

Good Future Auckland Limited - New Windsor 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 HealthShare 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:	Good Future Auckland Limited
Premises audited:	New Windsor Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 5 September 2016 End date: 5 September 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

Good Future Auckland Limited trading as New Windsor Rest Home provides rest home level care for up to 27 residents. On the day of audit there were 21 residents.

The certification audit was conducted against the relevant Health and Disability Standards and the contract with the District Health Board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with residents, family, management, staff and a general practitioner.

There are two owner/directors who are actively involved in the business. One is the manager and the other is the activities coordinator. The manager is appropriately qualified and experienced and is supported by a registered nurse who oversees the clinical care of residents. There are quality systems and processes being implemented.

All residents identified as Chinese. Only one of the 21 residents was able to communicate in English. That resident translated for other residents on the day of audit. Staff are able to speak English, Cantonese and Mandarin. Feedback from residents and a relative was positive about the services provided.

There are five areas for improvement identified, which relate to: the content of a number of policies, associated procedures and forms; the timing of interRAI assessments prior to reviews; individual activities programmes; the monitoring of food and food storage temperatures; and the temperature of hot water at the taps used by residents.

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.
--	--	--

Residents and where appropriate, their family/whānau of choice are provided with the information they need to make informed choices and give informed consent. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is evident in the facility. Staff interviewed were aware of residents' rights. Policies are implemented to support residents' rights and cultural preferences are respected. Care planning accommodates individual choices of residents' and/or their family/whānau. There is a system of complaints management in place. Residents are supported to maintain links to the community and their families.

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.
---	--	---

The directors and the registered nurse ensure services are appropriate to meet the needs of residents according to the business plan. There is an established quality and risk management system in place that is being implemented and supported by an external quality consultant. There is a monthly staff meeting that includes discussion of quality and risk matters including adverse events, health and safety, and infection prevention and control. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. Residents, family and staff interviewed stated that there is sufficient staff on duty at all times.

Staffing turnover is moderate. There is an implemented orientation programme that provides new staff with relevant information for safe work practices and in-service training occurs according to the training programme.

Continuum of service delivery

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

Service provision is coordinated to promote continuity of service delivery. The residents and family interviewed confirm their input into care planning and access to a range of life experiences and choices. All resident files include completion of a comprehensive assessment with long term care plans reviewed three monthly in line with the general practitioner visit, which happens in the community. Resident’s care planning is changed according to the needs of the resident when progress is different from expected. The service uses short-term care plans for acute problems.

The residents and a relative interviewed confirmed satisfaction with the activities programme. Individual and group activities are provided.

Medicine management is appropriate. All staff administering medicines have been assessed as competent by the registered nurse who has been assessed as competent.

Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs are being met. The kitchen staff have completed food safety training. Food services are designed to meet the needs, likes and dislikes of the residents who all prefer Chinese food prepared in traditional methods.

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

The building has a current warrant of fitness. There are documented policies and procedures in place for the management of waste and hazardous substances. The physical environment meets the residents' needs in terms of toilets, showers, personal space, communal areas, natural light, heating and ventilation. Documented policies and procedures are in place for cleaning and laundry services. Staff have completed appropriate training in chemical safety. There are emergency plans in place and emergency drills have been held six monthly. There is a civil defence kit and evidence of supplies in the event of an emergency in line with civil defence guidelines.

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 policy and procedures including definitions of restraint and enablers are congruent with the restraint minimisation and safe practice standard. There is a job description for the restraint coordinator who is the registered nurses. There were no residents using restraints or enablers on the day of audit.

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.

The infection prevention and control policies include guidelines on prevention and minimisation of infection and cross infection. The infection control programme and policies have been reviewed by an external consultant with the registered nurse who is the infection prevention and control coordinator. Staff are familiar with infection prevention and control measures and the use of personal protective equipment. Surveillance is completed at monthly intervals. There are quarterly and annual reports that evidence improvements within the facility.

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	40	0	4	1	0	0
Criteria	0	88	0	4	1	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Staff interviewed (ie, the manager, the registered nurse (RN), the supervisor (who is a caregiver), and a caregiver) demonstrated knowledge and understanding of consumer rights and obligations, and were observed to incorporate them as part of their everyday practice. A review of a sample of five residents' records confirmed that consumer rights are incorporated into the provision of care.</p> <p>The service has information available on the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and the Nationwide Advocacy Service and this information is provided to new residents and is displayed at the main entrance. Information on the Code is available in English and Chinese. All residents speak either Mandarin or Cantonese. Only one of the 21 residents on the day of audit was able to speak English and that resident acted as translator between the auditors and the other residents. There is a resident rights policy in place. Code of rights training occurs at induction and in refresher training.</p> <p>Five residents and one relative interviewed confirmed that information has been provided around the Code.</p>
Standard 1.1.10: Informed	FA	Systems are in place to ensure residents, and where appropriate their family are being provided with appropriate information to assist them to make informed choices and give informed consent. Policies provide

