not subject to abuse, neglect or discrimination. The staff demonstrated knowledge and awareness of their obligations of consumer rights legislation. All rooms are single occupancy and provide adequate privacy.

There are appropriate processes implemented to ensure residents who identify as Maori, or any other culture, have their individual beliefs respected and acknowledged. If required, the service can access an interpreter.

The service provides an environment that encourages good practice, which includes evidence-based practice.

Residents and families receive full and frank information and open disclosure from staff. The resident, their families or enduring power of attorneys (EPOAs) are involved in the care planning, decision making and consent processes. Where there is an advance directive, the staff act on those decisions.

There are no set visiting hours and residents have access to visitors of their choice. All visitors commented on the welcoming nature of the service.

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

Organisational management

		Some standards applicable to this service partially attained and of low risk.
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.		

The organisation's mission statement, vision, goals and philosophy identifies the organisation's mission statement, vision and philosophy. The business plan is linked to the quality and risk management systems.

The quality and risk system and processes support safe service delivery and include management of corrective actions. The quality management system includes identification of hazards, staff education and training, an internal audit process, complaints management, data reporting of incidents/accidents and infections. There is an improvement required in the analysis and evaluation of the quality data. The day to day operation of the facility is undertaken by clinical staff who are appropriately experienced and/or qualified. This allows residents' needs to be met in a safe and efficient manner.

Policies and procedures are reviewed on an annual cycle or as sooner if there are legislative or best practice changes.

The service implements the documented staffing levels and skill mix. The rosters record that there are adequate staff each shift to comply with contractual requirements. Human resources management and education processes are implemented and identify good practice is observed.

Resident information is uniquely identifiable, accurately recorded and securely stored. Information of a private or personal nature is maintained in a secure manner that is not publicly accessible or observable.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.

Residents receive appropriate services that meet their desired goals/outcomes. Residents are admitted with the use of standardised risk assessment tools. Care plans are consistently developed and evaluated for all residents. Long and short term care plans are insufficiently detailed.

Planned activities are appropriate to the needs, age and culture of the residents. Residents reported that activities are enjoyable and meaningful to them.

The medicine management system does not consistently meet the required regulations and guidelines. Improvement is required in relation to "as required" medications.

Food services meet the individual food, fluids and nutritional needs of the residents.

Safe and appropriate environment

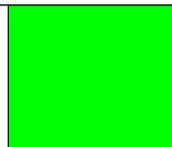| Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Some standards applicable to this service partially attained and of low risk.

Services are provided in a clean, safe, secure environment that is appropriate to rest home level of care. There are appropriate amenities to meet residents' needs and to facilitate independence. Residents, visitors and staff are protected from harm as a result of exposure to waste, infectious or hazardous substances generated during service delivery. There are adequate toilets, showers, and bathing facilities. There are appropriate cleaning and laundry services provided onsite.

Documentation identifies that all processes are maintained to meet the requirements of the building warrant of fitness. Planned and reactive maintenance is documented. Systems are in place for essential, emergency and security services, including a disaster and emergency management plan.

All residents have access to outdoor areas with shaded areas.

Restraint minimisation and safe practice

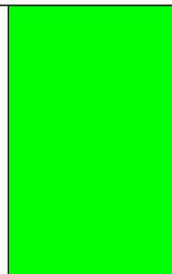|		
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.

The service has clear and comprehensive policies and procedures which meet the requirements of the restraint minimisation and safe practice standard. There are established systems and practices. There are no residents using restraints. Staff have demonstrated good knowledge on restraints and enablers.

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.

Infection prevention and control policies and procedures are clearly documented and implemented to minimise risk of infection to residents, staff and visitors. The type of surveillance is appropriate to the size and complexity of the service. Infection rate data is collected, recorded, analysed and reported. Recommendations to reduce infection rates are discussed. The infection control coordinator is responsible for implementing and evaluating the infection prevention and control programme.

