

Pembrey Investments Limited - Brooklands Retirement Village

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:	Pembrey Investments Limited
Premises audited:	Brooklands Retirement Village
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 30 May 2016 End date: 31 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:	31

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

Brooklands Retirement Village is certified to provide rest home level care for up to 36 residents. On the day of audit there were 31 residents. The service is privately owned and overseen by a managing director. The full-time registered nurse is currently providing interim management of the service.

Residents and families interviewed were complimentary of the care provided by staff. There has been a recent review of the roster and a change in staffing roles.

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 the following improvements required around: communication, complaints register, the annual quality plan, hazard registers, adverse event reporting, signed job descriptions and duty lists, education and training, provision of sufficient staff, the admission agreement, dating and signing of assessments, progress note entries, fridge and freezer temperature monitoring, hot water temperature monitoring, repairs and maintenance, cleanliness of the facility and annual review of the infection control programme.

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.		Some standards applicable to this service partially attained and of low risk.
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The staff at Brooklands Rest Home strive to ensure that care is provided in a way that focuses on the individual and residents' autonomy is valued. Information about the Code of Rights and services is easily accessible to residents and families. Care plans accommodate the choices of residents and/or their family/whānau. Complaints and concerns have been managed.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Brooklands Retirement Village is certified to provide rest home level care in a 36 bed facility. The management role is temporarily being provided by a registered nurse, with support from the managing director and care staff. Quality activities are conducted to identify improvements in practice and service delivery. Health and safety policies are implemented to manage risk. Staff advised that there is an orientation programme that provides new staff with relevant information for safe work practice. A revised roster provides sufficient shifts to cover for the delivery of care and support to rest home residents.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.
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Residents are assessed prior to entry to the service and a baseline assessment is completed upon admission. The care plans are resident and goal orientated. Input from the resident/family is evident in the service delivery. Files sampled identified integration of allied health and a team approach is evident in the overall resident file. There is a three monthly general practitioner review. Residents and family interviewed confirmed that they were happy with the care provided.

Planned activities are appropriate to the resident's assessed needs and abilities and residents advised satisfaction with the activities programme.

Medications are appropriately managed.

Residents' food preferences and dietary requirements are identified at admission and all meals cooked on-site. The kitchen is well equipped for the size of the service. Food, fluid and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met.

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 medium or high risk and/or unattained and of low risk.</p>
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There is a current building warrant of fitness. Furniture and fittings are selected with consideration to residents' abilities and functioning. Furniture is appropriate to the setting and arranged to enable residents to mobilise. The service has waste management policies and procedures for the safe disposal of waste and hazardous substances. Chemicals are labelled and there is appropriate protective equipment and clothing for staff. Laundry processes are monitored for effectiveness. The service has implemented policies and procedures for fire, civil defence and other emergencies. General living areas and resident rooms are appropriately heated and ventilated. Residents have access to natural light in their rooms and in communal areas.

Restraint minimisation and safe practice

<p>Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.</p>		<p>Standards applicable to this service fully attained.</p>
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There is a restraint policy that includes the provision of a non-restraint environment. There is a documented definition of restraint and enablers that aligns with the definition in the standards. There is a restraint register and a register for enablers. There are currently no residents requiring restraints and no residents using enablers.

Infection prevention and control

<p>Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.</p>		<p>Some standards applicable to this service partially attained and of low risk.</p>
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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 also as part of 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. Results of surveillance are acted upon, evaluated and reported to relevant personnel in a timely manner.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	32	0	10	3	0	0
Criteria	0	77	0	14	2	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>Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) policy and procedure is implemented. Discussions with staff (four caregivers, one diversional therapist and the registered nurse) confirm their familiarity with the Code. Interviews with eight residents and five relatives confirm the services being provided are in line with the Code of Rights. Code of Rights and advocacy training has been provided in the past two years (link 1.2.7.5).</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>A detailed informed consent policy is implemented. Systems are in place to ensure residents and where appropriate their family/whānau, are provided with appropriate information to make informed choices and informed decisions. The caregivers interviewed demonstrated a good understanding in relation to informed consent and informed consent processes.</p> <p>Family and residents interviewed confirmed they have been made aware of and fully understand informed consent processes and that appropriate information had been provided.</p> <p>A multipurpose informed consent form is utilised by the service provider and is retained in each individual resident's record reviewed.</p> <p>Forms are signed and dated appropriately.</p>

