

Ripponburn Holdings Limited - Ripponburn Home and Hospital

Introduction

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

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

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

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Ripponburn Holdings Limited
Premises audited:	Ripponburn Home and Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 22 August 2016 End date: 23 August 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:	43

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

Ripponburn Home and Hospital provides residential care for up to 46 residents who require rest home and hospital level care. On the day of the audit there were 43 residents. The facility is operated by Ripponburn Holdings Limited.

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

There is one area requiring improvement relating to care plan interventions.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Information regarding the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code), the complaints process and the Nationwide Health and Disability Advocacy Service are all accessible. This information is

brought to the attention of residents and their families. Residents and family members confirmed their rights are being met, staff were respectful of their needs and communication was appropriate.

The residents' cultural, spiritual and individual values and beliefs are assessed on admission. Written consent is gained as required.

Staff receive regular and ongoing education on resident rights and how these should be implemented on a daily basis.

Residents were observed being treated in a professional and respectful manner. Policies are in place to ensure residents are free from discrimination or abuse and neglect.

The general manager is responsible for the management of complaints. 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.
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Ripponburn Holdings Limited is the governing body and is responsible for the service provided. A business plan and a quality and risk management plan were reviewed that include a mission statement, values, quality objectives, strengths and weaknesses.

The general manager is part owner of Ripponburn Home and Hospital and has extensive experience working in the aged-care sector. The general manager is supported by an experienced nurse manager who is responsible for oversight of clinical care provided to residents.

Quality and risk management systems are in place. There is an internal audit programme and an up to date hazard register. Adverse events are documented on accident/incident forms. Corrective action plans are developed, implemented and monitored

for effectiveness. Quality and staff meetings are held on a regular basis and there is reporting on various clinical indicators and trends.

Human resource processes are followed. There are policies and procedures on human resource management. Staff have the required qualifications. An in-service education programme is provided and staff performance is monitored.

The documented rationale for determining staffing levels and skill mixes is based on best practise. Registered nurses are rostered on duty at all times. The general manager and the nurse manager are on call after hours.

Systems are in place that ensure all aspects of resident information management is consistent with legislative and best practice requirements.

Continuum of service delivery

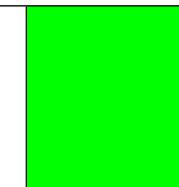
Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.
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Residents receive appropriate services that meet their desired goals/outcomes. Residents are admitted with the use of standardised risk assessment tools. Long and short term care plans are developed and evaluated in a timely manner. Improvement is required in relation to documenting the interventions in the long term care plans in order to address the desired goals/outcomes. Short term care plans are developed when acute conditions are identified and resolutions are documented. Planned activities are appropriate to the needs, age and culture of the residents who reported that the activities are enjoyable and meaningful to them.

The medicine management system meets the required regulations and guidelines.

Food services meet the food safety guidelines and legislation. The individual food, fluids and nutritional needs of the residents are met. Reviewed resident files evidenced stable weights and interventions are in place when weight changes are identified.

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.
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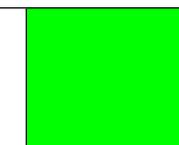
All building and plant complies with legislation. A current building warrant of fitness is displayed. A preventative and reactive maintenance programme includes equipment and electrical checks.

Rooms are single in the rest home areas apart from two double rooms currently used as single accommodation. The hospital area has a mix of single and double rooms. There are adequate numbers of communal bathrooms and toilets. Residents' rooms have personal space provided. There are a number of lounges, dining areas and alcoves. Safe external areas are available.

An appropriate call bell system is available and security and emergency systems are in place.

Protective equipment and clothing is provided and used by staff. Chemicals, linen and equipment were safely stored. Cleaning and laundry systems, including appropriate monitoring, is undertaken to evaluate the effectiveness of these services.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Policies and procedures identify the safe use of restraints and enablers which are utilised as the least restrictive option that allows the residents to maintain independence, comfort and safety. Risk management plans are in place to prevent restraint-related injuries. There are two residents using restraints and one resident using an enabler. Staff training on restraints and enablers is conducted annually. Interviewed staff demonstrated good knowledge on restraints and enablers. The restraint register is current.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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Infection prevention and control policies and procedures include a comprehensive infection control programme in order to maintain a low infection rate in the facility. The infection control co-ordinator collates monthly infection data. The type of surveillance is appropriate to the size and complexity of the service. The infection rates are discussed in the monthly staff and quality meetings and interventions to reduce infections are also discussed.

