Windermere Rest Home 2015 Limited - Windermere Rest Home

Introduction

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

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

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

You can view a full copy of the standards on the Ministry of Health's website by clicking here.

The specifics of this audit included:

Legal entity: Windermere Rest Home 2015 Limited

Premises audited: Windermere Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 24 June 2016 End date: 24 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: 21

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

Windermere is a privately owned and operated rest home that cares for up to 21 residents requiring rest home level care. On the day of the audit there were 17 residents requiring rest home level care. An owner operator (registered nurse) oversees the service. Another registered nurse supports the manager. Residents and families interviewed spoke positively about the service provided. 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 residents and staff files, observations and interviews with residents, staff and management.
This audit has identified improvements required around communication, corrective actions, adverse event follow-up, staff training, service provision, general practitioner reviews, medication management, equipment and infection control training.

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.

Windermere rest home provides care in a way that focuses on the individual resident. Policies are implemented to support individual rights such as privacy, dignity, abuse/neglect, culture, values and beliefs, complaints, advocacy and informed consent. Information about the Code of Rights and related services is readily available to residents and families. Care plans accommodate the choices of residents and/or their family. Complaints processes are implemented and managed in line with the Code of Rights. Residents and family interviewed verified ongoing involvement with community.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some standards applicable to this service partially attained and of low risk.

Windermere rest home is implementing a quality and risk management system that supports the provision of clinical care. Quality data is collated for accident/incidents, infection control, internal audits, concerns and complaints, and surveys.

There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation programme that provides new staff with relevant information for safe work practice. There is an education programme in place. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care.

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 medium or high risk and/or unattained and of low risk.

The owner/operator takes primary responsibility for managing entry to the service with assistance from the registered nurse. Comprehensive service information is available. The registered nurse completes initial assessments including InterRAI assessments. The registered nurse completes the care plans and evaluations. Care plans are based on the InterRAI outcomes and other assessments. They are clearly written and caregivers report they are easy to follow. Residents interviewed confirmed they were involved in the care planning and review process. Each resident has access to an individual and group activities programme. The group programme is varied and interesting.

There are medication policies and procedures available that staff can access. Meals are prepared on site and the menu is varied and appropriate. Individual and special dietary needs are catered for. Residents interviewed were complimentary about the food service.

Safe and appropriate environment

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

Windermere Rest Home has a current building warrant of fitness. Reactive and preventative maintenance is carried out. Chemicals are stored safely and staff are provided with personal protective equipment. Hot water temperatures are monitored and recorded. Residents' rooms are of sufficient space to allow services to be safely delivered. There are sufficient communal areas within the facility including lounge, dining area and seating alcoves. There is a designated laundry and cleaner's area. The service has implemented policies and procedures for civil defence and other emergencies and regular fire drills are conducted. External garden areas are available with suitable pathways and seating.

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.

Restraint minimisation is practiced and overseen by the registered nurse. There were no residents using enablers or restraints.

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

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The registered nurse is the infection control coordinator. A suite of infection control policies and guidelines meet infection control standards. Surveillance data is collected and collated.

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	37	0	7	1	0	0
Criteria	0	83	0	8	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
Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	Windermere rest home has policies and procedures that align with the requirements of the Code of Health and Disability Services Consumer Rights (the Code). Two caregivers, one activities person and one registered nurse (RN) and one owner/manager were able to describe how they incorporate resident choice into their activities of daily living. The service actively encourages residents to have choices and this includes voluntary participation in daily activities as confirmed on interview with four residents. Training around the code was provided to all staff in November 2016 with good attendance.
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.	FA	Informed consent processes are discussed with residents and families on admission. The resident or their EPOA signs written consents. Five resident files sampled demonstrated that advanced directives are signed-for separately. There is evidence of discussion with family when the GP has completed a clinically indicated not for resuscitation order. Caregivers and the registered nurse interviewed confirmed verbal consent is obtained when delivering care. Family members are involved

