

Vincentian Home For The Elderly Berhampore Limited - Vincentian Home for the Elderly Berhampore

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:	Vincentian Home For The Elderly Limited
Premises audited:	Vincentian Home for the Elderly Berhampore
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 27 June 2016 End date: 28 June 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:	49

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Vincentian Home for the Elderly Berhampore is a not for profit registered charity. The service is certified to provide rest home and hospital level care for up to 51 residents. On the day of the audit there were 49 residents.

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

Vincentian Home is managed by a general manager who is appropriately qualified and experienced. There are quality systems and processes being implemented. Feedback from residents and relatives is positive about the care and services provided. An induction and in-service training programme is provided.

Improvements are required around aspects of care plan documentation, wound care documentation, pain monitoring and medication management.

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.
--	--	--

Staff at Vincentian Home for the Elderly Berhampore strive to ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. The service functions in a way that complies with the Health and Disability Commissioner's Code of Consumers' Rights. Cultural needs of residents are met. Policies are implemented to support residents' rights, communication and complaints management. Information on informed consent is included in the admission agreement and discussed with residents and relatives. Care plans accommodate the choices of residents and/or their family/whānau. Complaints and concerns have been managed and a complaints register is maintained.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
---	--	--

The quality and risk management programme includes service philosophy, goals and a quality planner. Quality activities are conducted and this generates improvements in practice and service delivery. Meetings are held to discuss quality and risk management processes. Residents/family meetings have been held and residents and families are surveyed regularly. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and followed through. An education and training programme has been implemented with a current training plan in place. Appropriate employment processes are adhered to and all employees have an annual staff appraisal completed. A roster provides sufficient and appropriate coverage for the effective delivery of care and support.

Continuum of service delivery

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

An information pack is made available to the resident and family/whānau prior to entry or on admission. Assessments (including interRAI) and support plans reviewed were developed and implemented within the required timeframes. The residents' needs, objectives/goals have been identified in the long-term support plans and these have been reviewed at least six-monthly. Resident files are integrated and include notes by the GP and allied health professionals.

The activity programme is resident-focused and provides group and individual activities planned around everyday activities.

There are medicine management policies and procedures in place. Medication is managed using a paper based medication management system. The medication charts meet legislative prescribing requirements and are reviewed by the GP three-monthly.

Meals are cooked on-site and food service staff are aware of resident's likes/dislikes and alternative choices are offered.

Safe and appropriate environment

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



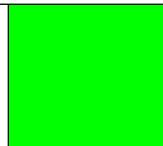
Standards applicable to this service fully attained.

The building has a current building warrant of fitness and maintenance is carried out. All rooms are single and personalised. There is adequate room for the safe delivery of care within the resident's rooms. Residents can freely access communal areas using mobility aids. There are communal dining areas, lounges and recreational areas plus small seating areas in all areas. Outdoor areas are safe and accessible for the residents. All equipment is well maintained on a planned schedule. The cleaning service maintains a tidy, clean environment. There are emergency policies and procedures in place to guide staff should an emergency or civil defence event occur. Staff practise fire drills six-monthly.

Call bells are available in bedrooms, lounges and bathrooms.

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.

Vincentian Home for the Elderly Berhampore has restraint minimisation and safe practice policies and procedures in place. Staff receive training in restraint minimisation and challenging behaviour management. On the day of audit, there were two residents with restraint and four residents with an enabler. Restraint management processes are adhered to.

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 control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. Documented policies and procedures are in place for the prevention and control of infection and reflect current accepted good practice and legislative requirements. 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. Results of surveillance are acted upon, evaluated and reported to relevant personnel.

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	47	0	2	1	0	0
Criteria	0	98	0	2	1	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code) policy and procedure is implemented. Discussions with staff (one manager, one clinical manager, two registered nurses (RN), one occupational therapist, one quality coordinator, one cook, one laundry and three caregivers) confirmed their familiarity with the Code. Interviews with eight residents (six rest home and two hospital) and four families (two rest home and two hospital) confirmed the services being provided are in line with the Code. The Code is discussed at resident and staff meetings.</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>The service has in place a policy for informed consent and resuscitation and is committed to meeting the requirements of the Code of Health and Disability Services Consumers Rights. There were signed general consents including outings on all seven resident files sampled (three rest home and four hospital level of care residents). Resuscitation treatment plans and advance directives were appropriately signed in the files reviewed.</p> <p>Discussions with caregivers and registered nurses (RN) confirmed that</p>