<p>Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>		<p>guidelines on when written consent is required. Residents' choices and decisions are identified through the consent and assessment process and recorded on their consent forms and in their care plan. Staff interviewed have a good understanding of informed consent processes and consumers rights. Consents as part of the service agreement process are available in English and Chinese. If consent is required for a medical condition or procedure then residents are given explanations in Cantonese or Mandarin by their GP. Informal consent is sought by staff who are able to speak Cantonese or Mandarin and English. The orientation programme includes training in the principles of informed consent. Ongoing training on informed consent (Code of Rights) is provided to staff. Staff are aware of the need to respond to advanced directives where these are in place. Residents and a relative interviewed confirm that consent is sought following explanations by staff or the GP.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>Residents and families are provided with a copy of the Code and advocacy pamphlets on entry in English and Chinese. Information on the advocacy services is available at the entrance to the facility. A local advocate visited the premises on the day of audit. Interviews with the residents and relatives confirmed their understanding of the availability of advocacy services. Staff receive education and training on the role of advocacy services. Staff interviewed were aware of the resident's right to advocacy services and how to access the information.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>The service has an open visiting policy. Family and friends are encouraged to visit the rest home and visiting times are not restricted. Residents and a relative interviewed verified that they have been supported and encouraged to remain involved in their community. Individual residents are encouraged to maximise their potential for self-help and to be involved in the wider community. Residents have open access to community support/interest groups as they wish. The rest home car is available for transportation of residents for activities or appointments. All residents visit the GP and the Physiotherapist in the community. The activities co-ordinator provides information that assists residents in remaining aware of current affairs and other news. The Chinese news television channel plays on a widescreen TV in the lounge area for most of the day to keep residents up to date with news. Community groups and religious representatives visit the rest home as part of the activities programme.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is</p>	FA	<p>There is a complaints policy and procedure in place which was developed by the external consultant. The policy does not comply with Right 10 of the Code (refer overarching finding 1.2.3.3). The complaints process is documented in Chinese and English using the Health and Disability Commissioner's translated brochures and communicated to residents and their families on admission. Complaint forms are readily available and are in English and Chinese. Staff are educated on the complaints process. An up-to-date complaints register</p>

<p>understood, respected, and upheld.</p>		<p>is maintained that includes all complaints, dates, and actions taken. Consumer complaints and concerns were reviewed for 2016. All complaints and concerns have been addressed and closed out effectively by the manager. Residents and a relative interviewed advised that they are aware of the complaints procedure.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>FA</p>	<p>Information is provided to new residents and their families on the Code and the nationwide health and disability advocacy service as part of the resident welcome pack. The pack is in English and Chinese. Information on the Code is included which has been produced by the Health and Disability Commission in Chinese. There are opportunities to discuss this information prior to entry and/or at admission with the resident, family or legal representative and at any time thereafter. The manager is available to discuss concerns or complaints with residents and families at any time. A representative from the nationwide health and disability advocacy service visited the home on the day of audit. Residents and one relative interviewed stated that they received sufficient verbal and written information to be able to make informed choices on matters that affect them.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	<p>FA</p>	<p>The facility provides physical and personal privacy for residents. During the audit, staff were observed treating residents with respect and ensuring their dignity is maintained. Staff interviewed were able to describe how they maintained resident privacy and promoted resident independence. The manager has an open door policy. Residents and a relative interviewed believed that residents' rights were respected.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and</p>	<p>FA</p>	<p>There is a Māori health plan in place. The Māori health plan identifies the importance of whānau. Tiriti o Waitangi information is displayed. Access to Māori support/advocacy can be arranged through the Nationwide Advocacy Service. Education has been provided to staff. Cultural needs are assessed as part of the admission process. There are currently no Māori residents or staff that identify as Māori.</p>