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	41	0	4	0	0	0
Criteria	0	89	0	4	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
Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	The nurse manager and staff demonstrate understanding of consumer rights and their obligations in relation to this. At staff orientation and at ongoing in-service education, the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is covered. The staff files confirmed that staff sign to record that they have received of copy of, and understand, the Code. Staff were observed to be respecting resident's rights, such as knocking on bedroom doors and asking permission before entering, ensuring privacy locks are engaged when conducting personal cares, asking permission prior to assisting with care and support.
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.	FA	The residents' files had signed consent forms, either signed by the resident or their next of kin/enduring power of attorney (EPOA). The files contained copies of any advance care planning and the resident's wishes for end of life care. Staff acknowledged the resident's right to make choices based on information presented to them, including the resident's right to withdraw consent.

Standard 1.1.11: Advocacy And Support Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.	FA	The residents and families reported that they were provided with information regarding access to advocacy services. Contact details for the Nationwide Health and Disability Advocacy Service is listed in the resident information materials. Education on advocacy and support is conducted as part of the in-service education programme.
Standard 1.1.12: Links With Family/Whānau And Other Community Resources Consumers are able to maintain links with their family/whānau and their community.	FA	There are no set visiting hours and visitors are encouraged to visit. The residents and families reported that they feel very welcomed to visit. Residents are supported and encouraged to access community services with visitors. Some residents attend activities in the community, such as at Aged Concern and the RSA.
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	The sighted complaints policy and process complies with Right 10 of the Code. Complaints management is explained as part of the admission process and is included in the information given to new residents and family/whānau. Complaints management is included in new staff orientation and ongoing in-service education. Families and residents confirmed that the nurse manager's open door policy makes it easy to discuss concerns at any time. Complaints forms are available and on display in the reception area. The complaints register contains a summary of all complaints, dates and actions taken. The complaints sampled from 2015 (there are no complaints to date in 2016) are accurately recorded in the complaints register and satisfactory resolved.
Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.	FA	The Code is discussed with residents and family members at the time of admission. The information on the Code and Advocacy services is provided as part of the admission processes and reinforced at resident meetings. Information is displayed about the Code and Nationwide Health and Disability Advocacy Service. The residents and families reported no concerns about the staff not respecting the resident's rights. The residents and families expressed high praise for the manner in which staff work and treat the residents with respect and dignity.
Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect Consumers are treated with respect and	FA	All rooms are single occupancy to provide physical, visual, auditory, and personal privacy of the residents and their belongings. The files reviewed reflected that care is provided that is responsive to the individual cultural and spiritual needs of each resident. The services are

receive services in a manner that has regard for their dignity, privacy, and independence.		planned so the residents can maintain as much independence as possible. The residents and families reported satisfaction with the care provided and have no concerns about abuse or neglect. Staff demonstrated knowledge on identifying any suspected abuse and know who to report to if they suspect abuse or neglect.
Standard 1.1.4: Recognition Of Māori Values And Beliefs 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.	FA	Residents who identify as Māori have their individual needs met, as confirmed at interview with a resident and two whanau. The nurse manager reported that there were no known barriers to residents who identify as Māori accessing the service. There is a Maori Health Plan to assist in the guidance of Tikanga. The staff demonstrated knowledge of the importance of whanau in the care and support of residents who identify as Māori.
Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.	FA	The resident's individual cultural values and beliefs are recorded in the care plans. All files evidence the care was developed in consultation with the resident, and where appropriate, family. Residents and families reported that the service meets the individual needs of residents. Staff demonstrated knowledge in respecting and meeting the individual cultural needs, values and beliefs of each of the residents.
Standard 1.1.7: Discrimination Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.	FA	The staff individual employment contracts, house rules and in-service education have information on professional boundaries. The orientation and induction programme includes staff education on maintaining professional boundaries. The staff demonstrated knowledge on maintaining professional boundaries and refraining from acts or behaviours which could benefit themselves at the expense or well-being of the residents and families. The residents and families report they have no concerns about discrimination.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	Evidence-based practice was observed, promoting and encouraging good practice. Examples included policies and procedures that are linked to evidence-based practice, regular visits by the GP, links with the local mental health services and palliative care services. The nurse manager has access to monitoring and specialists through the district health board (DHB), and attends the education/mentoring supports provided on a three monthly basis. There is regular in-service education and staff access external education that is focused on aged care and best practice.