		<p>they were familiar with the requirements to obtain informed consent for personal care and entering rooms.</p> <p>Discussion with relatives confirmed that the service actively involves them in decisions that affect their relative's lives.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>A policy describes access to advocacy services. Staff receive training on advocacy. Information about accessing advocacy services information is available in the entrance foyer. This includes advocacy contact details. The information pack provided to residents at the time of entry to the service provides residents and family/whānau with advocacy information. Interview with staff and residents informed they are aware of advocacy and how to access an advocate.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Residents are encouraged to be involved in community activities and maintain family and friends networks. On interview, staff stated that residents are encouraged to build and maintain relationships. All residents interviewed confirmed that relative/friend visiting could occur at any time.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The service has a complaints policy that describes the management of complaints process. The manager has overall responsibility for managing the complaints process including ensuring an appropriate investigation is undertaken. There is a complaints register that records the number and type of complaint/s and the date of resolution. All complaints to date have been responded to and managed appropriately with letters of acknowledgement, investigations, letters of response and outcomes to complainants. The number of complaints received each month is reported to staff via the various meetings, e.g. staff, quality meeting. Complaints are reported monthly to the Board via the managers' report. Discussion with residents and relatives confirmed they were provided with information on the complaints process.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>There are posters of the Code of Rights on display throughout the facility and leaflets are available in the foyer of the facility. The service is able to provide information in different languages and/or in large print if requested. Information is also given to next of kin or enduring power of attorney (EPOA) to read with the resident and discuss. On entry to the service, the manager discusses the information pack with the resident</p>

		and the family/whānau. The information pack includes a copy of the Code of Rights.
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	There are policies in place to guide practice in respect of independence, privacy and respect. Resident preferences are identified during the admission and care planning process with family involvement. Staff were observed to be respectful of residents' personal privacy by knocking on doors prior to entering resident rooms during the audit. Residents interviewed confirmed staff respect their privacy and support residents in making choices where able. Staff have completed education around privacy and dignity and abuse and neglect.
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	The service has established cultural policies to help meet the cultural needs of its residents. There is a Māori health plan. One resident identified as Māori on the day of the audit. Cultural and spiritual practice is supported and identified needs are incorporated into the care planning process and review as demonstrated in resident files sampled. Discussions with staff confirmed that they are aware of the need to respond to cultural differences. Cultural awareness training last occurred in July 2015.
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	The resident and family are invited to be involved in care planning and any beliefs or values are further discussed and incorporated into the care plan. Care plans sampled included the residents' values, spiritual and cultural beliefs. Six-monthly reviews occur to assess if the residents needs are being met. Discussion with family confirmed values and beliefs are considered. Residents are supported to attend church services of their choice if appropriate.
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	Job descriptions include responsibilities of the position and signed copies of all employment documents are included in the staff files sampled. Staff comply with confidentiality and the code of conduct. The registered nurses and allied health professionals practise within their scope of practice. Staff meetings include discussions on professional boundaries and concerns/complaints as they arise (minutes sighted). Interviews with the care staff confirmed an awareness of professional boundaries.
<p>Standard 1.1.8: Good Practice</p>	FA	The service has policies to guide practice that align with the Health and