Infection control experts are available and can be consulted by the infection prevention and control when required.

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	49	0	1	0	0	0
Criteria	0	100	0	1	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Staff have received education related to the Health and Disability Commissioner’s Code of Health and Disability Services Consumer’s Rights (the Code) as part of their orientation programme. On-going education on the Code has been provided by an advocate from the Health and Disability Advocacy Service. Staff demonstrated a good understanding of the requirements of the Code, outlining how these were incorporated into their everyday practice.</p> <p>New residents and their families are provided with a copy of the Code on admission and copies are displayed throughout the facility. Residents and families stated that staff provide services that comply with consumer rights legislation. The resident and family satisfaction surveys confirmed this.</p> <p>Care staff were observed explaining procedures, seeking verbal acknowledgement to proceed, protecting residents' privacy, and addressing residents by their preferred name.</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</p>	FA	<p>There is an informed consent policy. Residents’ records contained completed general consent forms, as well as consent forms related to specific treatments. Some residents have advance directives and living wills on their files.</p> <p>Residents and families advised that residents were consistently given the opportunity to make</p>

<p>choices and give informed consent.</p>		<p>informed choices and that consent was obtained and respected. Family members also reported they were kept well informed about what was happening with the resident. Staff interviewed were able to demonstrate a good understanding of consent processes, and were able to provide examples of how they obtained consent on an on-going basis.</p>
<p>Standard 1.1.11: Advocacy And Support Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	<p>FA</p>	<p>During the admission process residents are given a copy of the Code and information on advocacy services. Posters related to the advocacy service were also displayed in the facility. Family members and residents spoken with were aware of the advocacy service and how to access this. The Nationwide Health and Disability Advocacy Service has provided onsite education and an advocate is accessible at any time.</p> <p>Information on the advocacy service is part of the staff induction/orientation programme, as confirmed in staff orientation records.</p>
<p>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.</p>	<p>FA</p>	<p>Family members stated they felt welcome when they visit their relative. When residents are able, they are encouraged to maintain their community and family links, including home visits with family. Regular outings are arranged for residents that enable them to participate in a range of community events. For example, the care and friendship club, the local child care centre and the country woman's institute.</p> <p>Residents are also supported to access health care services external to the facility, such as visits to the dentist. Residents and family confirmed residents are able to continue their links with the community as desired.</p>
<p>Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>The GM is responsible for complaint management and there are systems in place to manage this process. A complaints register is maintained. There was evidence that complaints are managed appropriately.</p> <p>Complaints policies and procedures are compliant with Right 10 of the Code. Systems are in place to ensure residents and their family are advised on entry to the facility of the complaint processes and the Code. Residents and families demonstrated an understanding and awareness of these processes. The complaints process was readily accessible and displayed. Review of quality and staff meeting minutes provided evidence of reporting of complaints to staff. Care staff confirmed this information is reported to them via staff meetings.</p>

		The GM reported there have been no investigations by the Health and Disability Commissioner, the Ministry of Health, the District health Board, the Accident Compensation Corporation, Police or Coroner since the previous audit.
Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.	FA	Documented procedures and interviews with residents, family and staff confirmed that residents' rights are understood and met in everyday practice. Information about the Code of Rights, advocacy services and the complaints process is provided on admission and displayed in the entry foyer. The Code is displayed in both Te Reo and English. Residents have attended a session on the Code with an advocate from the Health and Disability Advocacy Service. Residents interviewed confirmed this and demonstrated good knowledge. Access to interpreters is available. Information is provided on access to support services, applying for a residential care subsidy and the facilities range of costs and services.
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	The service has established systems and processes in place to ensure that residents' privacy is maintained, independence is supported and they are treated with dignity and respect. All residents' clinical information is stored securely. All residents have a private room and there was evidence of residents being supported and encouraged to personalise their room. Staff were observed to maintain residents' privacy when undertaking personal cares, to address residents by their preferred name and to knock on closed doors before entering. Residents and family members advised they are treated respectfully, and that individual needs are met. The resident and family satisfaction survey confirmed this. The policy relating to abuse and neglect was well understood by staff interviewed. All staff undergo police vetting as part of the employment process and human resource records confirmed those checks had been completed. The staff 'House Rules' contains detailed information on the behaviours expected of staff. Residents, families, staff and managers stated they were not aware of any events concerning abuse and neglect Resident's records included documentation relating to meeting each resident's individual cultural, religious and social needs, values and beliefs. The care plans evidenced this had been developed in conjunction with the resident and/or their family.