		This included pressure area prevention in February and May 2016. Staff reported that they were satisfied with the relevance of the education provided. The residents and families expressed high satisfaction with the quality of care provided and services delivered.
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	Families are notified of any adverse, unplanned or untoward events, with this recorded on incident and accident forms sighted and in resident file reviews. Families reported they are kept 'well informed' of any concerns the staff may have or of any adverse events related to their relatives. Open disclosure is observed at the time of audit after an incident/fall has occurred. The service promotes an environment that optimises communication, including through the use of interpreter services if required. Staff education has been provided related to appropriate communication methods, as confirmed in the in-service education records. All residents can effectively communicate in English and the service has not required access to interpreting services for the residents. Policies and procedures are in place if the interpreter services are needed to be accessed.
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	Bardowie was purchased in 2015 by Experion Care NZ Ltd. The facility provides services under contract from the District Health Board for Aged Related Residential Care, Long Term Support, Mental Health and, Respite Care and Day Care Services. All services provide are rest home level of care. At the time of audit there were two residents under the age of 65. The board of directors and nurse manager ensures services are planned, coordinated, and appropriate to the needs of the rest home level of care residents. The business plan for 2015-2016 documents the purpose, values, scope, direction, and goals of the organisation. The business plan is linked to the quality and risk management plan (dated 12 November 2015). The business plan contains an analysis of strengths, weaknesses, opportunities and threats to service delivery and management of the service. The service is managed by a nurse manager (Registered Nurse), who is also a director of Experion Care NZ Ltd. The nurse manager has been in the current role for two and a half years and has over 25 years' experience in aged care and over 19 years' experience in aged care management. The nurse manager's position description describes the role, responsibilities and authorities for the day to day management of the service. The nurse manager has attended more than eight hours' education in the past 12 months related to management of aged care services.

Standard 1.2.2: Service Management 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.	FA	During temporary absence of the nurse manager, the assistant manager (a caregiver with over 20 years' experience) takes on the management role. There is a relief registered nurse who then provides the nursing coverage during the nurse manager's absence.
Standard 1.2.3: Quality And Risk Management Systems The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.	PA Low	The service has a quality and risk management plan in place (dated November 2015) which covers all aspects of service delivery. The staff confirmed understanding of the quality and risk management systems. The quality and risk management plan is monitored through the collection of data related to incidents/accidents, infections, internal audits and feedback from residents, family and staff (though satisfaction surveys and complaints processes). This includes quality data collection to identify any areas of deficit which are addressed using corrective action processes. Corrective actions sighted related to internal audits, complaints, environmental issues, care planning, and identified risks. All findings are shared with the directors and the results are tabled with staff at monthly staff meetings as identified in minutes sighted. The results of satisfaction surveys are also communicated to residents and families at meetings. Though the quality data information is used to inform the ongoing improvement and planning of services, there is limited analysis and evaluation of the quality data (refer to 1.2.3.6). Policies and procedures are reviewed on an annual basis, or when there are changes to best practice or legislative requirements. The policies sighted are current. The service is also in the process of updating their policies and procedures, which are developed by an aged care consultant. Any changes or newly introduced policies are shared with staff at the monthly staff meetings. The management and staff demonstrate knowledge of implementation of any updated or new policies. Actual and potential risks are identified and documented in the hazard register. The hazard register records actions put in place to minimise or eliminate risks. Newly found hazards are communicated to staff and residents. Staff confirmed that they understood and implemented documented hazard identification processes.
Standard 1.2.4: Adverse Event Reporting All adverse, unplanned, or untoward events are systematically recorded by	FA	The nurse manager understood their obligations in relation to essential notification reporting and knows which regulatory bodies must be notified as identified in policy. The pressure injury policy is being reviewed to ensure the essential notification of stage 3 and above pressure injuries and