<p>Consumers receive services of an appropriate standard.</p>		<p>Disability Services Standards. Staffing policies include pre-employment and the requirement to attend orientation and ongoing in-service training. The resident satisfaction survey reflects high levels of satisfaction with the services that are provided. Residents interviewed spoke positively about the care and support provided. Staff interviewed had a sound understanding of principles of aged care and stated that they feel supported by the management team. There is an admission welcome pack that gives a comprehensive range of information regarding the scope of service provided to the resident and their family/whānau on entry to the service.</p>
<p>Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>Residents interviewed stated they were welcomed on entry and were given time and explanation about the services and procedures. Accident/incidents, complaints procedures and the policy and process around open disclosure alerts staff to their responsibility to notify family/next of kin of any accident/incident and ensure full and frank open disclosure occurs. Fourteen incidents/accidents forms were reviewed. The forms included a section to record family notification. All forms reviewed indicated family were informed or if family did not wish to be informed. Relatives interviewed confirmed that they are notified of any changes in their family member's health status. The residents and family are informed prior to entry of the scope of services and any items they have to pay that are not covered by the agreement.</p>
<p>Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Vincetian Home for the Elderly Berhampore is a not for profit registered charity. The goals and strategic direction are developed by the Board of Directors and included in the business plan 2016-2017. The facility provides hospital and rest home level care for up to 51 residents. At the time of the audit there were 49 residents, 31 out of 31 hospital residents and 18 out of 20 rest home residents in the service. There was one hospital respite resident and one hospital ACC funded resident. The manager of the service has been in the role for 12 years. She is supported by a full-time clinical manager who has been in the position for 20 years and a quality coordinator who works 16 hours per week and has been at the service for over 3 years.</p> <p>The service has a current business plan which is due for review in 2017 and a quality plan for 2015-2016. The manager has maintained at least eight hours annually of professional development activities related to</p>

		managing a rest home and hospital.
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>In the absence of the manager, the clinical manager is in charge with support from the senior registered nurse and care staff.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>The service has a business plan and quality and risk management programme that is being implemented. The quality programme is managed by the quality coordinator with assistance from the manager and clinical manager. The service has an annual planner/schedule which includes audits, meetings, education and policy review timetable. Quality improvement activities are identified from audits, meetings, staff and resident feedback, incidents/accidents and are discussed at the bi-monthly quality meetings.</p> <p>The quality committee are responsible for monitoring the various aspects of the quality programme. Quality outcomes are reported to staff through the quarterly staff, health and safety and infection control meetings. Outcomes from the health and safety committee and infection control committee meetings are also discussed at the various meetings. The health and safety programme monitors hazards, staff incidents and maintained the hazard register. The hazard register is current. Meeting minutes from all meetings are maintained and available to staff.</p> <p>The service has a suite of policies and procedures that support practice. Policies are reviewed every two years as outlined in the document control policy. Documents no longer relevant to the service are archived. There is an internal audit schedule that is being implemented and includes key aspects of service delivery. Clinical indicator data is collated from resident and staff incidents/accidents. Analysis and trending is undertaken by the quality coordinator. Resident/relative meetings are run quarterly by an independent advocate and an annual resident satisfaction survey is undertaken. Feedback from the resident/relative survey was discussed at the various staff meetings and reported through to the Board.</p> <p>Falls management strategies are in place that included analysis of falls incidents and the identification of interventions on a case by case basis to</p>

		minimise future falls.
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>There is an incident reporting policy that includes definitions and responsibilities. Incidents and accidents were seen to have been reported on the relevant form, investigated and collated for ongoing trending. There is ongoing discussion of incidents/accidents at clinical/RN and staff meetings. An annual summary of incidents has been completed for the 2015 year that considers trends and/or environmental factors that impact on the occurrence of incidents. Discussions with the manager and clinical manager confirmed an awareness of the requirement to notify relevant authorities in relation to essential notifications. Three section 31 incident notification forms were completed in 2016 (all sighted) in relation to two matters referred to pressure injuries and one in relation to a falls incident (fracture). The appropriate action has been taken in relation to the matters outlined in the mandatory notifications that were sighted.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>There are human resources management policies in place. This includes that the 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. Eight staff files were reviewed (one manager, one clinical manager, two registered nurses, an occupational therapist, cook and two caregivers) and evidenced that reference checks were completed before employment is offered.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The in-service education programme for 2015 has been completed and a plan for 2016 is being implemented. The manager and registered nurses are able to attend external training, including sessions provided by the local DHB. Five of the eight registered nurses have completed interRAI training. Annual staff appraisals were evident in all staff files reviewed.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>There is a staffing policy determining staffing ratios and skill mix. The manager and clinical manager work forty hours per week and a quality coordinator works two days per week. There is at least one registered nurse and two caregivers on duty at all times. All registered nurses are first aid trained. The manager is on call 24/7 and the clinical manager</p>