acknowledges their individual and cultural, values and beliefs.		
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>The service provides a culturally appropriate service by identifying any cultural needs as part of the interRAI assessment and planning process. Staff recognise and respond to values, beliefs and cultural differences. Residents are supported to maintain their spiritual needs with regular onsite church services and spiritual visitors. Staff are provided with ongoing cultural awareness training. All of the residents at the rest home identified as Chinese and the majority of staff including management can speak Cantonese or Mandarin and English. If staff have difficulty with speaking English, as for majority of staff English is a second language except for the RN, they contact the manager by telephone or they contact the supervisor (who is a caregiver) who lives close to the facility. The house general practitioner (GP) speaks both Mandarin and Cantonese.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>The staff employment process includes the signing of an employment agreement, which includes an outline of appropriate conduct. The job description for caregivers includes the need to adhere to the Code. A privacy and dignity policy includes reference to discrimination and states that all residents will be free from discrimination, coercion, harassment, sexual, financial or other exploitation. Staff orientation and in-service education includes information on discrimination. Professional boundaries are defined in job descriptions. Staff were observed to be professional in the provision of care. Caregivers interviewed could describe how they built supportive relationships with residents. Residents interviewed stated they are treated fairly and with respect.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>The manager, the registered nurse and staff interviewed demonstrated that they are committed to providing services of a high standard. Staff demonstrated a very caring attitude to the residents on the day of audit. All residents and a relative interviewed spoke positively about the care provided. The service has implemented policies and procedures to provide a good level of assurance that it is adhering to relevant standards. The majority of policies, procedures and forms are written in English with some documents translated into Chinese as well. Management and staff are available to translate English into Chinese as needed. Staff have a sound understanding of principles of aged care and state that they feel supported by the management team.</p>
<p>Standard 1.1.9: Communication</p>	FA	<p>The manager promotes an open door policy. Relatives are aware of this policy and confirmed on interview that the staff and management are approachable and available. Information is provided in formats and in multiple languages suitable for the residents and their family. Residents and family are informed prior to entry</p>

<p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>of the scope of services and any items they have to pay for that are not covered by the agreement. The facility manger contacts the family following an adverse event or change in the resident's condition. The resident/family satisfactions survey monitors satisfaction levels relating to families being kept informed (as reported by the manager). The survey is written in Chinese. The manager reports that results show that residents and families are satisfied. Interpreter services are available if needed. Staff speak Cantonese, Mandarin and English. In the event it was necessary to utilise an interpreter, the manager would contact the District Health Board for assistance. The facility uses the Health Care Providers NZ Resident Admission Agreement template and provides an explanation of the content to residents and families in both English and Chinese.</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>The rest home provides care for up to 27 rest home residents. On the day of audit there were 21 residents included one respite resident. All residents were being provided with services under the Aged Residential Care agreement. There were no residents being funded by other agencies.</p> <p>The business has a strategic and business plan for 2015 to 2017 which include the purpose, values, scope, direction or goals of the organisation. The plan is reviewed annually and was last reviewed in January 2016. In addition to the strategic plan, there is a business risk management plan in place to cover business risk and a quality plan which was last reviewed in January 2016.</p> <p>The manager is experience at running rest homes and has run this rest home since 2013. She managed other rest homes prior to this business. The business is a member of the Aged Care Association and the manager attends their annual conferences to keep up to date.</p> <p>The manager is supported by a registered nurse who acts as the clinical nurse manager. The registered nurse (clinical nurse manager) is employed part-time and tends to be onsite for 8 to 10 hours per week. If she is not onsite then she is on call. She is supported by another registered nurse who is employed part-time who provides cover for her when she is off sick or on leave.</p> <p>The registered nurse who acts as the clinical nurse manager has completed interRAI training and attends professional development activities to maintain her registration and to keep her practice current.</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</p>	<p>FA</p>	<p>During the temporary absence of the manager the other director provides cover. The other director has a business background and is the activities coordinator.</p>

<p>manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>		
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>PA Low</p>	<p>The service has a Quality plan in place for 2016 which was reviewed in January 2016. The plan is linked to the strategic and risk management plans. The business operates a quality risk and management system which includes a range of policies, procedures and associated forms. The majority of policies, procedures and forms are written in English with some documents translated into Chinese as well. The service uses an external quality consultant to prepare policies, procedures and forms which are then adapted to the business by the manager. The quality and risk management system includes consumer satisfaction with clinical care and environmental systems and processes, internal audit, human resource management, adverse event management, health and safety, restraint minimisation practices and infection prevention and control systems.</p> <p>Several policies, associated procedures and forms were found to need revision. These are as follows: (1) The consumer complaints policy, (2) the care planning policy (3) the skin management policy (4) the medicines management policy (5) the nutrition safe food and fluid management policy and (6) the internal audit programme for care planning.</p> <p>There is a document control system in place to manage the policies and procedures. This system ensures documents are approved, up to date, available to staff and managed to preclude the use of obsolete documents. The organisational management policy includes reference to document control. Documents are required to be reviewed annually. Only the current versions of policies and procedures were accessible by staff. The master copy is held by the manager and hard copies are made available for staff.</p> <p>Key components of service delivery were linked to the quality management system and identified within the quality plan. The quality and risk management system is linked with the health and safety, complaints management and infection prevention and control programme for the service through the internal auditing process.</p> <p>The internal audit system reviews practices and the key components of the service delivery. The internal audit scheduled was being followed except for the six monthly internal audits of care plans and associated forms which had not being conducted since March 2015.</p> <p>Data are collated and analysed each month and then discussed at the monthly management meeting that all staff are invited to attend. The meeting has a set agenda which includes quality and risk management.</p> <p>Corrective action plans are developed from identified areas of improvement through the internal audits, hazards, incident/accident forms, satisfaction surveys and the complaints management process and discussed at the management meeting. Corrective actions are documented on the respective forms which document the non-conformance, proposed actions and required quality improvement recommendations.</p>