		in decisions that affect their relative's lives. All five resident files sampled had a signed admission agreement signed on or before the day of admission and consents.
Standard 1.1.11: Advocacy And Support Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.	FA	Advocacy information is available to residents in the service entrance. Interviews with residents and family confirmed they were aware of their right to access advocacy. Residents confirm that the service provides opportunities for the family/EPOA to be involved in decisions. The resident files sampled included information on the residents' family. Staff training in Code of Rights and advocacy has been provided.
Standard 1.1.12: Links With Family/Whānau And Other Community Resources Consumers are able to maintain links with their family/whānau and their community.	FA	Interview with residents confirm relatives and friends can visit at any time and are encouraged to be involved with the service and care. Residents are encouraged wherever possible to maintain former activities and interests in the community. They are supported to attend community events, clubs and interest groups in the community.
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	There is a complaints policy to guide practice, which aligns with Right 10 of the Code. Complaints forms are visible and available for relatives/residents. A complaints procedure is provided to residents within the information pack at entry. The complaints file was reviewed and there is a complaints register. There are no complaints recorded since 2014. Family members and residents were aware of the complaint process.
Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.	FA	Service information is provided to residents on entry that includes information on how to make a complaint, Code of Rights pamphlet, advocacy and Health & Disability (HDC) Commission. Relatives and residents are informed of any liability for payment of items not included in the scope of the service. This is included in the service agreement. Four residents and seven family members interviewed confirmed they

		received all the relevant information during admission.
Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.	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. Residents interviewed confirmed staff respect their privacy, and support residents in making choices where able. Staff have completed education around privacy, dignity and elder protection as part of the code of rights training during November 2015. Resident files were stored securely. There are clear instructions provided to residents on entry regarding responsibilities of personal belonging, in their admission agreement.
Standard 1.1.4: Recognition Of Māori Values And Beliefs Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.	FA	There is a Māori health plan and a cultural safety policy that includes a description of how they will achieve the requirements set out in A3.1 (a) to (e). Currently, no residents identify as Māori. Linkages with Māori community groups are available and accessed as required. All caregivers interviewed were aware of the importance of whānau in the delivery of care for Māori residents (Link to 1.2.7 5, for lack of recent cultural and Treaty of Waitangi training).
Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.	FA	The resident 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 and residents confirm values and beliefs are considered. Residents are supported to attend church services of their choice.

Standard 1.1.7: Discrimination Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.	FA	Job descriptions include responsibilities of the position and are in place for all roles within the service. The registered nurse and care staff practice within their scope of practice. Staff meetings include discussions around staff and resident related issues and plans to remedy should problems arise. Staff state they are informed on role boundaries. Interviews with the owner/manager, the registered nurse and care staff confirmed an awareness of professional boundaries.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	There are robust policies and procedures in place that meet the health and disability safety sector standards. Staff state they are made aware of new/reviewed policies and policies are easily available to staff to read. Staff report the owner/manager and registered nurse are approachable and supportive. Allied health professionals are available to provide input into resident care. Staff complete relevant workplace competencies. Discussions with residents and family were positive about the care they receive.
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	PA Low	There is a policy to guide staff on the process around open disclosure. The manager and registered nurse confirm family are kept informed. Relatives stated they are notified promptly of any incidents/accidents. Incident forms reviewed did not always document if relatives had been informed. Resident meetings encourage open discussion around the services provided (meeting minutes sighted). Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The Ministry of Health “Long-term Residential Care in a Rest Home or Hospital – what you need to know” is provided to residents on entry. There is access to an interpreter service as required.
Standard 1.2.1: Governance The governing body of the organisation ensures services are	FA	Windermere Rest Home provides rest home level care for up to 21 residents. On the day of the audit there were 17 residents living at the facility, all under the ARC agreement and there were no respite