the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.		are included in the essential notification procedures.
		The staff document adverse, unplanned, or untoward events on the incident and accident form. There is a monthly summary of the adverse events, with any shortfalls that are identified used to improve service delivery. If there is an ongoing risk as a result of an incident/accident, actions are implemented to minimise the risk of reoccurrence.
Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.	FA	Staff that require professional qualifications have them validated as part of the employment process and annually. Human resources policies describe good employment practices that meet the requirements of legislation. Newly appointed staff are police vetted upon employment, referees are checked and job descriptions clearly describe staff responsibilities. Staff complete an orientation/induction programme with specific competencies for their roles, such as medication management, as confirmed during staff file reviews and staff interviews. The nurse manager (RN) has received interRAI training and ongoing competence in this. The in-service education programme and online care resources/training meet the education requirements for an aged care service. There is ongoing education provided related to resident rights, aging processes, specific diseases, health and safety, infection control, staff competencies and restraint minimisation. Education records sighted identify attendance sheets are maintained for the on-site education and off-site seminars and training days. Staff report satisfaction in the training provided and the training is conducted at staff meetings. Resident and families interviewed and the 2015 satisfaction survey results identified that residents' needs are met by the service.
Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.	FA	The nurse manager at Bardowie is a registered nurse and is employed to work 40 hours per week, from Monday to Friday. The second in charge and team leader (is also a senior caregiver) works 32 hours per week, Monday to Thursday. During the weekend there is a senior caregiver on morning shift, whose role is that of the team leader and they are responsible to the nurse manager. There is at least one senior caregiver on duty at all times. All senior care staff are required to have a current first aid qualification. At the busiest times in the morning and afternoons there is more than one caregiver on duty. There is a registered nurse on call after hours, this is shared with the nurse manager and two other relief registered nurses. There are sufficient numbers of cooking, cleaning, laundry and activities staff to meet the needs

		of the residents.
Standard 1.2.9: Consumer Information Management Systems Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.	FA	The residents' files identify that information is managed in an accurate and timely manner. Health information is kept in secure areas at the staff office and is not accessible or observable to the public. Electronic records have secure log on and are password protected. Entries into the progress notes record the staff member's name and designation. The residents' files evidenced that all records pertaining to individual residents are integrated. The service uses a mix of electronic and paper based records, with the relevant electronic assessment/care plans printed and a copy placed in the resident's hard copy folder. Hard copy records are stored on site and there is electronic archiving and back up for the electronic records. All residents' files evidenced completed interRAI assessments.
Standard 1.3.1: Entry To Services Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.	FA	The entry to the service policy includes procedures to be followed when a resident is admitted. Admission agreements are signed by the residents or by their families as evidenced in all sampled resident records. Residents and families reported that the admission agreements are discussed with them in detail by the nurse manager. All residents have the appropriate needs assessments prior to admission. An information pack is provided for potential residents and their families. The nurse manager ensured that residents are admitted in accordance with contractual requirements. All enquiries are recorded in the enquiry register.
Standard 1.3.10: Transition, Exit, Discharge, Or Transfer Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.	FA	A standard transfer notification form is used when residents are required to be transferred to the public hospital or to another service. The nurse manager said that telephone handovers are conducted for all transfers to other services. The resident and their families are involved for all exit or discharges to and from the service. This was confirmed in interview.
Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	PA Low	A medicine management system is not consistently implemented to ensure that the residents receive medicines in a safe and timely manner. Medication charts are legible and photos are present in the cover. Medication charts are reviewed regularly. All discontinued medications are signed for and dated by the GP. Allergies are well-documented. The controlled drugs register is current. Weekly stocktakes are conducted by the NM.