		<p>When these are implemented the corrective actions are signed off as completed.</p> <p>Actual and potential risks were identified, documented and where appropriate communicated to residents, their family/whānau of choice, visitors, and those commonly associated with providing services. The significant hazard register includes the identified risks, how these are monitored, if the risk is a significant risk and if the implemented actions can isolate, eliminate or minimise the risk. There is a range of health and safety policies in place which were reviewed in January 2016 to include the recent changes in legislation</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>The incident and injury reporting, recording and investigation policy outlines the policy, procedure and associated forms for reporting incidents and accidents. The process is known to staff and is followed. A review of incident/accident records and analysis for July and August 2016 was completed. There was evidence that family were contacted where applicable.</p> <p>The manager understands the responsibilities for essential notification to the relevant authorities. The service has had not had to report any adverse events to external agencies. There have been no adverse events that required notification under section 31 of the Health and Disability Services (Safety) Act 2001.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>Human resources policies described good employment practices that meet the requirements of legislation. The review of a sample of employee records (which was stratified to include the registered nurse, the supervisor (caregiver), two care givers and a cook) demonstrated that each employee had an employment agreement and a job description. There was evidence of reference checking and Police vetting. There was evidence of qualifications checking and checking of annual practising certificates for the registered health practitioners. All five staff had a recent performance appraisal. New staff received an orientation/induction programme that covered the essential components of the services provided.</p> <p>The service employs a registered nurse in the role of clinical nurse manager and a registered nurse as a casual/reliever. There is a house doctor (General Practitioner (GP)) who provides medical care for the majority of residents. All residents are taken to visits their GP and in an emergency an ambulance may be called if the resident is unable to attend their GP. The service uses a local physiotherapist as required and people visit the physiotherapist at their rooms. The service contracts a podiatrist who visits the facility every six to eight weeks or earlier if needed. The service accesses allied health specialists through referral to the DHB's community service team as needed.</p> <p>The service encourages caregivers to achieve NZQA qualifications. On the day of audit one caregiver had completed level 6 NZQA and three caregivers are currently enrolled in nursing programmes. A training plan is maintained to ensure regular staff education occurs. Impromptu training occurs as required. Records of</p>

		attendance are maintained. The registered nurse (clinical nurse manager) is supported to maintain her registration, which is discussed at performance appraisal time. She is interRAI trained.
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>There is a clearly documented and implemented process which determines service provider levels and skill mix in order to provide safe service delivery. The document explains the rationale for recruitment and present staffing levels. The manager is onsite four to five days a week (ie, Sunday to Thursday) and the other director is onsite Thursday to Saturday. There is an RN on duty 8 to 10 hours per week or on call if not onsite. The RN (clinical nurse manager) is onsite typically each Tuesday. There is always one or more caregivers on site (confirmed by observation, review of the roster and in discussions with staff and residents). The care staffing levels for the service meet the minimum requirements as specified in the aged residential care agreement and staff interviewed confirmed that the roster was appropriate to meet the needs of residents. A person is employed is to clean five days a week for five hours a day. Caregivers assist with cleaning as needed. Caregivers do the laundry. There are two cook employed. One cook is employed three days a week and the other is employed four days a week. Caregivers do the breakfast. The activities coordinator (ie other director) is onsite three days a week (ie, Thursday, Friday and Saturday). Caregivers provide the individual and group activities programme when the activities coordinator is not onsite.</p> <p>The residents and relative interviewed reported satisfaction with the skills of the staff and the care provided.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>Resident files are a mix of hard and soft copy and are appropriate to the service. Residents entering the service have all relevant initial information recorded on admission. Information containing personal resident information is kept confidential. All entries in the progress notes were appropriately recorded. InterRAI information is accurately entered into the interRAI software programme although timeliness is interRAI assessments is of concern (refer to 1.3.4.2).</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</p>	FA	<p>Entry and assessment processes are recorded. Information is communicated to residents, family, relevant agencies and staff. The admission agreement defines the scope of the service and includes all contractual requirements. Residents and a relative confirmed the admission process is completed in a timely manner with family engaged in the admission process when at all possible. Each resident has a needs assessment completed prior to admission to the facility and this is held in the resident file. Admission agreements are completed on admission.</p>