<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	<p>FA</p>	<p>There are currently no residents who identify as Maori. Cultural beliefs and related requirements are part of the admission process, which then informs the relevant section of the care plan.</p> <p>Documentation is in place to guide staff practices to ensure residents' needs are met in a manner that respects and acknowledges their individual cultural, values and beliefs. The 'Maori Health Plan' has been reviewed by the local Kaumatua who has also provided education on cultural awareness which included barriers to accessing services.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	<p>FA</p>	<p>Resident's personal preferences and special requirements were included in the care plans reviewed. The involvement of residents and families in the development and ongoing review of these care plans was well documented. Residents and family members advised they had been consulted about the resident's individual ethnic, cultural, spiritual values and beliefs, both at the time of admission and on an ongoing basis. They also confirmed that these values and beliefs were respected.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>Residents and family members stated that residents were free from any type of discrimination or exploitation. The induction process for staff includes education related to professional boundaries and expected behaviours. In addition, staff are provided with this information in both the staff house rules and the individual employment contract. Ongoing education is also provided on an annual basis, confirmed in staff training records. Staff interviewed were able to demonstrate a clear understanding of what would constitute inappropriate behaviour and the processes they would follow should they suspect this was occurring.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>A range of clinical policies are available to guide practice. These reflect best practice, and are used by staff in conjunction with their own professional networks to ensure services are of an appropriate standard. Evidence was sighted of the input of a range of allied health providers including palliative care, wound care specialist, dietitian and speech language therapist. There is regular in-service education including online and staff access external education that is focused on aged care and best practice. The general practitioner (GP) confirmed satisfaction with the standard of care provided to residents.</p>

<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>Resident records contained evidence of effective communication with residents and families. Communication with family members was documented in the family/whanau communication sheets. Residents and family members stated they were kept well informed about any changes to the resident's status, and were advised in a timely manner about any incidents or accidents. The nurse manager advised that families were also routinely advised about the outcome of the regular and urgent medical reviews of the resident. There was also evidence of resident/family input into the care planning process.</p> <p>The general manager (GM) reported that interpreter services are able to be accessed via the local District Health Board if required.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Ripponburn Holdings Limited is the governing body and is responsible for the service provided. The organisation is approved to provide care for up to 46 residents (21 rest home and 25 hospital level care). During the day of the audit, there are 19 rest home level residents, two of which were receiving respite care and 24 hospital level residents.</p> <p>The current business plan was reviewed and includes a philosophy, mission statement, goals, objectives, a business structure and an organisational flow chart and reporting lines.</p> <p>The GM is part owner of Ripponburn Home and Hospital along with other family members. The GM is a registered nurse who has extensive experience working in the aged-care sector and has been in their current position for 24 years. The GM is supported by an experienced nurse manager (NM) who has been in their current position for 12 years. The nurse manager is responsible for oversight of clinical care provided to residents.</p> <p>Systems are in place for monitoring the services provided including three monthly reporting by the GM to other family members. The GM presents a comprehensive report at the annual governance meeting. Minutes of the meetings and review of the reports confirmed this.</p> <p>Families and residents are informed of the scope of services and any liability for payment for items that are not included in the scope of services. This is included in the service agreement and admission agreements.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which</p>	<p>FA</p>	<p>In the absence of the GM, the nurse manager deputises. When the nurse manager is absent, the GM deputises. The GM and the nurse manager confirmed their responsibility and authority for these roles.</p>