		The medicine fridge is monitored and the temperature is recorded daily.
		Medicine reconciliation was conducted by the nurse manager when a resident was discharged back to the service. There are no expired or unwanted medications. A system is in place when returning expired or unwanted medications. All medications are stored appropriately.
		The nurse manager complied with the medication administration policies and procedures as evidenced in the observed medication round. Current medication competencies are evidenced in the staff files.
		There are no residents who self-administer their medications, however there are self-administration policies and procedures in place.
		Improvement is required in relation to documenting indications for the "as required" medications.
Standard 1.3.13: Nutrition, Safe Food, And Fluid Management A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.	FA	The food service policies and procedures include the principles of food safety, ordering, storage, cooking, reheating and food handling. A system is in place when receiving deliveries. All meals are prepared and cooked onsite. There are current food handling certificates. Residents are provided with meals that meet their food, fluids and nutritional needs. There is evidence that the nurse manager completed the dietary requirement forms on admission and provided a copy to the cook. Additional or modified foods are also provided by the service. Fridge and food temperatures are monitored and recorded daily. Any variance is addressed immediately by the nurse manager. Cooked meals are plated from the kitchen to the dining area. The meals are well-presented and residents confirmed they are provided with alternative meals requested. All residents are weighed regularly and there is no evidence of significant weight changes in the reviewed resident's files. Residents with significant weight changes are provided with food supplements and fortified foods. The kitchen staff have safe food practices. A kitchen cleaning schedule is in place.
Standard 1.3.2: Declining Referral/Entry To Services 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	FA	There is a policy on declining entry to the service. A declined resident is referred back to the referrer to ensure that the resident is admitted to the appropriate level of care. Declined residents were also provided with list of nearby facilities who offer the appropriate level of care. The nurse manager reported that the district health board needs assessors, social workers and families contact the nurse manager to discuss the suitability of the resident prior sending the resident's family to view the facility. The reason for decline was documented in the decline to

appropriate.		entry form.
Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	The nurse manager used standardised risk assessment tools on admission. The assessment information is the basis for developing the resident's initial plan of care and the long term care plan. Pain assessments and monitoring are in place. Resident's pain levels and the effectiveness of the administered medications are documented. New residents are admitted using the interRAI assessment tool which is completed within the required time frame. The trends identified during the assessment are used as the focus of the long term care plans. The required assessments are sighted in all sampled resident files.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	Long term care plans are resident-focused and personalised. Goals are specific and measurable. Residents and families are involved in the development of long term care plans as evident in the reviewed resident's files. Short term care plans are developed when acute conditions are identified. Staff are informed about changes in the resident's status through the hand overs and monthly staff meetings. Continuity of service delivery is maintained through the use of integrated resident's records and shift hand overs.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	PA Low	Long term and short term care plans are developed by the nurse manager. The triggers that are generated in the interRAI assessments are the focus of the long term care plans. Improvement is required regarding documented interventions in the long term care plans to address the desired goals/outcomes identified during the assessment process.
Standard 1.3.7: Planned Activities 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.	FA	Activities provided are appropriate to the needs, age and culture of the residents. The activities are physically and mentally stimulating. The activities coordinator (AC) developed the activity plans using the resident's profile gathered during the interview with the resident and their families. The weekly activities are posted in different areas within the facility. Activity plans are well-documented and reflected the resident's preferred activities and interests. A participation log was maintained. The AC referred the residents to the nurse manager when significant changes are noted regarding involvement in the activities that may require further investigation.

		Interviewed residents and families said that the activities provided by the service are adequate and enjoyable.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	Care plans are developed and evaluated by the nurse manager. Changes to the long term care plans are evident in the reviewed resident's files when the desired outcomes are not met. Short term care plans evidence resident's response after completing treatment regime.
Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.	FA	There are documented policies and procedures in relation to referral of residents. There was evidence of referrals by the GP to other specialist services. Residents and the families are kept informed of the referrals made by the service. This was evident in the communication register. Resident requested and other allied health referrals are facilitated by the nurse manager.
Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.	FA	The storage and disposal of waste complies with the local requirements. General rubbish management is undertaken through local council services. Clinical waste, such as sharps bins are stored securely and disposed of through a contracted service. There is appropriate personal protective equipment and clothing accessible in the cleaning, laundry and clinical areas. Staff demonstrated knowledge in the management of waste and the use of personal protective equipment. Staff have received training on the use of personal protective equipment, management of waste and chemical use as part of the in-service education programme.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	PA Low	The service has a current building warrant of fitness displayed. Not all electrical equipment evidences a current safety inspection. The physical environment promotes safe mobility by use of hand rails in the corridors and on the external steps and ramps. There is a ramp from the lounge to the external areas. The floor surfaces are intact and do not have broken surfaces or trip hazards. Residents are observed to be mobilising safely, with and without mobility aids. There is monthly monitoring of the hot water temperatures in resident areas, these are within the required guidelines. There is a planned maintenance schedule and a maintenance book that