for services has been identified.		
<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>Planned exits, discharges or transfers are coordinated in collaboration with the resident and family. There are documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The resident file includes copies of the records including GP visits, current long-term care plans; upcoming hospital appointments and other medical alerts when a resident is transferred to another health provider. Discharge summaries are included in the resident file if the resident has been discharged from an inpatient district health board unit.</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>Medicine management policies and procedures are in place although the content is in need of review (refer 1.2.3.3). The service uses an electronic system for the management of medicines. Medicine orders and administration charting meets accepted industry standards. Three monthly GP reviews are documented. The registered nurse checks all medicines as they arrive in the facility and this check is documented. Storage of medicines is appropriate and secure. Medication refrigerator temperatures are monitored daily. Unwanted or expired medications are returned to the pharmacy. Medication administration was observed at lunchtime and was appropriate. Education in medicine management is conducted. All staff members responsible for medicines management are assessed annually for competency by the RN who has been assessed as competent. Standing orders are not used and there are no residents currently self-administering medicines.</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>	PA Low	<p>There are policies to guide the cooks with aspects of the food service however there are gaps in these policies (refer 1.2.3.3). An interview with the cook confirmed that both cooks are very familiar with cooking for Chinese residents. There is a menu that includes protein at each meal with the main form of carbohydrates being noodles, buns and rice. There has been a dietitian review completed in March 2016. The meals are particularly designed for the residents in the facility.</p> <p>Kitchen staff have completed food safety training with the food safety certificates displayed in the kitchen. The cook confirmed they were aware of the residents' individual dietary needs with these documented in the kitchen. Any food preferences and nutritional/hydration needs are assessed with the care plan updated three monthly and as changes occur.</p> <p>The residents' files demonstrate monthly monitoring of individual resident's weight. Residents state they are satisfied with the food service and reported their individual preferences are met and adequate food and fluids are provided. There are no residents currently losing weight in the service as confirmed by the registered nurse interviewed.</p> <p>The kitchen environment is clean, well-lit and uncluttered. All food is kept off the kitchen/pantry floor. There</p>

		<p>was enough stock to last in an emergency situation, for three days, for all residents.</p> <p>Refrigerator, chiller and freezer temperatures are monitored daily with an improvement required when temperatures are outside the accepted range. Temperatures of food are not taken.</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 process to inform residents and family, in an appropriate manner, of the reasons why the service has been declined. The residents would be declined entry if not within the scope of the service or if a bed was not available. The manager communicates with the needs assessment service when any issues arise.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	PA Low	<p>All residents are required to be assessed by a needs assessor prior to entry to the service to confirm level of care required. All resident records reviewed had a needs assessment completed prior to entry to the service. An initial assessment is completed on the day of entry and an interRAI assessment is completed within the first three weeks of entry to the service prior to the initial long-term care plan being developed.</p> <p>The assessment process is documented and implemented. This includes an interRAI assessment which is expected to be completed at six monthly intervals with the assessment used to identify the needs in the care plan. There is one registered nurse (ie, the clinical nurse manager) who completes the interRAI assessments for all residents (the other registered nurse is not interRAI trained).</p> <p>The interRAI assessments for some residents who entered the service prior to July 2015 do not coincide with the care plan reviews however all residents do have an interRAI assessment that has been completed in the last six months. Specialised assessments such as assessments around continence, potential for pressure injuries and falls, and nutrition and hydration are also completed on entry and at six monthly intervals prior to the care plan being reviewed and updated.</p> <p>The resident records recorded evidence of resident and family involvement in the assessment process. The GP sees each the residents within 48 hours of admission and at least three monthly.</p> <p>Baseline recordings are recorded for weight management and vital signs, with monthly monitoring documented. Initial assessments of any wounds are documented with information including size, exudate, depth documented.</p>

<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>The long-term care plans reviewed are resident focused and integrated. The resident files have sections for the resident's profile, details, observations, assessments, medical records and records documented by other health professionals and long-term care plans. Interventions sighted are consistent with the assessed needs and best practice (refer 1.3.4.2). Goals are realistic, achievable and clearly documented. The service records interventions for the achievement of the goals.</p> <p>The care plans of all the reviewed residents' files included care required for additional issues as identified during the assessment process and as changes occur, for example urinary tract infections. Short-term care plans or a wound assessment and plan are developed where residents are identified with short-term needs such as infections and / or wounds.</p> <p>A behavioural plan was documented for one resident by an external provider (refer Tracer 1.3.3).</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>Residents receive adequate and appropriate services meeting their assessed needs and desired outcomes. Interventions are documented for each need identified in the long-term care plans. Other considerations such as pain management, dietary likes and dislikes and walking and hearing aids are included in the long-term care plans.</p> <p>An interview with the house GP confirmed clinical interventions were effective and appropriate. Interventions from allied health providers and if required, mental health providers were included in the long-term care plans. This included interventions documented by the podiatrist and the physiotherapist. One resident had a behavioural plan with interventions documented. The interventions were able to be described by care staff during the audit.</p> <p>Residents and a relative reported involvement in the development of goals and review of care plans are encouraged.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>PA Low</p>	<p>The activities programme is developed by the director who is the activities coordinator and the supervisor (who is a caregiver). The activities coordinator and/or the supervisor provide activities for residents two hours a day five to seven days a week. There are visitors who provide activities such as Christian services and other activities. Residents can elect to participate in a van outing weekly. Activities offered meet the needs of residents. These include tai chi, mah jong, making of dumplings, computer activities, learning English.</p> <p>The group programme is planned with the residents having input through the resident meetings. A brief outline of some of the activities in the programme is displayed on a monthly calendar in the foyer of the facility. Each resident has goals documented with daily and monthly progress documented. Assessments are not well documented. The activities coordinator completes a brief daily record of participation and monthly</p>