ensures the provision of timely, appropriate, and safe services to consumers.		
<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 'Quality Improvement and Risk Management Plan' is used to guide the quality programme and includes quality goals and objectives. There was evidence that quality improvement data is collected, collated and comprehensively analysed to identify trends. Corrective actions are developed and implemented to improve service delivery. There is an internal audit programme and completed internal audits for 2015 and 2016 were reviewed.</p> <p>Quality improvement meetings including health and safety and infection control and staff meetings are held two monthly. There was clear evidence of reporting on clinical indicators and quality and risk issues at these meetings.</p> <p>Staff reported they are kept informed of quality and risk management issues, including clinical indicators. Copies of meeting minutes and graphs of clinical indicators were available for staff to read and sign off on if they had not been able to attend the meetings.</p> <p>Policies and procedures are current and relevant to the scope and complexity of the service. They reflect current accepted good practice and reference legislative requirements. Care staff confirmed the policies and procedures provide appropriate guidance and that they are advised of new policies / revised policies by the general manger and nurse manager.</p> <p>A hazard register identifies health and safety risks as well as risks associated with human resources management, legislative compliance, contractual risks and clinical risk. A health and safety manual includes relevant policies and procedures and a hazard flow chart to guide staff through the process. The nurse manager is the health and safety representative and they have attended education relating to the new health and safety legislation. The nurse manager reported they have reviewed and updated the policy and procedures. Documentation reviewed confirmed this.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>Staff are documenting adverse, unplanned or untoward events on an accident/incident form. These are collated by the nurse manager. The original is kept in the residents' files. Data includes summaries and graphs of various clinical indicators. Documentation reviewed and interviews of staff indicated appropriate management of adverse events.</p> <p>There is an open disclosure policy. Residents' files evidenced communication with families following adverse events involving the resident, or any change in the resident's condition. Families confirmed they are advised in a timely manner following any adverse event or change in their relative's condition.</p>

		<p>Staff stated they are made aware of their essential notification responsibilities through job descriptions; policies and procedures; and professional codes of conduct. Review of staff files confirmed this. Policy and procedures comply with essential notification reporting. The GM confirmed there has been an essential notification to the Ministry of Health since the last audit.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>Policies and procedures relating to human resource management are in place. Staff files include job descriptions which outline accountability, responsibilities and authority, employment agreements, completed orientation, competency assessments and police vetting.</p> <p>The nurse manager is responsible for managing the in-service education programme. There was evidence indicating in-service education is provided for staff utilising various methods of delivery including teleconferencing and on-line learning. Individual records of education are maintained as are competency assessments. Education records for each session and in-service education programmes indicated there is good attendance at education sessions.</p> <p>Care staff are encouraged to complete a New Zealand Qualification Authority education programme. One of the RNs is the internal assessor for the programme.</p> <p>An orientation/induction programme is available and all new staff are required to complete this prior to their commencement of care to residents. The entire orientation process, including completion of competencies, takes up to six months to complete and staff performance is reviewed at the end of this period and annually thereafter. Orientation for staff covers the essential components of the service provided.</p> <p>Staff performance appraisals are current. Annual practising certificates are current for all staff and contractors who require them to practice.</p> <p>Care staff confirmed they have completed an orientation, including competency assessments. Care staff also confirmed their attendance at on-going in-service education and currency of their performance appraisals.</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>	<p>FA</p>	<p>There is a documented rationale for determining staffing levels and skill mixes in order to provide safe service delivery that is based on best practice. The minimum amount of staff is provided during the night shift and consists of one registered nurse and two care staff. The GM and the nurse manager are on-call after hours. Care staff interviewed reported there was adequate staff available and that they were able to get through the work allocated to them. Residents and families interviewed reported there was enough staff on duty to provide them</p>

		or their relative with adequate care. Observations during this audit confirmed adequate staff cover was provided.
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>Resident information was entered in an accurate and timely manner both into an electronic and hard copy register, on the day of admission. Resident files were integrated and approved abbreviations were listed. Resident information was not observed to be publicly accessible or able to be observed by the public. Resident files provided evidence that entries into the residents' clinical record included the time of entry and the date.</p> <p>Clinical notes were current and accessible to staff. The resident's national health index (NHI) number, name, date of birth and GP are used as the unique identifier.</p> <p>Care staff confirmed they know how to maintain confidentiality of resident information. Historical records are held securely on site and were accessible.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>The entry to the service policy and procedures provide guidelines when a resident is admitted. Admission agreements are signed by the residents or by their families. This was discussed in detail with the resident or with their families by the nurse manager or by the general manager.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>A standard transfer notification form and process from the district health board is utilised when residents are required to be transferred to the public hospital. The nurse manager reported that verbal hand overs are conducted for all transfers to other services. The resident and their families are involved for all exit or discharges to and from the service. This was confirmed in interviews.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>A medicine management system is consistently implemented to ensure safe delivery of medicines to the residents. An electronic system is now in place which evidenced current resident identification, well-documented allergies and indications as well as crushing instructions of medicines. Medication records are reviewed regularly. Weekly and six monthly stocktakes are conducted. The controlled drugs register is current and residents on regular or as required pain medications have pain assessments in place.</p>