		The admission agreements (link 1.3.1.4) were signed and dated by the provider and the resident and/or representative.
<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>An advocacy policy and procedure includes how staff can assist residents and families to access advocacy services. Contact numbers for advocacy services are included in the policy, in the resident information folder and in advocacy pamphlets that are available at reception.</p> <p>Residents' meetings include discussing previous meeting minutes and actions taken (if any) before addressing new items. The residents' files include information on residents' family/whānau and chosen social networks. An advocate attends the resident meetings.</p> <p>Residents are provided with a copy of the Code and Nationwide Health and Disability Advocacy services pamphlets on entry. Discussions with relatives identify that the service provides opportunities for the family/EPOA to be involved in care decisions of residents.</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 resident information pack states that visiting can occur at any reasonable time. Interviews with residents and relatives confirm that visiting can occur at any time. Family and friends were seen visiting on the day of the audit. Key people involved in the resident's life are documented in the care plans.</p> <p>Discussions with residents and relatives verify that they are supported and encouraged to remain involved in the community. Brooklands staff support ongoing access to the community and entertainers are invited to perform at the facility.</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>	PA Low	<p>Complaints policy and procedures are in place. Residents/family can lodge formal or informal complaints through verbal and written communication, resident meetings and complaint forms.</p> <p>Information on the complaint's forms includes the contact details for the Health and Disability Advocacy Service.</p> <p>Interviews with residents and relatives are familiar with the complaints procedure. There have been five complaints received in 2015 and two in 2016. The complaints register has not been maintained since May 2015. Each complaint reviewed has a follow-up plan documented including the date of the incident, complainant, summary of complaint, any follow-up actions taken and signature when the complaint is resolved. Advised that resident meetings are an open forum for residents to air any concerns or issues.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p>	FA	<p>The service provides information to residents' that includes the Code of Rights, complaints and advocacy information. Information is given to the family or the enduring power of attorney (EPOA) to read to and/or</p>

<p>Consumers are informed of their rights.</p>		<p>discuss with the resident. Interviews with residents and relatives identify they are informed about the Code of Rights. The registered nurse provides an open-door policy for concerns or complaints. Resident meetings have been held providing the opportunity to raise concerns in a group setting. Advocacy pamphlets, which include contact details, are included in the information pack. The service has an advocacy policy that includes a definition of advocacy services, objectives and process/procedure/guidelines.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	<p>FA</p>	<p>The service has policies which align with the requirements of the Privacy Act and Health Information Privacy Code. Staff were able to describe the procedures for maintaining confidentiality of resident records. House rules and a code of conduct is signed by staff at commencement of employment. Church services are held. Contact details of spiritual/religious advisors are available to staff. Residents and relatives interviewed confirm the service is respectful. Residents' files include their cultural and/or spiritual values when identified by the resident and/or family. Discussions with residents confirm that they are able to choose to engage in activities and access community resources. Staff receive education and training on abuse and neglect.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	<p>FA</p>	<p>There is a Māori health plan and an individual's values and beliefs policy which includes cultural safety and awareness. Residents who identify as Māori have this recorded in their long-term care plan. Interviews with staff confirm they are aware of the need to respond appropriately to maintain cultural safety. Policies include guidelines about the importance of whānau. Cultural awareness training has been provided for staff.</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>	<p>FA</p>	<p>Care planning includes consideration of spiritual, psychological and social needs. Residents interviewed indicate that they are asked to identify any spiritual, religious and/or cultural beliefs. Family involvement is encouraged e.g. invitations to residents' meetings and facility functions. The service provides a culturally appropriate service by identifying the individual needs of residents during the admission and care planning process as reported by the registered nurse.</p>

<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>The staff employment process includes the signing of house rules and a Brooklands code of conduct. Job descriptions include responsibilities of the position and ethics, advocacy and legal issues which are provided to staff on employment (link 1.2.7.3). The orientation programme provided to staff on induction includes an emphasis on dignity, privacy and boundaries, evidenced in interview with the care staff. Interviews with staff confirm their understanding of professional boundaries.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>The quality management policy is designed to monitor contractual and standards compliance and the quality of service delivery in the facility. Staffing policies include pre-employment and the requirement to attend orientation and ongoing in-service training. The 2015 relative satisfaction survey reflects high levels of satisfaction with the care that is provided. The previous manager has been responsible for coordinating the internal audit programme. Policies and procedures have been reviewed. These are available in hard copy. Staff meetings, quality assurance and resident's meetings have been held. Residents and relatives interviewed spoke very positively about the care and support provided by the caregivers and registered nurse. Further shortfalls and concerns are reflected in shortfalls identified in # 1.1.9.1, 1.2.8.1 and 1.4.6.2. Staff had a sound understanding of principles of aged care and state that they are well supported by the registered nurse. There are implemented competencies for caregivers and registered nurses. There are clear ethical and professional standards and boundaries within job descriptions.</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>PA Low</p>	<p>Policies are in place relating to open disclosure. Residents interviewed state they were welcomed on entry and were given time and explanation about the services and procedures. A sample of incident reports reviewed and associated resident files, evidenced recording of family notification. Relatives interviewed confirm they are notified of any changes in their family member's health status. However, residents and families expressed that they had not been fully informed of the change in management personnel, or the change in the staffing roster. Residents and family are informed prior to entry of the scope of services and any items they have to pay for that are not covered by the agreement. The facility has an interpreter policy to guide staff in accessing interpreter services.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and</p>	<p>FA</p>	<p>Brooklands Rest Home is part of the Brooklands Retirement Village. The rest home provides rest home level care to up to 36 residents. On the day of audit there were 31 residents, including one respite resident. Permanent residents were all under the age related contract. Brooklands is privately owned with a managing director and a village manager providing oversight of the service. The previous rest home</p>