		<p>documentation of engagement in the programme.</p> <p>Regular exercises are provided and the programme includes an activity a day including spiritual activities and input from external sources such as spiritual care. There are supported ordinary unplanned/spontaneous activities including celebrations.</p> <p>Residents report they are happy with the activities provided.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>The residents' files reviewed show three monthly review of the long-term care plan. Clinical reviews are documented in the resident records, which included input from the GP, registered nurses, caregivers, the activities coordinator and other members of the allied health team such as the podiatrist who visits six to eight weekly.</p> <p>Daily progress notes are completed by the caregivers and the registered nurse writes in the record as changes occur. Progress notes reflect daily response to interventions and treatments. Residents are assisted in working towards goals. Short-term care plans are developed for acute problems (eg, infections and wounds) with review and resolution documented. Additional reviews include the three monthly medication and clinical reviews by the GP. The GP also reviews the residents as changes occur.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>Residents are supported in access or referral to other health and disability providers. The registered nurse manages referrals for residents to the GP, dietitian, physiotherapist and mental health services when required. The GP confirmed involvement in the referral processes. The review of resident folders included evidence of recent external referrals to the specialists in line with resident's individual needs.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and</p>	FA	<p>Residents, staff, and visitors are protected from exposure to waste and infectious materials. There is policy in place to guide practice. Sharps containers are used and disposed of appropriately. Staff have access to personal protective equipment.</p>

<p>service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>		
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>PA Moderate</p>	<p>There is a building warrant of fitness that expires 6 May 2017. The manager oversees the maintenance programme and has invested in refurbishment throughout the facility. Electrical testing and tagging occurs. The manager replaces blood pressure monitoring equipment and scales annually to avoid the costs of calibration. The physical environment and the external environment are designed to minimise risk of hazards however there are no temperature control mechanisms in place at the taps used by residents. Residents have ramped access to outside and a covered deck.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>There are five double rooms with attached toilets used by couples. Several resident rooms have toilets. Those rooms that do not have ensuite toilets have toilets located in close proximity to their bedroom. There are adequate showers and toilet facilities for the size of this rest home to meet the needs of the residents. Privacy is maintained through curtains or locks. The fixtures, fittings, floors and wall surfaces are easily able to be cleaned. These areas are identifiable with names on the doors. A visitor/staff toilet is available. Handrails are provided in the toilet/showers areas and toilet and shower chairs are available to maximise and promote resident independence at all times. All rooms have a hand basin.</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</p>	<p>FA</p>	<p>The residents' rooms vary in size. Residents can walk around safely with or without walking aides.</p>

setting.		
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>The residents are provided with safe, adequate, age appropriate and accessible areas to meet their relaxation, activity and dining needs. The large lounge and dining room is open plan. Residents were observed moving freely around the facility. Comfortable lounge chairs are provided and in the dining room sturdy dining room chairs are utilized. There is adequate seating and more can be provided as resident numbers increase. The lounge is sunny and appropriately designed.</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>Cleaning and laundry policies are in the form of instruction that are laminated and displayed on the wall.</p> <p>The cleaning is done by person who works five hours per day during the week. Caregivers do spot cleaning on weekends. Cleaning products and equipment are stored safely when not in use.</p> <p>The laundry is done by the caregivers on each shift. The facility has two washing machines and one clothes drier for the laundry and external clothes lines.</p> <p>Chemicals are supplied by an external contractor.</p> <p>The cleanliness of the facility and the laundry are monitored by the manager on an ongoing basis and included in the internal audit programme.</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>	FA	<p>There are systems in place for essential, emergency and security services. The New Zealand Fire Service approval letter for the evacuation scheme is dated the 4 April 2013. Fire training is provided at orientation and fire drills are conducted (last done April 2016). There are two emergency boxes with resources in preparedness for an infection control outbreak and for any emergency situation inclusive of resources such as torches, batteries, disposable plates, cups, fuel canisters, radio and other resources. Food supplies are available and checklists are completed monthly. Two large water tanks provide 2000 litres of water for any emergency situation. Emergency lighting, torches, barbecue for cooking and blankets and cell phones are available. The kitchen runs on gas and electricity. The senior staff member on each shift holds a first aid certificate. The nurse call system is wireless system. There are call bells in each resident's individual rooms, toilet/shower and living areas. Staff respond to call bells in a timely manner.</p> <p>Staff interviewed understand emergency procedures should there be an emergency situation after hours.</p> <p>Evening and night caregivers are responsible for ensuring the rest home is locked and outside night lights are</p>