		<p>The medicine fridge is monitored and the temperature is recorded daily.</p> <p>Medication reconciliation is conducted by the RNs when a resident is discharged back to the service. A system is in place when returning expired or unwanted medications. All medications are stored appropriately.</p> <p>The staff administering the lunch time medications complied with the medicine administration policies and procedures. Current medication competencies are evidenced in the staff files.</p> <p>There are two residents who self-administer their inhalers and policies and procedures are in place to ensure safe storage and compliance.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>Food service policies and procedures include the principles of food safety, ordering, storage, cooking, reheating and food handling. A system is in place when receiving deliveries. All meals are prepared and cooked onsite. Staff who work in the kitchen have food handling certificates. The kitchen staff use safe food handling practices when preparing meals. A kitchen cleaning schedule is in place.</p> <p>Residents are provided with meals that meet their food, fluids and nutritional needs. Dietary requirement forms are completed by the RNs on admission and the kitchen is provided a copy. Additional or modified foods are also provided by the service.</p> <p>Fridge and food temperatures are monitored and recorded daily. Cooked meals are plated from the kitchen to the rest home dining area while a bain marie is utilised to transport meals for the hospital unit. The meals are well-presented and residents confirmed they are provided with alternative meals as per request. All residents are weighed monthly and residents with weight changes are provided with food supplements or fortified foods.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>There is a policy on declining entry to service. The nurse manager reported that they have not declined any potential resident but is knowledgeable with the processes when a resident had a level of care they cannot provide. The nurse manager also reported that the district health board needs assessors provide the service a completed level of care assessment to ensure the suitability of the resident prior viewing the facility.</p>
Standard 1.3.4: Assessment	FA	The RNs admit residents using standardised risk assessment tools on admission. Residents

Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.		are assessed using the interRAI assessment tools within the required time frames. There are three interRAI competent staff conducting interRAI assessments. Trends are generated after completing interRAI assessments and these are the focus of care planning as evidenced in resident's files sampled.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	Long term care plans are resident focused and personalised. There is evidence that the service promotes continuity of service and the goals are specific. The RNs develop and implement the long term care plans. Short term care plans are developed when acute conditions are identified. Residents and families are involved in the development of the long term care plans. Staff are informed regarding changes in the care plans through hand overs and monthly staff meetings
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	PA Low	Long and short term care plans are developed and implemented by the RNs. Documented interventions in the short term care plans addressed the issues identified when a resident develops an acute condition. Improvement is required in relation to the detail of interventions in the long term care plans.
Standard 1.3.7: Planned Activities Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.	FA	Activities provided are appropriate to the needs, age and culture of the residents. The activities are physically and mentally stimulating. The diversional therapist (DT) develops the activity plans using the resident's profile gathered during the interview with the resident and their families. There are four activity coordinators assisting the DT in implementing the activity plans. Weekly activity plans are posted where residents can see what is scheduled for the week. Activity plans are well-documented and reflect the resident's preferred activities. A participation log is maintained. Residents are referred to the RNs when a resident's involvement in the activities changes. Interviewed residents and families reported satisfaction with the activities provided by the service.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	Long and short term care plans are evaluated in a timely manner. Evaluations include the residents' degree of achievement towards goals. Resident's response to treatment is documented in the short term care plans. Changes in the interventions in the long term care plans are initiated when the goals/desired outcomes are not satisfactory.