<p>appropriate to the needs of consumers.</p>		<p>manager recently resigned. The interim manager's role is being covered by a registered nurse with support from the managing director. A new manager has been appointed and is due to commence employment in mid June. The registered nurse has been with the service for eight years.</p> <p>The service has a business plan and a quality programme. An annual quality plan has not been developed (link 1.2.3.1).</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>In the absence of a manager, the registered nurse is in charge with support from care staff and another part-time registered nurse.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>PA Low</p>	<p>The quality programme includes the service philosophy, general objectives and lists the quality activities. An annual quality plan for 2016 has not been developed. An internal audit schedule is being completed for 2016. Corrective actions have been developed where compliance is less than expected. This is evidenced in the meeting minutes reviewed for staff, quality assurance and resident meetings. Quality meetings evidence discussion of quality activities. Resident meetings are held with follow up of issues and discussions are completed.</p> <p>There is a document control policy that outlines the system implemented whereby all policies and procedures are reviewed regularly. Documents no longer relevant to the service are removed and archived.</p> <p>A relative survey was last conducted in August 2015 with respondents advising that they are overall very satisfied with the care that residents receive. Issues identified in the survey included cleanliness of the facility, activities, meals and laundry. The survey summary and corrective actions have been discussed and documented at the quality assurance meeting in October with follow up reviewed in December 2015.</p> <p>The service collects information on resident incidents and accidents as well as staff incidents/accidents with exception (link 1.2.4.3). The service has a health and safety management system and hazard registers are documented for each area of service. Not all areas of the physical environment that require attention have been recorded on the hazard registers. Security and safety policies and procedures are in place to ensure a safe environment is provided. Emergency plans ensure appropriate response in an</p>

		<p>emergency.</p> <p>There is an infection control manual, infection control programme and corresponding policies. There is a restraint use policy and health and safety policies and procedures. There are procedures to guide staff in managing clinical and non-clinical emergencies. Falls prevention strategies are implemented.</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>	PA Low	<p>There is an accidents and incidents reporting policy. Accidents and near misses are investigated by the registered nurses and analysis of incident trends occurs. There is a discussion of incidents/accidents at quality assurance meetings. A sample of incident/accident forms reviewed for March and April had been commenced by either the registered nurse, the previous manager or a caregiver. Progress notes reviewed for a sample of residents' evidence that incidents and accidents have been reported. Follow up by a registered nurse is evident in all of the sample of resident incident forms reviewed. The recently resolved grade II pressure injury was reported. The registered nurse was not aware of the requirement to notify relevant authorities in relation to essential notifications. One recent incident where the Police were involved was not reported to the MOH via a section 31 notification.</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>	PA Moderate	<p>There are human resources management policies in place which includes recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. A copy of practising certificates is kept. The human resources policies also include orientation, staff training and development. Six staff files were reviewed (two registered nurses, two caregivers, one cook and one cleaner) and evidence that reference checks are completed before employment is offered. Not all files reviewed evidenced signed job descriptions. Recent changes to the roster has meant that some staff are covering various roles. Duty lists have not been reviewed and amended to reflect the change in roles and responsibilities. The service has in place an orientation programme that provides new staff with relevant information for safe work practice. Staff files reviewed had completed orientation documentation. Staff were able to describe the orientation process and stated that they believed new staff were adequately orientated to the service.</p> <p>Discussion with the registered nurse and staff and records reviewed confirms that an in-service training programme has been provided. Not all educational requirements have been provided in the past two years. The in-service calendar for 2016 is being implemented.</p>
<p>Standard 1.2.8: Service Provider Availability</p>	PA Moderate	<p>The staffing policy includes staff rationale and skill mix. The roster has recently been reviewed by the managing director and changes to the roster have been made. The two registered nurses each work part-time and cover Monday to Sunday morning. There is a minimum of two caregivers on duty at any one</p>