		turned on for security reasons. The Police can be contacted if staff are concerned and/or the manager on call.
<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>	FA	There is ample natural light in the building. Each resident's room has an external window which can open out safely to ventilate the room as required. The resident's lounge is bright and sunny and windows are able to be opened if required. Heating and temperature control is managed through heat pumps. The majority of bedrooms also have wall mounted electric heaters.
<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>	FA	The infection prevention and control policies include guidelines on prevention and minimisation of infection and cross infection. The RN is the infection prevention and control coordinator. Staff are familiar with infection prevention and control measures and the use of personal protective equipment. The infection control programme has been reviewed by an external consultant in conjunction with the registered nurse. There are quarterly and annual reviews of the infection control programme with the last annual review completed in August 2016.
<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	There are adequate human, physical, and information resources to implement the infection prevention and control programme, which meets the needs of the organisation. Hand washing signs were sighted around the facility to remind staff and residents of the importance of proper hand washing. The RN has access to the resident's GP, staff from the DHB and laboratory staff.
Standard 3.3: Policies and	FA	Documented policies and procedures for the prevention and control of infection reflect accepted good practice

<p>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>		<p>and relevant legislative requirements and are readily available and implemented at the facility. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided. The policies and procedures sighted comply with relevant legislation and current accepted good practice.</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>	<p>FA</p>	<p>The organisation provides relevant education on infection control to all staff, and residents. The facility maintains at least annual in-service training for infection control including standard precautions, personal protective equipment, cleaning, infectious diseases and hand washing. Staff also complete an infection control workbook as part of orientation and induction. The infection control education is provided by either by the registered nurse or external resource speakers. Staff last had training in 2016 from the district health board. Residents interviewed were aware of the importance of hand washing. At times, there is education around infection control as part of the resident meetings. Staff members confirmed receiving infection control training and could explain the importance of hand washing in the prevention and control of infection.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>Clear definitions of surveillance and types of infections (e.g. facility-acquired infections) are documented to guide staff. Any resident with an identified infection has this recorded on a form with the data included in monthly facility data collation. The infection control surveillance register includes monthly infection logs and antibiotic use. Information is collated on a monthly basis by the registered nurse. An external consultant provides a quarterly and annual report of infection control data with discussion recorded. There is evidence of quality improvement because of the discussion of the data. Surveillance is appropriate for the size and nature of the services provided. Infections are investigated and appropriate plans of action are sighted in staff meeting minutes.</p>

<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The definition of restraint and enabler is congruent with the definition in the standard. The process of assessment, care planning, monitoring and evaluation of restraint and enabler use is recorded. Restraint and enabler use would be documented in resident care plans however there are no residents using restraint or enablers on the day of audit. There is a job description for the position of the restraint coordinator.</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 1.2.3.3</p> <p>The service develops and implements policies and procedures that are aligned with current good practice and service delivery, meet the requirements of legislation, and are reviewed at regular intervals</p>	PA Low	<p>Policies, associated procedures and forms are developed by an external quality consultant and then amended by the manager. Business planning templates are also provided by the external consultant. All policies, associated procedures and forms are revised annually.</p> <p>Several policies, associated procedures and forms were found to need revision. These are as follows:</p> <p>(1) The consumer complaints policy does not clearly outline Right 10 of the Code (refer 1.10)</p> <p>(2) The care planning policy does not reference the interRAI process (refer 1.3.3).</p> <p>(3) The skin management policy does not reference pressure injury (refer 1.3.3)</p> <p>(4) The medicines management policy does not comply with all of the</p>	<p>The following policies, associated procedures and forms do not meet legislation, guidelines, standards and accepted practice: (1) The consumer complaints policy, (2) the care planning policy, (3) the skin management policy, (4) the medicines management policy, and (5) the food services policy. The</p>	<p>Policies and associated procedures and forms related to consumer complaints, care planning, skin management, medicines management, and food services management require</p>