<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>There are documented policies and procedures in relation to exit, transfer or transition of residents. There was evidence that residents were referred by the GP to other specialist services. Residents and families are kept informed of the referrals made by the service. Internal referrals are facilitated by the nurse manager and the RNs.</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>Documented processes for the management of waste and hazardous substances are in place and any incidents are reported in a timely manner. Policies and procedures specify labelling requirements in line with legislation. Material safety data sheets are available throughout the facility and accessible for staff. The hazard register documents hazardous substances including LPG cylinders and diesel used at the facility. Staff have received education to ensure safe and appropriate handling of waste and hazardous substances.</p> <p>There was provision and availability of protective clothing and equipment that is appropriate to the recognised risks. Protective clothing and equipment was observed in the sluice rooms and the laundry. Staff were observed using the protective clothing provided.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>A current building warrant of fitness is displayed. There are appropriate systems in place to ensure the residents' physical environment and facilities are fit for purpose. There is a proactive and reactive maintenance programme in place and buildings, plant and equipment are maintained to an adequate standard. Documentation reviewed, the maintenance person interviewed and observation confirmed this. The testing and tagging of equipment and calibration of bio-medical equipment is current.</p> <p>There are external areas available that are safely maintained and are appropriate to the resident groups and setting. The environment is conducive to the range of activities undertaken in the areas. Residents are protected from risks associated with being outside.</p> <p>Care staff confirmed they have access to appropriate equipment, that equipment is checked before use and they are competent to use it.</p> <p>Residents confirmed they know the processes they should follow if any repairs/maintenance is required and that requests are appropriately actioned. Residents also confirmed they are able to move freely around the facility and that the accommodation meets their needs.</p>

<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>There are adequate numbers of communal bathrooms and toilets throughout the facility. Residents reported that there are sufficient toilets and they are easy to access. There is one bedroom in the hospital area with a full ensuite.</p> <p>Appropriately secured and approved handrails are provided and other equipment is available to promote resident independence.</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>There is adequate personal space provided for residents and staff to move around within the bedrooms safely. There are two double bedrooms that are currently used for single accommodation in the rest home, and a mix of double and single rooms in the hospital area. Residents spoke positively about their accommodation. Rooms are personalised with furnishings, photos and other personal adornments.</p> <p>There is room to store mobility aids such as mobility scooters and wheel chairs.</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>There are a number of areas for residents to frequent for activities, dining and relaxing and are easily accessed by residents and staff. Residents are able to access areas for privacy, if required. Furniture is appropriate to the setting and arranged in a manner which enables residents to mobilise freely.</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 laundry is washed on site. Residents and families reported the laundry is managed well and resident's clothes are returned in a timely manner. The laundry is washed by a dedicated laundry person who demonstrated knowledge of the laundry processes.</p> <p>There are dedicated cleaners on site who have received appropriate education. Interview of one of the cleaners and training records confirmed this. The cleaners have a lockable cupboard to store chemicals. All chemicals were in appropriately labelled containers. Cleaning and laundry processes are monitored through the internal audit programme and by personnel from the external company that supplies the chemicals.</p>

<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>There is an approved fire evacuation plan. An evacuation policy on emergency and security situations is in place. A fire drill takes place six-monthly, documentation reviewed confirmed this. The orientation programme includes fire and security training. Staff confirmed their awareness of emergency procedures. Education has been provided to staff relating to emergencies, including earthquakes. There is always at least one staff member on duty with a current first aid certificate.</p> <p>All required fire equipment was sighted on the day of audit and all equipment had been checked within required timeframes.</p> <p>A civil defence plan is in place. There are adequate supplies in the event of a civil defence emergency including food, water, blankets, cell phones and gas BBQ's. The facility has a diesel operated generator for use during an emergency.</p> <p>There are call bells to alert staff. Call system audits are completed on a regular basis. Residents and families reported staff respond promptly to call bells.</p> <p>Contractors must wear names badges and sign in and out of the facility. They are also made aware of any hazards on site. The nurse manager confirmed this and stated they are currently reviewing the procedures around security when contractors are on site.</p> <p>The external doors are locked in the evenings.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>There are procedures to ensure the service is responsive to resident feedback in relation to heating and ventilation. Heating is provided by heat pumps and hot water heaters. Residents are provided with safe ventilation, and an environment that is maintained at a safe and comfortable temperature. Residents confirmed the temperature in the facility is comfortable. There is a designated external smoking area. All resident areas are provided with natural light.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>FA</p>	<p>The responsibilities for infection control as clearly defined. The infection control nurse (ICN) is responsible for collecting infection control data. The service utilises the support of an infection control expert for infection prevention and management issues. The ICN attends regular infection control updates and seminars.</p> <p>The infection control programme is reviewed annually. Infection prevention and control is included in the monthly staff meeting.</p>