<p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>		<p>time and either a registered nurse or the managing director is on call. There is at least one staff member on each duty with a first aid certificate.</p> <p>Interviews with staff, residents and family members identified concerns regarding the recent changes in the roster and staff cover. The roster was reviewed and evidenced that there are sufficient shifts covered on the roster to manage the care needs of the current cohort of residents. Allocation of hours have been reviewed, with an increase in registered nurse hours and a change in when activities are provided (from mornings to afternoons). There is an insufficient number of care staff employed to cover all shifts and in particular, if staff are off sick or on leave.</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>FA</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. 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.</p> <p>Individual resident files demonstrate service integration. This includes medical care interventions and records of the activities coordinator. Medication charts and progress notes are maintained separately.</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>PA Low</p>	<p>The entry to the service policy includes requirements and procedures to be followed when a resident is admitted to the service. Admission agreements were signed in all resident's sampled records. Admission agreements do not reflect all the contractual requirements. Residents and families reported that the admission agreements were discussed with them in detail by the manager. All residents had the appropriate needs assessments prior to admission to the service. A pamphlet containing information about the service was sighted. The registered nurse ensures that residents are admitted to the service as per contractual requirements.</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>A standard transfer notification form from the district health board is utilised when residents are required to be transferred to the public hospital or to another service. The yellow envelope is utilised with the transfer notification form. This was demonstrated in one file sampled of a resident recently transferred to hospital (link tracer 1.3.3). The registered nurse verbalised that telephone handovers are conducted for all transfers to other providers. The residents and their families were involved for all exit or discharges to and from the service.</p>

<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Medication management policies and procedures are implemented to ensure that the residents receive medicines in a safe and timely manner. All prescribed medications were reviewed by the GP in a timely manner. Medicine reconciliation is conducted by the registered nurse when a resident is discharged back to the service. Weekly blister packs are delivered and checked by the registered nurse on arrival.</p> <p>The staff administering medications complied with the medication administration policies and procedures as evidenced in the observed medication round. Current medication competencies were evidenced in the staff files.</p> <p>All medications were stored appropriately.</p> <p>There were four residents who self-administered medications. All had competency assessments that had been reviewed three monthly. Twelve medication records sampled documented allergies, photograph identification, appropriate prescribing practices including for 'as required' medications and signed administration sheets demonstrating medications had been administered as prescribed.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>PA Low</p>	<p>The food service policies and procedures include the principles of food safety, ordering, storage, cooking, reheating and food handling. All meals are prepared and cooked by the cooks on-site. There was evidence of food safety training for kitchen staff.</p> <p>Residents are provided with meals that meet their food, fluids and nutritional needs. The registered nurses complete the dietary requirement forms on admission and provide a copy to the kitchen. The kitchen board is updated regularly. Additional or modified foods are also provided by the service.</p> <p>Fridge and food temperatures were monitored and recorded daily for fridges in the kitchen (but not those in the resident's kitchen). Cooked meals are plated from the kitchen and served directly to the adjacent dining room. The meals were well-presented and residents confirmed that they are provided with alternative meals as per request. All residents are weighed regularly. Residents with weight loss problems are provided with food supplements.</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</p>	<p>FA</p>	<p>There is a documented policy on decline of entry to the service. When a resident's entry to the service is declined, the resident is referred back to the referrer to ensure that the resident is admitted to the appropriate level of care provider.</p>

and/or their family/whānau is managed by the organisation, where appropriate.		
Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	The registered nurses utilises a standardised risk assessment tool on admission (link 1.3.3.3) and these are the basis in developing the resident's initial and long-term care plans in resident files sampled. New residents are admitted using the interRAI assessment tool and the outcome scores were used as the focus of their long-term care plans in files sampled. All long-term residents (one resident was on respite care) had current interRAI assessments completed and these had been reviewed six monthly or when needs changed.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	The long-term care plans sampled were resident-focused and personalised. There was evidence that continuity of service delivery is promoted. Goals are specific and measurable. Long-term care plans sampled were reviewed and updated in a timely manner. Short-term care plans are developed and were evident in the sampled files. Interventions were sufficiently detailed to address the desired outcome/goal; the resident on respite care had interventions recorded as part of the initial care plan process for the identified needs. Residents and families confirmed they are involved in the development of long-term care plans. Staff members reported they are informed about changes in the care plans.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	Care plan documentation was comprehensive in files sampled. The interventions in managing acute health issues including wounds were documented in short-term care plans. Interventions are updated when the desired goals/outcomes are not met or when the resident's response to the treatment is not satisfactory. Family members interviewed expressed satisfaction with the care and that they are involved in the care planning of their family member. Caregivers and the registered nurse/interim manager interviewed state there is adequate equipment provided including continence and wound care supplies. There were three minor wound recorded in the wound register. Wound assessment forms and an ongoing assessment and treatment forms were completed for all wounds on the electronic database. Monitoring occurs for weight, vital signs and blood glucose.
Standard 1.3.7: Planned Activities Where specified as part of the service delivery plan for a	FA	A diversional therapist provides activities for 15 hours per week and plans the activities calendar which includes activities provided by outside entertainers and care staff at times when the diversional therapist is not available. The weekly activities are posted for residents to see. Activities are varied and interesting and promote