<p>as defined by policy.</p>		<p>requirements of the Medicines Care Guides for Residential Aged Care (refer 1.3.12). For example the administration of medicines procedure is incorrect in that it does not require staff administering medicines to check the medicine order prior to administering a medicine. The policy requirements related to competency requirements do not specifically state that competency of staff administering medicines needs to be assessed by an RN annually who has been assessed as competent and a signed record of competency needs to be kept. Telephone orders must be signed by the prescriber within the next two working days and not 72 hours as stated currently in policy. Standing orders may only be used when the provider complies with the Ministry of Health's Standing Order Guidelines (2012). The policy on stocktake of any controlled drugs needs to be weekly rather than monthly. The reference to the Safe Management of Medicines: A Guide for Managers of Old People's Homes and Residential Care Facilities is obsolete and was replaced by the Medicines Care Guides for Residential Aged Care in 2011. The medicine policy does not reference the use of electronic medicines charting, which is now in use by the facility.</p> <p>(5) The food services policy appears to be a hazard/risk register (refer 1.3, 13) which does not clearly outline policy. There needs to be policy related to nutrition, safe food and fluid management, which includes reference to food and fluids being prepared according to a menu that has been approved by a registered dietitian. The policy needs to include the monitoring and recording of hot food temperatures pre- service. Policy needs to include how food preferences of residents will be recorded and noted by staff. Policy needs to include special dietary requirements and preparation. Policy should include food procurement, production processes, and waste management.</p> <p>The internal audit programme and associated procedures and forms will need revision to incorporate all changes in policy.</p> <p>The internal audit of care planning processes is required to be conducted six monthly which was not occurring (last audited in March 2015).</p>	<p>internal audit of care plans is not occurring six monthly as specified in the internal audit schedule.</p>	<p>review.</p> <p>The internal audit schedule requiring six monthly care planning audits needs to be conducted according to the internal audit schedule.</p> <p>90 days</p>
<p>Criterion 1.3.13.5 All aspects of food procurement, production,</p>	<p>PA Low</p>	<p>The cook is aware that there is a requirement to check the temperature of cooked food and in particular chicken and pork.</p> <p>The temperature of the refrigerators and freezers are checked daily with</p>	<p>Temperatures of cooked food are not documented as being checked.</p>	<p>i) Ensure that temperatures</p>

<p>preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.</p>		<p>these documented.</p>	<p>There is no evidence of a corrective action plan being implemented if the range of refrigerator or freezer temperatures are outside the normal range.</p>	<p>of cooked food are within accepted range. ii) Implement a corrective action plan if the temperatures of the refrigerator or freezers are outside the normal range. 90 days</p>
<p>Criterion 1.3.4.2 The needs, outcomes, and/or goals of consumers are identified via the assessment process and are documented to serve as the basis for service delivery planning.</p>	<p>PA Low</p>	<p>Residents have an interRAI assessment completed within three weeks following entry to the service. Any resident who has been admitted to the service has an interRAI assessment that coincides with the review of their care plan. At times, the interRAI assessment does not coincide with the review of the care plan. Other specialised assessments such as pain and continence assessments had been completed prior to the review of the care plan.</p>	<p>Two of five resident records in the sample did not have an interRAI assessment that occurred just prior to the review of the care plan.</p>	<p>Ensure that the interRAI assessment for residents entering the service after July 2015 is completed prior to the review of the care plan so that goals and a plan can be documented for needs identified.</p>

				180 days
<p>Criterion 1.3.7.1</p> <p>Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>	PA Low	<p>There is a group activities programme displayed in pictorial form in the foyer. This shows that some group activities occur although staff describe more activities being undertaken particularly on days where these are not well documented on the programme.</p> <p>Some residents complete a life map on entry to the service and there is a cultural assessment which includes some aspects of the person's life. A full assessment that relates to the resident's individual activities programme is not well documented.</p> <p>Family are encouraged and supported to take residents out into the community. Residents in the facility are mostly independent and can access the community as they wish.</p>	<p>The activities programme does not currently reflect individual activities and a range of activities that reflect all components including cognitive and physical activities.</p> <p>A full assessment and reassessment for each resident that relates to the activities programme is not documented.</p>	<p>(1) Ensure that the activities programme reflects individual activities and a range of activities that reflect all domains including cognitive and physical.</p> <p>(2) Ensure that a full assessment and reassessment for each resident that relates to the activities programme is documented as part of the interRAI review.</p> <p>180 days</p>
<p>Criterion 1.4.2.1</p> <p>All buildings, plant,</p>	PA Moderate	Hot water temperatures at the tap on the day of audit were too hot. The New Zealand Building Code states that the maximum temperature at fixtures used	A test on the day of audit showed that the	Ensure hot water

<p>and equipment comply with legislation.</p>		<p>for personal hygiene in residential care homes is 45°C, which includes hand-basins, baths and showers. Formal monitoring of hot water temperatures at the taps was last conducted in January 2016.</p>	<p>hot water temperatures at the tap were greater than 45 degrees Celsius.</p>	<p>temperatures at taps used by residents are maintained at 45 degrees Celsius, monitored regularly and records kept.</p> <p>30 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.