planned, coordinated, and appropriate to the needs of consumers.		residents. A mission statement, values and philosophy have been developed for the service. Business goals, objectives and quality indicators are established. The owner/manager is a registered nurse with a current practising certificate. He has twenty years of experience in the public health system, primarily in mental health. He has attended at least eight hours of education related to managing a rest home over the past year. The owner/manager is supported by a registered nurse who has worked at the service for a year.
Standard 1.2.2: Service Management The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.	FA	The registered nurse (RN) who is employed full time, supports the owner/manager, and steps in when the owner/manager is absent.
Standard 1.2.3: Quality And Risk Management Systems The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.	PA Low	Windermere rest home has an established quality and risk programme. The service has a documented business plan, a quality plan and specific quality indicators that link to the audits and quality data collection process. There are policies and procedures implemented to provide assurance that the service is meeting accepted good practice and adhering to relevant standards, including those standards relating to the Health and Disability Services (Safety) Act 2001. An external contractor provides policies and ensures they are up to date as needed. Staff confirmed they are made aware of any new/reviewed policies. Assessment policies have been updated to include reference to the use of the InterRAI assessment tool. Monthly quality/staff meeting minutes sighted very comprehensive staff discussion around accident/incident data, health and safety, infection control, audit outcomes, concerns and survey feedback. The service collates accident/incident and infection control data. Monthly comparisons include trends and graphs. Monthly staff meetings ensure all staff are fully informed. The registered nurse and caregivers interviewed were aware of quality data results,

		trends and corrective actions. An internal audit programme covers all aspects of the service and aligns with the requirements of the Health and Disability Services (Safety) Act 2001. A monthly summary of internal audit outcomes is provided to the quality meetings for discussion. Corrective actions are developed, but not always signed off when actioned. There is an implemented health and safety, and risk management system in place including policies to guide practice. The owner/manager is responsible for health and safety education, internal audits and non-clinical accident/incident investigation. There is a current hazard register. Staff confirm they are kept informed on health and safety matters at meetings. There is a falls prevention and management policy in place.
Standard 1.2.4: Adverse Event Reporting 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.	PA Low	Accident/incident forms for the months of March and April 2016 were sampled (nine). The RN review of incident forms, either on the form or in the progress notes, was not always documented. The service collects incident and accident data and reports aggregated figures to the monthly staff/quality meeting. Staff interviewed confirm incident and accident data are discussed at the staff meeting and information and graphs are made available. Discussions with the owner/manager confirm an awareness of the requirement to notify relevant authorities in relation to essential notifications.
Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.	PA Low	There are human resources policies to support recruitment practices. Five staff files sampled contained all relevant employment documentation (one RN, three caregivers and the activities person). A current practising certificate was sighted for the registered nurse. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. Staff interviewed believed new staff were adequately orientated to the service on

		employment. An education planner is in place that covers compulsory education requirements over a two-year period. Not all compulsory training has been provided over the last two years. The RN has completed InterRAI training. Clinical staff complete competencies relevant to their role.
Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.	FA	The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. The owner/manager and registered nurse are on-site full time and available after hours. The caregivers, residents and family interviewed inform there are sufficient staff on duty at all times.
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. All relevant initial information is recorded within required timeframes into the resident's individual record. All resident records containing personal information is kept confidential. Entries were legible, dated and signed by the relevant caregiver or registered nurse including designation. Files are integrated.
Standard 1.3.1: Entry To Services Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.	FA	The service has comprehensive admission policies and processes in place. Residents receive an information pack outlining services able to be provided, the admission process and entry to the service. The owner/operator screens all potential residents prior to entry and records all admission enquires. Residents and relatives interviewed confirmed they received information prior to admission and had the opportunity to discuss the admission agreement with the manager and clinical coordinator. The admission agreement form in use aligns with the requirements of the ARC contract.
Standard 1.3.10: Transition, Exit, Discharge, Or Transfer	FA	There are policies in place to ensure the discharge of residents occurs

Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.		correctly. Residents who require emergency admissions to hospital are managed appropriately and relevant information is communicated to the DHB. The service ensures appropriate transfer of information occurs. The facility uses the transfer from hospital to residential (yellow) aged care envelope that works in reverse when residents are transferred to a DHB acute hospital. Relatives are notified if transfers occur.
Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	PA Moderate	Ten medication charts were reviewed. The medication management policies comply with medication legislation and guidelines. Medicines are appropriately stored in accordance with relevant guidelines and legislation. Resident's medicines are stored securely in the locked medication trolley and in the medication room. The registered nurse and senior caregivers administer medicines. Not all staff administering medication have completed the required competency assessments. Medication administration practice complies with the medication management policy for the medication round sighted. The service uses an electronic medication management system. The facility uses a robotically packed medication management system for the packaging of all tablets. The registered nurse reconciles the delivery and documents this. Not all weekly mandatory medication checks had been completed. Not all three monthly medication reviews by the GPs had been documented as completed. Two residents who self-administer their own inhalers had not completed the required competency assessments. There are no standing orders in use.
Standard 1.3.13: Nutrition, Safe Food, And Fluid Management A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.	FA	The dietitian has reviewed a four weekly menu in June 2015. All baking and meals are prepared and cooked on-site. The qualified cook (interviewed) receives residents' dietary profiles that identify dietary requirements, likes and dislikes. The kitchen is able to meet the needs of residents who require special diets and the kitchen manager works closely with the registered nurse. The kitchen staff have completed food safety training. Residents interviewed were very positive about the meals and variety provided including alternatives for dislikes. Fridge, freezer and end-cooked temperatures are taken and recorded daily. All foods sighted in storage were date labelled. Residents have the

		opportunity to feedback on the food services at the resident meetings.
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.	FA	The service records the reasons for declining service entry to potential residents should this occur and communicates this decision to potential residents/family/whānau and the referring agency. Anyone declined entry is referred back to the referring agency for appropriate placement and advice. Information on alternate placement options is provided.
Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	Files sampled indicated that all appropriate personal needs information is gathered during admission in consultation with the resident and their relative where appropriate (link 1.3.3.3). Files sampled contained appropriate assessment tools that were completed and assessments that were reviewed at least six monthly, or when there was a change to a resident's health condition. The InterRAI assessment tool is implemented. InterRAI assessments have been completed for all residents. Care plans sampled were developed on the basis of these assessments. The registered nurse is InterRAI trained.
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 reviewed described the support required to meet the resident's goals and needs and identified allied health involvement under a comprehensive range of template headings. The InterRAI assessment process informs the development of the resident's care plan. The care plans reviewed were personalised and reflected the assessed needs of the resident. Residents and their family/whānau interviewed, reported that they are involved in the care planning and review process. Short-term care plans were in use for changes in health status. Staff interviewed reported they found the plans easy to follow.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	The registered nurse (RN) and caregivers follow the care plan and report progress against the care plan each shift at handover. If external nursing or allied health advice is required, the RN will initiate a referral (eg, to the district nurse [hospice nurse] or the mental health nurses). If

		external medical advice is required, this is actioned by the GPs. Staff have access to sufficient medical supplies (eg, dressings). Sufficient continence products are available and resident files include a continence assessment and plan as part of the plan of care. Specialist continence advice is available as needed and this could be described. Wound assessment, monitoring and wound management plans are in place for all residents with wounds. There were two wounds on the day of audit (one surgical wound and one skin tear). Both wounds have been reviewed in the appropriate timeframes. The service has access to specialist nursing wound care management advice through the district nursing service. Interviews with the registered nurse and caregivers demonstrated an understanding of the individualised needs of residents. Care plan interventions demonstrate interventions to meet residents' needs. There was evidence of pressure injury prevention interventions in the care plans, such as skin care, food and fluid charts, regular monitoring of bowels and regular (monthly or more frequently if required) weight management.
Standard 1.3.7: Planned Activities Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.	FA	The service employs an activities coordinator for 25 hours per week. The activities coordinator has commenced diversional therapy training (DT) and has a current first aid certificate. The activity coordinator attends regional DT meetings. The activity programme is planned a week in advance and reflects the residents' recreational preferences including community links (community care and crafts groups/library), inter-home visits and competitions, men's activities, church services, shopping, entertainers and pet therapy and exercises. The programme involves residents in meaningful household activities and one-on-one activities. Resident meetings are held monthly where activities are discussed. A social history is completed in consultation with the resident/family/whānau on admission. Activity plans were incorporated in the InterRAI assessments and are scheduled for review at the same time as the care plans.

Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	Files sampled demonstrated that the long-term care plans have been evaluated in association with the six monthly InterRAI review, or earlier where there was a change in health status. In the files reviewed, changes in health status were documented, in most cases and followed-up by the registered nurse (link 1.2.4.3). The registered nurse signs any alterations to the care plan and care plan reviews. Short-term care plans sighted were evaluated and resolved or added to the long-term care plan if the problem is ongoing, as sighted in resident files sampled. Where progress is different from expected, the service responds by initiating changes to the care plan.
Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.	FA	The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. The registered nurse initiates referrals to nurse specialists and allied health services. Other specialist referrals are made by the GPs. Referrals and options for care were discussed with the family, as evidenced in medical notes.
Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.	FA	There are implemented policies in place to guide staff in waste management. Staff interviewed were aware of practices outlined in relevant policy. Gloves, aprons, and goggles are available and staff were observed wearing personal protective clothing while carrying out their duties. Infection prevention and control policies state specific tasks and duties for which protective equipment is to be worn. Chemicals sighted were labelled correctly and stored safely throughout the facility. Safety datasheets are available.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	PA Low	The service displays a current building warrant of fitness that expires 17 June 2017. The facility has two levels, with stair and lift access between the floors. The owner/manager is responsible for maintenance and repairs on request and as per the monthly planned maintenance programme. Hot water temperatures are checked monthly and are within the acceptable range. Medical equipment and electrical

		appliances have been tested, tagged and calibrated. Residents were observed on day of audit mobilising safely within the facility. There are sufficient seating areas throughout the facility. The exterior has been well maintained with safe paving and it is easy access to the outdoors with ramps and rails in place. There were no scales available to weigh residents who were unable to weight bear.
Standard 1.4.3: Toilet, Shower, And Bathing Facilities Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.	FA	All bedrooms are single use. The majority of bedrooms have hand basins. There are sufficient numbers of resident communal toilets and showers in close proximity to resident rooms and communal areas. Residents interviewed stated their privacy and dignity was maintained while staff attend to their personal hygiene and cares. The communal toilets and showers are identifiable and include privacy locks.
Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.	FA	The resident rooms are spacious enough to meet the assessed resident needs at a rest home level of care. Residents are able to manoeuvre mobility aids around the bed and personal space. All beds are of an appropriate height for the residents. Caregivers interviewed reported that rooms have sufficient space to allow personal cares to take place. The bedrooms are individualised.
Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.	FA	There is a large main lounge, sunroom and several seating alcoves for communal use, quiet time or visitors. Bedrooms allow for seating for visitors. The separate dining room is spacious and located near the kitchen serving area. All communal areas are easily accessible for the residents. The furnishings and seating are appropriate. Residents interviewed report they are able to move around the facility and staff assisted them when required. Activities take place in the lounge or seating alcoves for smaller groups.
Standard 1.4.6: Cleaning And Laundry Services Consumers are provided with safe and hygienic cleaning and	FA	There is a separate laundry and sluice area. A designated cleaner/laundry person launders all linen and personal clothing on-site.

laundry services appropriate to the setting in which the service is being provided.		The cleaner's trolley is stored safely when not in use. Staff were observed to be wearing appropriate protective clothing when carrying out their duties. Laundry equipment has been serviced regularly. Residents interviewed reported satisfaction with the laundry service and cleanliness of the room/facility.
Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations.	FA	Emergency and disaster policies and procedures are in place. Fire evacuation drills take place every six months. The orientation programme and mandatory education and training programme include fire and security training. Staff interviews confirm their understanding of emergency procedures. Required fire equipment was sighted on the day of audit and all equipment has been checked within required timeframes. An approved fire evacuation plan is in place. A civil defence plan is in place. There are adequate supplies in the event of a civil defence emergency including food, water, blankets and gas cooking. A back up three- hour battery for emergency lighting is in place. Two call bell systems are in place, suitable to meet the needs of the residents. Residents report their call bells are answered in a timely manner. There is a minimum of one person available 24 hours a day, seven days a week with a current first aid/CPR certificate. External lighting is adequate for safety and security. Doors are locked at dusk.
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 communal and resident bedrooms have external windows with plenty of natural sunlight. General living areas and resident rooms are appropriately heated and ventilated. There is safe heating in the shower rooms. The environment on the day of audit was warm and comfortable. Residents and family stated the environment is warm and constant in all areas of the facility.
Standard 3.1: Infection control management	FA	The registered nurse is the infection control coordinator. The infection