<p>consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>		<p>activity and community involvement for residents. There are fortnightly outings to the community. Schools, choirs and other community groups visit. Recently activities have become more integrated with the village residents. The activity plans sampled were well-documented and reflected the resident's preferred activities and interests. The resident's activities participation log was sighted. On the day of audit, residents were observed being actively involved in activities.</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Long-term care plans reviewed had been evaluated every six months or earlier as required in files sampled. The interventions in both long-term and short-term care plans were modified when the outcomes are different from expected. Recent reassessments have been completed using interRAI tool. The interviewed residents and family members reported they were involved in all aspects of care and reviews/evaluations of the care plans. There is at least a three monthly medical review by the medical practitioner.</p>
<p>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.</p>	<p>FA</p>	<p>There are documented policies and procedures in relation to exit, transfer or transition of residents. There is evidence of referrals by the GP to other specialist services. The residents and the families are kept informed of the referrals made by the service. Internal referrals are facilitated by the registered nurses. Several residents had recently been assessed and moved to a higher level of care.</p>
<p>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.</p>	<p>FA</p>	<p>There are documented processes for the management of waste and hazardous substances and incidents are reported on in a timely manner. Material safety data sheets are available and accessible for staff. The hazard register is current. Staff have been provided with training and education around appropriate handling of waste and hazardous substances.</p> <p>There is appropriate protective clothing and equipment that is used in management of waste or hazardous substances. Hazardous substances are correctly labelled and securely stored. The cleaning storage room is locked when not in use.</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>	<p>PA Low</p>	<p>The service displays a current building warrant of fitness, which expires on 20 December 2016. Maintenance books and records were sighted. Testing and tagging of electrical equipment has been completed. Medical equipment and stand on scales have all been checked and calibrated by an external provider. Fixtures and fittings are appropriate to meet the needs of the residents. The hazard register is up to date. Monthly hot water temperatures checks are conducted and recorded; however, recent records evidence that hot water has been provided in resident areas over the required temperatures. The interior is maintained with a home-like décor and furnishings. There is a large central dining area and communal lounge. There is a mixture of full ensuite, shared ensuite and communal bathrooms throughout the rest home. There is an external garden area which rest home residents can access. Interviews with caregivers confirmed there is adequate equipment to carry out the cares according to the resident needs as identified in care plans.</p> <p>Staff interviewed confirm they know the processes they should follow if any repairs/maintenance are required and that requests are appropriately actioned by the manager. Family and residents interviewed confirm they are able to move freely around the facility and that the accommodation meets their needs.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>PA Low</p>	<p>There are adequate numbers of toilets and showers with access to a hand basin and paper towels. The communal toilets and showers are well signed and identifiable and have privacy locks on the door indicating if the facility is engaged. Residents interviewed state their privacy and dignity is maintained while attending to their personal cares and hygiene. The service is currently working on refurbishing an empty resident room and ensuite. One further resident ensuite is in need of repair. The remainder of fixtures, fittings, floor and wall surfaces are made of accepted materials to support good hygiene and infection control practices for this environment.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>The resident's rooms in all areas are spacious and appropriate to the needs of the residents. Resident and family interviews confirmed this view. Resident's rooms are decorated with personal belongings in order to allow the residents to feel at home and have a sense of belonging. Mobility aids can be managed in the rooms, confirmed at the caregiver's interviews. All rooms have adequate space to accommodate resident's mobility needs and safety requirements.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment,</p>	<p>FA</p>	<p>Brooklands Rest Home has a large communal dining area and a large communal lounge area. There are also four other sitting areas for residents to sit and meet with their family or friends, confirmed at the</p>

<p>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>		<p>resident and family interviews and sighted during the tour of the facility. Group entertainment and activities are conducted in the lounge and residents have enough space to mobilise with safety.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>PA Moderate</p>	<p>The laundry is of sufficient size with a dirty and clean laundry flow. Laundry services and cleaning audits have been completed. Cleaning chemicals were securely stored. Chemical safety data sheets are held. Care staff (who complete the laundry service and cleaning) have received training around the use of the chemicals. The residents and their family members confirmed they are happy with the management of their laundry.</p> <p>A cleaner is employed for five hours per day Monday to Friday. One caregiver on the morning shift also assists with cleaning during the week and at weekends, however, this role is frequently moved to providing cares. Advised by staff, residents and family members that cleaning has not been at a high standard in recent times. Visual inspection evidences the implementation of laundry processes. The facility was adequately cleaned on the days of audit.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>Emergency management plans ensure health, civil defence and other emergencies are included. Emergency management training is provided to all staff during orientation and induction and as part of their ongoing training programme. Training includes fire drills and emergency evacuation drills have taken place six monthly. Civil defence resources are available. There is an emergency management manual and a fire and evacuation manual. Fire system monitoring and maintenance is provided by an external contractor. Every shift is covered by a staff member with a current first aid certificate.</p> <p>There is an approved New Zealand Fire Service fire evacuation scheme. The facility has emergency lighting and gas cooking facilities. Emergency food and water supplies are maintained and are sufficient for at least three days.</p> <p>A call bell system is available in all areas including bedrooms, toilets, bathrooms, communal lounges and dining areas. The building is secured during the hours of darkness. Staff on afternoon duty conduct security checks.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p>	<p>FA</p>	<p>The facility is heated via a mixture of heat pumps and individual heaters in resident's rooms. The facility is bright and airy and rooms are well ventilated and light. All bedrooms have an external window. On</p>