		provides on call cover for any clinical concerns. Interviews with relatives and residents confirmed staffing numbers are sufficient to meet resident need. Caregivers interviewed stated there was sufficient staffing on duty. The manager informed agency staff are used if required to cover absences if needed.
Standard 1.2.9: Consumer Information Management Systems Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.	FA	The resident files are appropriate to the service type. Residents entering the service have relevant initial information recorded within 24 hours of entry into the resident's file. An initial care plan is also developed in this time. Residents' files are protected from unauthorised access. Individual resident files demonstrate service integration. This includes medical care interventions and records of the occupational therapist (who is the recreation officer).
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	Residents are assessed prior to entry to the service by the needs assessment team and an initial assessment with an interRAI assessment completed within 21 days of admission. The service accepts all religious denominations of residents and has comprehensive information available for residents/families/whānau at entry. The admission agreement reviewed aligned with the ARRC contract and exclusions from the service were included in the admission agreement. Seven signed admission agreements were sighted. The admission agreement reviewed aligns with a) – k) of the ARRC contract. The information provided at entry includes examples of how services can be accessed that are not included in the agreement. Four family members interviewed agreed the staff had fully explained services to them on entry to the service.
Standard 1.3.10: Transition, Exit, Discharge, Or Transfer Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.	FA	The registered nurses and caregivers interviewed described the documentation and nursing requirements as per the policy for discharge and transfers. Any previous discharge summaries that are relevant are also copied and sent with the transfer documents. These documents are placed in a transfer envelope.
Standard 1.3.12: Medicine Management	PA	Medications are stored appropriately in line with accepted guidelines both in the upstairs medication room (hospital) and downstairs (rest home).

<p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>Moderate</p>	<p>All medications are checked on delivery and discrepancies reported to the pharmacy. The registered nurses and senior caregivers administering medications undergo a medication competency.</p> <p>The medication trollies are all kept in locked rooms. There are no self-medicating residents. Fridge temperatures are monitored and are within acceptable limits.</p> <p>The service has an implemented paper based medication system. All individual medication charts have photo identification, allergies/adverse reactions noted and 'as required' medications prescribed correctly with indications for use.</p> <p>The administration of warfarin was not always correct and eye drops were not dated.</p> <p>Three-monthly reviews by the GP were documented.</p>
<p>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.</p>	<p>FA</p>	<p>There is a food services policy and procedure manual. All food is cooked on-site. A dietitian has reviewed and approved the menu. All residents have a dietary requirements/food and fluid chart completed on admission.</p> <p>The cook maintains a folder of residents' dietary requirements that include likes/dislikes. Alternatives are offered and alternatives are provided as needed.</p> <p>Specialised utensils and lip plates are available as required. Residents and relatives interviewed confirm likes/dislikes are accommodated and alternatives offered. Fridge and freezer temperatures are recorded daily for the kitchen appliances. Perishable foods in the chiller and refrigerators are date labelled and stored correctly. The kitchen is clean and has a good workflow. Chemicals are stored safely and safety data sheets are available. Personal protective equipment is readily available and staff were observed to be wearing hats, aprons and gloves.</p>
<p>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 appropriate.</p>	<p>FA</p>	<p>The service records the reason (no bed availability or unable to meet the acuity/level of care) for declining service entry if this occurs. Potential residents are then referred back to the referring agency.</p>

<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>Resident files sampled (seven) all contained an initial assessment that was undertaken on the day of admission. An interRAI assessment was completed for all residents admitted since 1 July 2015 as well as a falls, Waterlow and continence, within three weeks of admission. These assessments were undertaken at least six-monthly or as needs change and served as a basis for care planning. InterRAI six-monthly assessments have been introduced at resident's six monthly file reviews. The activities coordinator completes an activity assessment.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>PA Low</p>	<p>Care plans reviewed demonstrated service integration and input from allied health. All resident care plans sampled were resident centred and support needs and apart from two care plans, interventions were documented in detail. Two care plans did not document specific care needed. Residents and family members interviewed confirmed they are involved in the development and review of care plans. Care plans were amended to reflect changes in health status and were reviewed on a regular basis.</p> <p>Short-term care plans were in use for changes in health status and were evaluated on a regular basis and signed off as resolved or transferred to the long-term care plan. There was evidence of service integration with documented input from a range of specialist care.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>PA Low</p>	<p>Five of seven care plans reviewed included interventions that reflected the resident's current needs (link to 1.3.5.2). When a resident's condition changes, the RN initiates a GP/NP visit or nursing specialist referral. Residents interviewed reported their needs were being met. Family members interviewed stated the care and support met their expectations for their relative. There was documented evidence of relative contact for any changes to resident health status.</p> <p>Continence products are available and resident files include a continence assessment. The assessment identified continence products for day use, night use and other management. Specialist wound and continence advice is available as needed through the DHB and this could be described by the RNs interviewed. Caregivers and RNs interviewed state there is adequate continence and wound care supplies.</p> <p>There were identified wounds at hospital level: one skin tear, four facility</p>