		<p>Residents and families are encouraged not to visit when unwell. There are hand sanitisers in the common areas and there are adequate hand basins for the residents and staff to use.</p> <p>The infection prevention and control policies and procedures are readily available in the nurses' station.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The ICN is responsible for facilitating infection prevention and control activities in the facility. The infection control team is responsible for implementing and evaluating the infection control programme. The GP reported that the RNs contact the medical centre when residents manifested suspected infections. An infection control expert provided advice to the ICN. Interviewed staff were knowledgeable about outbreak management and breaking the chain of infection.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>There are documented policies and procedures for the prevention and control of infection. Policies aligned with the current accepted good practice and relevant legislative requirements. Policies are readily available for the staff and procedures are practical, safe, and suitable for the type of service provided. Best practice is reflected in their everyday practice. Policies and procedures are reviewed annually.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>Infection prevention and control education is provided to staff as a component of their ongoing education programme. Resident and their families are provided with advice in relation to infection prevention and control activities. Staff demonstrated good knowledge in infection prevention and control measures i.e. outbreak management.</p> <p>The infection control nurse attends regular trainings and seminars.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives,</p>	FA	<p>Surveillance for infection rates is carried out in accordance with agreed objectives and methods in the infection control programme. Surveillance activities are appropriate to the size and setting of the service. Infection rates are monitored, data are collected and analysed by</p>

priorities, and methods that have been specified in the infection control programme.		the ICN. Infection rates are discussed during staff and quality meetings. Specific recommendations to reduce, manage and prevent the spread of infections are discussed in the staff and quality meetings.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	The service demonstrated that the use of restraint is actively minimised. There are two residents using restraints and no residents are using an enabler. The restraint register is current and updated. The policies and procedures have good definitions of restraints and enablers. Staff demonstrated good knowledge about restraints and enablers.
Standard 2.2.1: Restraint approval and processes 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.	FA	The nurse manager is the designated restraint coordinator. Responsibilities of the restraint coordinator and approval committee are clearly outlined. The restraints used include bedrails and lapbelts. The restraint to be used is approved by the restraint approval committee prior commencing. Regular reviews are conducted by the GP of the restraints in use. Restraint use is discussed in the staff meetings and the measures to prevent restraint-related injuries. Interviewed staff demonstrated good knowledge with the restraint approval and processes.
Standard 2.2.2: Assessment Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.	FA	The restraint coordinator completes restraint assessment forms prior to commencing the restraints. These were evident in the files of the residents using restraints. Risk factors are identified and the rationale of the restraint used was documented. The restraint used is included in the long term care plans. Staff demonstrated good knowledge in maintaining cultural safe practices when restraint is in use.
Standard 2.2.3: Safe Restraint Use Services use restraint safely	FA	The service actively promotes the safe use of restraint. There is a current and updated restraint register. The risk management plan ensures the resident's safety while the restraint is in use. Interviewed staff demonstrated good knowledge about restraints and strategies to promote resident safety. Policies and procedures are in place and accessible to all staff to read. There are no reported restraint-related injuries, Monitoring sheets are completed by staff in each shift.

<p>Standard 2.2.4: Evaluation</p> <p>Services evaluate all episodes of restraint.</p>	FA	<p>Individual restraint use is evaluated regularly. Consents and evaluation forms are signed by the GP and by the resident or their families. The evaluation form includes the effectiveness of the restraint and the risk management plans documented in the long term care plans. Staff are involved in the review of the restraints in use.</p>
<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	<p>The staff monitored the use of restraint in relation to the risk management plan in place. The restraint coordinator reviews the restraint in use to reduce the use of restraint. The service complied with the policies and procedures in relation to the use of restraints and enablers. The resident using a restraint reported that feedback was obtained regarding the restraint in use.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.6.1</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	The RNs developed short term care plans that are sufficiently detailed to address the desired goals/outcomes.	Interventions in the long term care plans are insufficiently detailed to address the desired goals/outcomes.	<p>Ensure that interventions in the long term care plans are sufficiently detailed to address the desired goals/outcomes.</p> <p>180 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.