<p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>		<p>both days of the audit, indoor temperature was comfortable and resident and staff interviews confirmed that the facility is maintained at a comfortable temperature.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>PA Low</p>	<p>Brooklands Village 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. It is linked into the quality management system. The registered nurse/interim manager is the designated infection control coordinator with support from all staff of the infection control team. Staff meeting minutes are available for staff. Infection control 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 not been reviewed annually.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	<p>FA</p>	<p>The registered nurse/interim manager is the designated infection control (IC) coordinator. There are adequate resources to implement the infection control programme for the size and complexity of the organisation. The IC coordinator and IC team has good 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>
<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</p>	<p>FA</p>	<p>The service has infection control programme policies and procedures that reflect best practice. These infection control policies and procedures are appropriate for the size and complexity of the service. The infection control manual outlines a comprehensive 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 have been reviewed and updated.</p>

appropriate/suitable for the type of service provided.		
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Formal infection control education for staff has occurred, provided by an external infection control specialist. The infection control coordinator has completed ongoing infection control training. Visitors are advised of any outbreaks of infection and are 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</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs and symptoms of infection and is analysed. Short-term care plans are used. Surveillance of all infections is entered on to a monthly infection summary in the electronic database. This data is monitored and evaluated monthly and compared month by month. Outcomes and actions are discussed at staff meetings. If there is an emergent issue, it is acted upon in a timely manner. There have been no outbreaks.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The service has documented systems in place to ensure the use of restraint is actively minimised and provides a no restraint environment. There were no residents with restraint and no residents with an enabler. Enabler use is voluntary. Staff interviews and staff records evidence guidance has been given on restraint minimisation and safe practice (RMSP) and prevention and/or de-escalation techniques (link 1.2.7.5). Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0.</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)
<p>Criterion 1.1.13.3</p> <p>An up-to-date complaints register is maintained that includes all complaints, dates, and actions taken.</p>	PA Low	The complaints folder includes all individual complaints and documentation pertaining to responses to complainants and investigations. The complaints register is up to date until May 2015. Five complaints in 2015 and two in 2016 have been received. Two complaints from 2015 are logged in the complaints register.	Three complaints from 2015 and two from 2016 have not been logged in the complaints register.	<p>Ensure that the complaints register is maintained.</p> <p>90 days</p>
<p>Criterion 1.1.9.1</p> <p>Consumers have a right to full and frank information and open disclosure from service providers.</p>	PA Low	Residents and family members interviewed and incident and accident reports reviewed for March and April 2016, identified that family are notified when incidents occur or when a resident's health status changes. The recent change in management and the roster review, has not been fully communicated to residents and families. Family members interviewed expressed concern to the auditors regarding the recent departure of the previous manager and the lack of	Residents and families had not been advised by the owners/management that the previous manager was leaving the position and that a new	Provide evidence that residents and families are informed of significant changes that affect the lives

		communication surrounding this event. A farewell event had been provided. The managing director advised that the expectation was that the previous manager and caregivers would inform residents and families.	manager has been appointed to start in mid June. Communication around the adjustment to the roster and alteration of staffing shifts had also not been fully communicated to residents and family members.	of service users. 60 days
Criterion 1.2.3.1 The organisation has a quality and risk management system which is understood and implemented by service providers.	PA Low	A business plan is documented for 2014 -2017 and includes management of occupancy, staffing and finances. The quality programme involves policy and the terms of reference for the quality assurance committee. General objectives relate to resident care, residents' privacy and dignity, independence, residents' rights, nursing care and nutrition. Internal audits and quality activities are included in the quality programme. There is no documented annual quality plan in place. The quality assurance team reviews quality activities.	The service does not have a documented annual quality plan in place for 2016.	Provide evidence that the service has a documented quality plan in place for 2016. 180 days
Criterion 1.2.3.9 Actual and potential risks are identified, documented and where appropriate communicated to consumers, their family/whānau of choice, visitors, and those commonly associated with providing services. This shall include: (a) Identified risks are monitored, analysed, evaluated, and reviewed at a frequency	PA Low	Health and safety policies include hazard identification and management. Hazard registers have been recorded for the various service areas e.g. kitchen, housekeeping, laundry, office, general and hairdressing salon. There are 13 residents with electric blankets. Each blanket has been checked by an electrician on an annual basis. Policy in place for electric blankets includes assessment of the resident and environment for ongoing safety of use. Electric blankets are noted on the hazard register. An area of carpet in the North hallway was noted to be rippled and uneven. This has created a trip hazard. This hazard was not recorded on the hazard register. Advised by the managing director and registered nurse that the service	A trip hazard in one hallway has not been recorded on the hazard register.	Ensure that all identified hazards are recorded, with management of the hazard documented. 60 days