		records other items that need repair/maintenance as they are identified.
		The residents are provided with safe and accessible external areas that meet their needs. The main courtyard area has seating and shaded areas. The courtyard is accessible from the lounge and corridor.
Standard 1.4.3: Toilet, Shower, And Bathing Facilities 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.	FA	Each resident room has an ensuite toilet and hand basin. There are other toilets available in the communal areas. There are adequate numbers of showers located in each of the wings of the services. One shower room is currently under renovation at the time of audit, but there is still a sufficient number of showers in working order to meet the needs of the residents. One bathroom has a bath. It was noted that a supply of towels and face washers are stored on shelves in the communal showers, this was addressed at the time of audit. The surfaces in all other shower rooms sighted have unbroken surfaces for ease of cleaning, with cleaning schedules to maintain good infection control processes. The residents reported satisfaction with the availability of showering/bathing amenities.
Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.	FA	All rooms are single occupancy and have sufficient space for the resident to move safely around their room with and without mobility aids. The residents and staff report satisfaction with the space in each of the resident's rooms.
Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.	FA	The service has three lounge/sitting areas and one dining room. These rooms are separated from each other so activities in one area do not impact on the activities in other areas. The resident's rooms and external seating areas also provide adequate space for residents and their visitors. The residents and families report satisfaction with space in communal areas.
Standard 1.4.6: Cleaning And Laundry Services Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the	FA	The laundry and storage room have adequate space for the safe storage of cleaning equipment and chemicals with locks to provide secure storage. The chemicals in the laundry are supplied using automatic dispensing systems. The chemicals are decanted into bottles that have the manufactures labels with all required safety instructions. Safety data sheets are available for all chemicals used.

service is being provided.		The effectiveness of the cleaning and laundry processes are monitored monthly through environmental checklist and in annual satisfaction surveys. The resident's surveys and residents interviewed at the time of audit express satisfaction with the cleaning and laundry processes.
Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations.	FA	The approved evacuation scheme was sighted. Trial evacuations are conducted six monthly, with the last one conducted on 21 April 2016. Staff receive appropriate information, training, and equipment to respond to identified emergency and security situations. The building is fitted with fire sprinklers, an indicator panel and has adequate fire equipment. Fire suppression systems are maintained and inspected monthly by the external contractor. There is an emergency and disaster management plan. The service has a civil defence kit, first aid kits and outbreak supplies. The service has adequate food and water for a minimum of three days. There are alternative energy and utility sources available in the event of the main supplies failing. There are adequate torches, blankets and gas for cooking in the case of an emergency. The service has a call bell system in all resident areas. There is an audible alert and a light above the room where the call bell is activated. The residents and families report a timely response to the call bells.
Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.	FA	The facility is kept at a suitable temperature throughout the year by electric heating and the opening of doors or windows for ventilation. This was confirmed during resident and family/whānau interviews. All resident areas have at least one opening window to provide adequate natural light and ventilation.
Standard 3.1: Infection control management 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.	FA	The responsibilities for infection control are clearly defined. The nurse manager is the infection control coordinator and is responsible for collecting infection control data. The service utilised the support of the infection control specialist from the district health board for infection prevention and management issues. The infection control coordinator has attended regular infection control updates. The infection control programme is reviewed annually. Infection prevention and control is included in the monthly staff meeting, Resident's families and relatives are encouraged not to visit when they are unwell. There are hand sanitizers in the common areas and along the corridors. There are adequate hand basins