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.		control coordinator job description has identified delegated responsibility for infection control within the service. The infection control coordinator provides a monthly report to management and staff. The infection control programme and policy is reviewed annually. Visitors are asked not to visit if they have been unwell. Influenza vaccines are offered to residents and staff. There are hand sanitisers throughout the facility and adequate supplies of personal protective equipment. An outbreak during March 2016 was well managed. Public Health and the DHB were informed.
Standard 3.2: Implementing the infection control programme There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.	FA	The infection control coordinator (registered nurse) manages infection control. The infection control coordinator has access to infection control personnel within the district health board, laboratory services and the GP (link to 1.2.7.5 for staff training and 3.4.1 for training for the IC coordinator).
Standard 3.3: Policies and procedures Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.	FA	The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes the infection control programme, responsibilities and oversight, training and education of staff. The policies have been reviewed.
Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.	PA Low	The infection control coordinator is responsible for coordinating/providing education and training to staff. Staff receive education on orientation and one-on-one training as required (link to 1.2.7.5 for IC training for staff). The infection control coordinator has not accessed infection control training. Resident education occurs at resident meetings such as use of sanitisers and hand washing. Hand hygiene posters have been placed in all resident toilet areas.

Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	FA	There is a policy describing surveillance methodology for monitoring of infections. Definitions of infections are in place appropriate to the complexity of service provided. The infection control coordinator collects the infection rates each month, identifies trends and uses the information to initiate quality activities within the facility. Care staff interviewed were aware of infection rates. Infection control systems in place are appropriate to the size and complexity of the facility.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	Restraint minimisation is practiced. The registered nurse oversees the restraint process within the facility. There are policies around restraint, enablers and the management of residents who may exhibit behaviours that challenge. The service currently has no residents using enablers or restraints. Any resident requiring restraint or who exhibited behaviours that may challenge, would be reassessed to determine their suitability to continue to reside in the rest home (link to 1.2.7.5 for lack of training around behaviours that challenge and restraint).

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.1.9.1 Consumers have a right to full and frank information and open disclosure from service providers.	PA Low	Relatives and residents interviewed all confirm that the service is open and they feel very well informed. The documentation did not always evidence that family were informed following an adverse event.	Of five resident related incident forms for March 2016 and four for April 2016, all five for March and one for April did not document that the family had been informed following an adverse event. Progress notes for these incident forms did not document if the family had been informed (link to 1.2.4.3 for registered nurse follow-up).	Ensure that information provided to family and residents is documented following an adverse event. 90 days
Criterion 1.2.3.8 A corrective action plan addressing areas requiring improvement in order to meet the specified Standard or requirements is developed and	PA Low	A very comprehensive report is documented each month around the results of internal audits and action plans. This report is discussed at each monthly staff/quality meeting. Action plans are not always signed-off as actioned. Staff report that audits	Internal audits have a comprehensive action plan documented each month. These action plans are not signed off as actioned. (Examples include all internal audits for 2016 and internal audits for July, August and	Ensure that action plans are documented as followed-up and signed off, when actioned. 60 days