determined by the severity of the risk and the probability of change in the status of that risk; (b) A process that addresses/treats the risks associated with service provision is developed and implemented.		plans to repair this area. Work is currently underway with refurbishment of a resident's room.		
Criterion 1.2.4.2 The service provider understands their statutory and/or regulatory obligations in relation to essential notification reporting and the correct authority is notified where required.	PA Low	The registered nurse is currently in the role of acting manager until a new manager commences employment in June 2016. A recent incident occurred that required the Polices to be notified. They subsequently conducted an investigation which was inconclusive. The Ministry of Health was not informed of this incident.	The Ministry of Health were not notified of a recent incident where the Police were involved and conducted an investigation.	Ensure that relevant authorities are notified where required. 90 days
Criterion 1.2.7.3 The appointment of appropriate service providers to safely meet the needs of consumers.	PA Low	Six staff files reviewed included signed contracts, copies of training and certificates, annual practising certificates for registered nurses and annual appraisals. Two of six staff had signed job descriptions on file. Duty lists were included in two staff files however, these no longer reflect the change in roster and change in roles and responsibilities. One caregiver is now covering caregiving, cleaning and kitchen hand duties. One cook is also providing caregiving duties at times. One cleaner is also assisting with providing activities.	i)Four of six staff files reviewed (two caregivers, one cleaner, one cook) did not have signed job description; and ii) three of six staff do not have a current duty list and/or documented expectations that reflect the new roles and responsibilities that they now provide.	i)Provide evidence that all staff have a signed job description on file; and ii) ensure that duty lists reflect the current staff roles and responsibilities. 60 days
Criterion 1.2.7.5	PA Low	The education programme for 2015 has been completed. This has included education sessions and an annual training	i) The annual staff training session is	i)Ensure that the education

<p>A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.</p>		<p>session for all staff. The annual training session provided in April 2016 included nine topics provided over one and a half hours. Topics include dressings and wounds, observations, cultural safety, documentation, health and safety, residents' rights, restraint and enablers and use of personal protective equipment. Pressure injury prevention training has not been provided in the past two years. Advised by the registered nurse that it would be provided if and when a pressure injury develops.</p>	<p>provided over one and a half hours. There is insufficient time to thoroughly cover the nine topics presented; and ii) pressure injury prevention and management education has not been provided in the past two years.</p>	<p>and training provided for staff covers all topics in a comprehensive manner; and ii) provide evidence that pressure injury prevention and management education is provided for staff.</p> <p>90 days</p>
<p>Criterion 1.2.8.1 There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.</p>	<p>PA Moderate</p>	<p>The rosters for the past four weeks were reviewed. There are at least two caregivers rostered on each full shift. There are also two caregivers on a short shift in the mornings and afternoons. Activities are provided by the retirement village diversional therapist. There are shifts for cleaners and kitchen staff. Caregivers provide laundry services. There are currently 10 caregivers required per day to cover the 24 hour period however, there are only 13 caregivers employed during Monday to Friday. Two extra staff are employed to cover the weekend. One caregiver covers caregiving, cleaning and kitchen hand duties. This staff member has worked 12 of the previous 14 days and at times has covered up to three shifts in a day. One night caregiver has also worked a morning shift and then a night shift. Staff report that there is insufficient staff to cover all shifts and that there are no casuals to replace staff to call in sick. Caregiving shifts have taken priority over cleaning duties (link 1.4.6.1). The managing director advised that agency staff can be called in however, this has option has not been utilised.</p>	<p>There is an insufficient number of caregivers employed to cover all rostered shifts and to enable cover to be provided for sick leave and annual leave.</p>	<p>Provide evidence that there is a sufficient number of care giving staff employed to cover all shifts.</p> <p>30 days</p>