		<p>acquired pressure injuries (one resident has two) and one admitted with pressure injury. There were five residents with wounds in the rest home: four skin tears and one graze. Wound assessment, wound management and evaluation forms and short-term care plans were in place for all wounds. Not all wound documentation was fully complete.</p> <p>Monitoring charts viewed included: weight and vital signs, blood glucose, pain, food and fluid, turning charts and behaviour monitoring as required. Pain and meal monitoring was not always documented.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>The service employs an occupational therapist who lead the activities programme with assistance from a number of volunteers.</p> <p>The occupational therapist and volunteers provide activities for rest home and hospital level care Monday to Friday and volunteers provide a number of activities over the weekend. Residents and families interviewed all praised the activity programme.</p> <p>The activity programme is integrated between hospital and rest home. Three-monthly resident and family meeting discuss the programme and it is changed following feedback from the meetings. A wide range of activities are provided to meet most needs at all levels of care including entertainment, craft, walks, memory games, music and dancing. Family are included in the activities. There are also van outings. The activities staff have one-on-one time with residents who are unable or who choose not to participate in the programme.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Care plans reviewed had been evaluated by registered nurses' six-monthly. Care plan evaluations described the resident's progress against the residents identified goals. Short-term care plans for short-term needs were evaluated and either resolved or added to the long-term care plan as an ongoing problem. There is at least a three-monthly review by the medical practitioner.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>Referral to other health and disability services is evident in the sample group of resident files. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. Examples of referrals sighted were to the needs assessment coordination service, physiotherapist and mental health</p>

		<p>service.</p> <p>There is evidence of GP discussion with families regarding referrals for treatment and options of care.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>There are policies and procedures for the disposal of waste and hazardous material. There is an accident/incident system for investigating, recording and reporting all incidents. Chemical supplies are kept in locked cupboards in the hospital and rest home units. A contracted supplier provides the chemicals, safety data sheets, wall product charts and chemical safety training as required. Approved containers are used for the safe disposal of sharps. Personal protective equipment is readily available to staff.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The building holds a current building warrant of fitness' which expires 21 March 2017 and has tertiary ACC accreditation which expires February 2017. The service is meeting the relevant requirements as identified by relevant legislation, standards and codes. Hot water temperatures are monitored.</p> <p>The service employs a maintenance person who carries out minor repairs and maintenance. The maintenance request book is checked and signed off as requests are actioned. There is an implemented schedule of environmental and equipment checking and repair. Electrical equipment is tested and tagged. Clinical equipment is calibrated annually.</p> <p>The service has two floors, with a lift between floors. The lift is large enough to transport hospital level residents as needed. The corridors are carpeted. Bedrooms are either carpet or vinyl. Vinyl surfaces are in all bathrooms/toilets and the kitchen. Corridors are wide and there are handrails in all corridors which promotes safe mobility. Residents were observed moving freely around the areas with mobility aids where required. There are external areas and gardens, which are easily accessible (including wheelchairs). There is outdoor furniture, seating and shaded areas. There are adequate storage areas for the hoist, wheelchairs, products and other equipment. The staff interviewed stated that they have the equipment referred to in care plans to provide care. There is a designated internal smoking area.</p> <p>The maintenance person checks hot water temperatures and undertakes</p>