		for the residents and staff to use. The infection control policies and procedures are readily available for staff.
Standard 3.2: Implementing the infection control programme There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.	FA	The infection control coordinator is responsible for facilitating infection prevention and control activities in the facility. Infections are discussed in the monthly staff meetings and during hand overs. The infection control coordinator is responsible for implementing and evaluating the infection control programme of the service. The GP reported that the nurse manager contacts the medical centre when residents manifested suspected infections. The infection control specialist from the district health board provided advice to the infection control coordinator regarding infection control prevention and management. Interviewed staff are knowledgeable regarding outbreak management and breaking the chain of infection.
Standard 3.3: Policies and procedures 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.	FA	There are documented policies and procedures for the prevention and control of infection. Policies aligned with current accepted good practice and relevant legislative requirements. Policies are readily available and procedures are practical, safe, and suitable for the type of service provided. The service consistently implemented the policies and procedures and best practice. Staff demonstrated good knowledge on infection prevention and control. Interviewed residents are able to explain the importance of hand-washing. The infection control prevention and management policies and procedures are reviewed annually.
Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.	FA	Infection control and prevention education is provided to staff as a component of their ongoing education programme. Residents and families are provided with advice on infection prevention and control activities. Staff demonstrated good knowledge in infection prevention and control measures. The infection control coordinator demonstrated good knowledge of current practice in infection prevention and control as well as outbreak management.
Standard 3.5: Surveillance Surveillance for infection is carried out in	FA	Surveillance for infection rates is carried out in accordance with agreed objectives, priorities, and methods specified in the infection control programme. It is appropriate to the size and setting of

accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.		the service. Infection rates are monitored. Data are collated and analysed by the infection control coordinator. Infection rates are discussed during the staff meetings. The specific recommendations and interventions to reduce, manage and prevent the spread of infections are discussed in staff meetings and daily hand overs. The use of antibiotics was monitored and recorded.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	The service demonstrated that the use of restraint is actively minimised. There are no residents using restraints or enablers. The policies and procedures have good definitions of restraints and enablers. Staff demonstrated good knowledge about restraints and enablers.

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 quality improvement data (such as incidents/accidents, internal audit results, satisfaction surveys) is collected each month. There is a summary of the numbers and types of incidents and the results of internal audits and surveys, though there is limited evidence of analysis and evaluations of the results. The results of the quality data are communicated to staff, residents and families at meetings. This is confirmed in interviews and review of staff, resident and family meeting minutes.	The quality improvement data does not consistently evidence analysis and evaluation.	Provide evidence that the quality data is consistently analysed and evaluated. 180 days
Criterion 1.3.12.6 Medicine management information is recorded to a level of detail, and	PA Low	Five out of 10 "as required" medications have no documented indications on when to administer these medications to the residents.	Medicine management information is not recorded to a detail to comply with legislation and guidelines. The nurse manager	Ensure that "as required" medications have documented

				reported that "as required" medications are not frequently administered by staff.	indications to provide guidance to staff administering medications. 180 days
Criterion 1.3.6.1 The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.	PA Low	Long and short term care plans are developed by the nurse manager. The interventions in both long and short term care plans are insufficiently detailed to address the desired goals/outcomes.		Long and short term care plans are insufficiently detailed to address the desired goals/outcomes.	Ensure that interventions in both long and short term care plans are sufficiently detailed to address the desired goals/outcomes. 180 days
Criterion 1.4.2.1 All buildings, plant, and equipment comply with legislation.	PA Low	Some equipment sighted (vacuum cleaner) did not have an electrical safety test and tag evidenced. Other electrical equipment (such as a TV, video recorder, clothes drier) were last tested in February 2014, with the next due date recorded as required in February 2015. Other equipment, such as a power board in the lounge room, had a test and tag label, though this is not dated. The washing machine and hoist evidenced a current electrical safety tag.		Not all electrical equipment evidences a current test and tag safety inspection.	Ensure all electrical equipment evidences a current safety inspection as per electrical safety standards. 180 days

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, these 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.