implemented.		are discussed and always followed-up.	September 2015).	
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	Three of nine incident forms reviewed document RN review and follow-up within a timely manner. Six forms do not have a follow-up documented on the incident form or in the progress notes. The RN informs that this was because of the previous RN clinical lead leaving the service. Earlier incident forms (February) and more recent incident forms document RN review and sign off.	Not all of the incident forms for March (five) and one of the four incidents for April, had an RN review or signature. Progress notes did not reflect the incident has been followed up.	Ensure there is a process in place to ensure that incident forms document an RN review within an acceptable timeframe. 60 days
Criterion 1.2.7.5 A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.	PA Low	The service has an in-depth training programme in place for all staff, however not all compulsory training has been provided. The service has recently purchased a new training programme for staff and intends to commence this programme post audit.	Not all compulsory training has been provided over the last two years; examples include: chemical safety, management of challenging behaviour, restraint, infection control, culture/Treaty of Waitangi and food safety.	Ensure a process is in place and implemented to ensure all staff are trained to care for residents. 90 days
Criterion 1.3.12.1 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,	PA Moderate	The general practitioner charts all medication and reviews resident's medication charts at least three monthly. In the files sampled not all medications had been reviewed three monthly and not all 'as required' medication had 'as required' medications charted. The pharmacy and registered nurses are required to undertake regular checks of the	i) Seven of ten resident files sampled did not evidence three monthly medication reviews by the general practitioner. ii) One of ten files sampled did not have indications for use charted for 'as required' medication. iii) Not all weekly mandatory medication checks had been	i) Ensure that medication reviews are completed at least three monthly. ii) Ensure that all 'as required' medication have indications for use charted. iii) Ensure that all mandatory medication checks are

protocols, and guidelines.		medication. Not all mandatory medication checks had been completed within the required timeframes.	completed.	completed. 30 days
Criterion 1.3.12.3 Service providers responsible for medicine management are competent to perform the function for each stage they manage.	PA Moderate	All staff administering or checking medication are required to complete the organisations medication competencies. Not all staff administering or checking medication had completed the required competencies	i) A medication competency had not been completed by the registered nurse administering medication. ii) Six of six caregivers who are administering and checking insulin had not completed the required insulin competency. iii) Two of four caregivers who were completing the second check had not completed the second checker competency.	i) Ensure that all staff administering or checking medication complete the required medication competencies. 30 days
Criterion 1.3.12.5 The facilitation of safe self-administration of medicines by consumers where appropriate.	PA Low	Residents who self-administer their medication are required to complete a competency assessment.	Two residents who were self-administering their inhalers had not completed the required self-medication competency assessments.	Ensure that all residents who are self-administering medication have completed the required competency assessments. 60 days
Criterion 1.3.3.3 Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the	PA Low	InterRAI assessments reviewed, were completed within 21 days of admission and long-term care plans were completed within three weeks of admission by the registered nurse. Six monthly care plan evaluations were evident. The registered nurse	Two of five resident files sampled did not have the initial assessment and initial care plans documented within the required timeframes. Three of five resident files sampled did not document evidence of a three monthly review by the general	Ensure that the initial assessment and the initial care plan are documented within the required timeframes. Ensure there is documented evidence that the resident is reviewed by

needs of the consumer.		advised that they are required to complete the initial assessment and initial care plan within 24 hours of admission. Not all assessments and care plans had been completed within the required timeframes. Not all resident files evidenced a three monthly review by the general practitioner.	practitioner.	the general practitioner at least every three months. 60 days
Criterion 1.4.2.4 The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group.	PA Low	The corridors, bedrooms and communal areas have sufficient space to allow the residents to move around freely with or without the use of mobility aids. Staff have access to wheelchairs, a hoist for use if a resident falls to the floor, and outdoor seating areas with shade for the residents to use. The service weighs each resident monthly to identify for potential weight loss. No scales were available or alternative arrangements made to weigh non-weight bearing residents.	Two of five resident files sampled (including the rest home tracer) identified that these residents, who were non-weight bearing at the time the weights were due, and could not be weighed as there were no suitable scales.	Ensure that equipment is provided to meet all assessed care needs. 60 days
Criterion 3.4.1 Infection control education is provided by a suitably qualified person who maintains their knowledge of current practice.	PA Low	The registered nurse is well informed regarding current practice and surveillance for infection control. She has no formal IC training to support her in her role.	The Infection control coordinator (RN) has not accessed training to support her in her role.	Ensure the IC coordinator is provided with infection control training to ensure she is suitably qualified for the role. 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, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display

End of the report.