<p>Criterion 1.3.1.4</p> <p>Entry criteria, assessment, and entry screening processes are documented and clearly communicated to consumers, their family/whānau of choice where appropriate, local communities, and referral agencies.</p>	PA Low	Residents and their families are provided with a comprehensive information pack on admission. The admission agreement (which does not meet requirements) was signed in all resident files sampled.	The admission agreement does not meet the requirements of the Aged Residential Care contract.	<p>Ensure the admission agreement is amended to meet the contractual requirements.</p> <p>90 days</p>
<p>Criterion 1.3.13.5</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.</p>	PA Low	Temperatures are monitored for cooked food daily and for the fridge and freezer in the kitchen daily. Steriliser temperatures are also recorded. There is a second fridge and freezer containing food for the kitchen in the resident's kitchenette. The temperatures of these appliances were not monitored.	The fridge and freezer stored in the resident's kitchen had not had the temperatures monitored.	<p>Ensure temperature monitoring occurs for all fridges and freezers.</p> <p>90 days</p>
<p>Criterion 1.3.3.3</p> <p>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.</p>	PA Low	In the six files reviewed an initial care plan and assessment had been completed. The registered nurse/interim manager reported these are always completed on the day of admission. However, the newly developed initial assessment and care plan form does not require a date or signature, so this could not be confirmed.	Four of six resident files sampled did not have a date or signature on the initial assessment and care plan (the newly developed initial assessment and care plan form does not require a date or signature, so completion date could not be confirmed).	<p>Ensure that initial assessments and care plans are completed within required timeframes and signed and dated to demonstrate this.</p> <p>90 days</p>

<p>Criterion 1.3.3.4</p> <p>The service is coordinated in a manner that promotes continuity in service delivery and promotes a team approach where appropriate.</p>	<p>PA Low</p>	<p>Progress notes, GP notes and notes from visiting allied health professionals are documented in the electronic database. Most entries are made by the previous manager (who left one week prior to the audit) or the registered nurses with a minority of entries from the caregivers. Not all files demonstrated consistent entry of progress notes.</p>	<p>Four of six files sampled had intervals of between nine days and fourteen days over the previous two months where no progress notes had been recorded.</p>	<p>Ensure progress notes are recorded regularly to demonstrate a record of the resident's ongoing progress.</p> <p>90 days</p>
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	<p>PA Low</p>	<p>Scheduled maintenance occurs with sub-contractors providing fire testing, electrical and plumbing work. Staff inform the maintenance person of any issues that require attention. Monthly hot water checks are conducted in the laundry, kitchen and in a sample of resident rooms. The hot water records for the past five months were reviewed and evidence that January to March temperatures are within the required temperature limit of up to 45 degrees Celsius.</p>	<p>Hot water temperature records for April and May evidence that resident hot water has been delivered consistently above 45 degrees Celsius (46-50). Corrective actions have not been taken to rectify this issue.</p>	<p>Provide evidence that hot water is provided to residents at appropriate temperature levels.</p> <p>60 days</p>
<p>Criterion 1.4.3.1</p> <p>There are adequate numbers of accessible toilets/showers/bathing facilities conveniently located and in close proximity to each service area to meet the needs of consumers. This excludes any</p>	<p>PA Low</p>	<p>During a tour of the facility and on discussion with a resident and family member, it was noted that one ensuite bathroom shower wall lining is in need of repair. The shower wall lining has deteriorated.</p>	<p>Wall surfaces in one ensuite bathroom pose an infection control risk.</p>	<p>Ensure that repairs and maintenance to fixtures, fittings, floor and wall surfaces are carried out in a timely manner</p>

toilets/showers/bathing facilities designated for service providers or visitor use.				to minimise the risk of infection 60 days
<p>Criterion 1.4.6.2</p> <p>The methods, frequency, and materials used for cleaning and laundry processes are monitored for effectiveness.</p>	PA Moderate	Care staff interviewed advised that the cleaning of the facility had not been completed in the four days prior to audit. The recent roster changes have meant that the cleaner had been providing activities as well as completing cleaning duties. The service now has a DT providing activities. One caregiver on the morning shift is also expected to clean and assist in the kitchen. Invariably, this staff member is required to provide cares to residents (link 1.2.7.3 and 1.2.8.1). Residents and family members interviewed all commented that the standard of cleanliness of the home had deteriorated in recent weeks including inadequate cleaning of floors, furniture surfaces, curtains and bathrooms.	Feedback from staff, residents and family members indicate that cleaning has been substandard in recent weeks and did not occur in the four days prior to audit.	Ensure that cleaning is conducted as per facility policy and procedures. 30 days
<p>Criterion 3.1.3</p> <p>The organisation has a clearly defined and documented infection control programme that is reviewed at least annually.</p>	PA Low	The infection control programme is clearly documented and monthly summaries of infections and analysis of these is documented in the electronic database. However there has been no annual review of the infection control programme.	The infection control programme has not been reviewed annually.	Ensure an annual review of the infection control programme is completed. 90 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, 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.