		monthly maintenance audits.
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>In the hospital wing (upstairs), two resident rooms have ensuite shower rooms with toilets and there is one shared ensuite shower and toilet for two adjoining rooms. There are also six additional communal shower/toilet rooms, a bath, additional toilets and a shower room. There is a communal toilet near the hospital lounge.</p> <p>In the rest home (downstairs), wing one has two communal showers and three toilets and in wing two, eight rooms have an ensuite with a shower. There are two communal showers available.</p> <p>All showers//toilets have appropriate flooring and handrails. There are privacy locks and shower curtains.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>All resident rooms in the facility are single and of an adequate size. The bedrooms allow the residents to move about independently with the use of mobility aids. The bedrooms and all apartments have sufficiently wide enough doors for ambulance gurney entry/exit. Residents and their families are encouraged to personalise the bedrooms as sighted. Residents interviewed confirmed their bedrooms are spacious and they can personalise them as they wish.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>The upstairs (hospital) has a large lounge/dining area and three smaller lounges. Communal areas are spacious and set up to allow residents to mobilise with mobility aids and/or be comfortably seated in specialist chairs. The rest home (downstairs) has a large lounge/dining area, conservatory and gazebo. Seating is placed appropriately to allow for groups and individuals to relax or take part in activities. Residents were observed safely moving between the communal areas with the use of their mobility aids. There is adequate space to allow for individual and group activities to occur.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>All linen and personal clothing is laundered on-site. Adequate linen supplies were sighted. There are cleaners on duty each day for the facility. The cleaner's cupboard containing chemicals is locked. All chemicals have manufacturer labels. The cleaning trolley is well equipped and stored in a locked area when not in use. Cleaning staff are observed to be wearing appropriate personal protective equipment. The</p>

		environment on the day of audit was clean and tidy in all areas. The residents interviewed are satisfied with the cleanliness of the communal areas and their bedrooms.
Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations.	FA	Documented systems are in place for emergency and security situations including a NZ Fire Service approved evacuation plan. There is an evacuation register to guide staff. Regular fire drills are completed. The facility carries civil defence supplies, extra drinking water and food for an emergency plus additional supplies for use in a civil defence and or health emergency. There is access to either gas or electricity for cooking and heating. The facility is staffed by registered nurses 24 hours a day, 7 days a week. A large percentage of staff are proficient in first aid and have resuscitation certificates and there is a person on duty at all times with a first aid certificate. There is a call bell system in operation in all areas including the lounges.
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	All resident rooms and communal rooms have external windows allowing adequate natural light. Windows can be opened safely to allow adequate ventilation. The facility is heated at a comfortable temperature. Residents interviewed confirm the environment and the bedrooms are warm and comfortable.
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 service has an established infection control (IC) programme that is implemented. The infection control programme is appropriate for the size, complexity and degree of risk associated with the service and has been linked into the incident reporting system. A registered nurse is the designated infection control nurse with support from the quality manager. The IC team reports all infections monthly to the clinical team and reviews all infections quarterly and reports to the quality meeting. Regular audits have been conducted and education has been provided for staff. The infection control programme has been reviewed annually.
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	There are adequate resources to implement the infection control programme. The infection control (IC) coordinator has maintained her practice by attending infection control updates such as regional infection control meetings and DHB meetings. The infection control team is representative of the facility. External resources and support are available when required. Infection prevention and control is part of staff

		orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes roles, responsibilities, procedures, the infection control team and training and education of staff. The policies are reviewed and updated at least annually.
<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	The facility is committed to the ongoing education of staff and residents. Education is facilitated by the infection control coordinator. All infection control training has been documented and a record of attendance has been maintained. Visitors are advised of any outbreaks of infection and are advised not to attend until the outbreak had been resolved. Information is provided to residents and visitors that are appropriate to their needs and this was documented in medical records.
<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	The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. Infections are included on a monthly register and a monthly report is completed by the infection control coordinator. Infection control data is collated monthly and reported to clinical meetings. The infection control programme is linked with the quality management programme and quality IC reviews are documented. Internal infection control audits also assist the service in evaluating infection control needs. There is close liaison with the GP's that advise and provide feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility.
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0. Documented systems are in place to ensure the use of restraint is actively minimised. There were two residents with restraints (bedrails) and four residents with enablers (bedrails). Consents, assessments and reviews were sighted for residents on restraints and enablers. Enabler use is voluntary. Staff receive restraint/enabler education on orientation and restraint training

		was conducted in January 2016 with 12 staff attending. Restraint is discussed as part of staff and quality meetings.
<p>Standard 2.2.1: Restraint approval and processes</p> <p>Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.</p>	FA	The clinical manager is the restraint coordinator. Assessment and approval process for restraint use included the restraint coordinator, registered nurses, resident/or representative and medical practitioner.
<p>Standard 2.2.2: Assessment</p> <p>Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.</p>	FA	The service completes assessments for residents who require restraint or enabler interventions. These were undertaken by suitably qualified and skilled staff, in partnership with the family/whānau, in the two restraint and two enabler files sampled. The restraint coordinator, the resident and/or their representative and a medical practitioner were involved in the assessment and consent process. In the two restraint files reviewed, assessments and consents were fully completed.
<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	FA	The restraint minimisation manual identifies that restraint is only put in place where it is clinically indicated and justified and approval processes are obtained/ met. There is an assessment form/process that is completed for all restraints and enablers. The files reviewed had a completed assessment form and a care plan that reflected risk. Monitoring forms that included regular monitoring at the frequency determined by the risk level were present in the files reviewed. In resident files reviewed, appropriate documentation has been completed. The service has a restraint and enablers register which is updated each month.
<p>Standard 2.2.4: Evaluation</p> <p>Services evaluate all episodes of restraint.</p>	FA	The service has documented evaluation of restraint every three months. In the files reviewed, evaluations had been completed with the resident, family/whānau and restraint coordinator. Evaluation timeframes are determined by policy and risk levels.
<p>Standard 2.2.5: Restraint Monitoring and Quality Review</p> <p>Services demonstrate the monitoring and quality review of their use of restraint.</p>	FA	The service actively reviews restraint as part of the internal audit and reporting cycle. Reviews are completed three-monthly or sooner if a need is identified. Reviews are completed by the restraint coordinator. Any adverse outcomes are reported at the bi-monthly quality and

		quarterly health and safety meetings.
--	--	---------------------------------------

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 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	PA Moderate	There are policies and procedures in place to correctly guide staff in the management and administration of medication. A medication round observed was undertaken and the process was correct. Not all eye drops were dated and warfarin administration was not always correct. The service is in the process of reviewing the process around prescribing and administration of warfarin.	<p>(i) A review of the medication administration chart documents that there was one dose of warfarin in the rest home incorrectly given.</p> <p>(ii) In the hospital medication room, there were two bottles of eye drops in the medication trolley that had not been dated when they were opened.</p>	<p>(i) Ensure the management and administration of warfarin is correct.</p> <p>(ii) Ensure all eye drops are dated on opening.</p> <p>30 days</p>
<p>Criterion 1.3.5.2</p> <p>Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing</p>	PA Low	Five of seven care plans reviewed documented comprehensive care interventions. Care interventions reflected the paper based and interRAI assessments. All seven care plans reflected input from allied services and GPs.	Two of seven care plans did not address specific care needs. One was for a resident who required a splint; their care plan did not describe how and when to apply the splint. One resident with	Ensure care plans document care strategies for all identified needs.

assessment process.			behaviours that challenge had well documented interventions to maintain and optimum environment, but no interventions to manage outbursts.	60 days
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>	PA Low	<p>The service has a comprehensive wound assessment form and a separate wound management document. Not all wound care plans were fully completed. The service has reviewed its pain management process and an improved process is in the development of rolling out. This process was not fully implemented at the time of audit. A care plan for a resident with weight loss was documented well and required meal monitoring; the monitoring is not documented. Pain monitoring/assessments were not always documented. RNs interviewed evidenced a high level of resident knowledge and the needs of the individual residents.</p>	<p>(i) Of the five identified wounds in the rest home: one did not state the wound type, one had no date for review and one had two dressing on one form making identification and evaluation of each wound difficult. In the hospital: one of five pressure injuries did not state the size of the wound.</p> <p>(ii) Pain assessments were not all consistently documented. In the rest home: two of three pain assessments did not document a score and one did not document pain level reviews as per care plan instruction. In the hospital: one of four did not review pain levels according to set timeframes.</p> <p>(iii) One rest home resident file did not document meal monitoring as per the care plan.</p>	<p>(i) Ensure that residents are reviewed by a registered nurse when there is a change in health status and that this is documented.</p> <p>(i) Ensure every wound has a comprehensive documented evaluation.</p> <p>(iii) Ensure monitoring occurs as required in the care plan.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.