

Mateus Enterprises Limited - Seaview Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Mateus Enterprises Limited

Premises audited: Seaview Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 17 August 2016 End date: 18 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: 23

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

Seaview Home is a family owned and operated rest home. The service is governed by four directors, and managed by the clinical manager, who is also one of the directors. The clinical manager has been in the role of clinical manager and company director for 23 years.

The service is certified to provide rest home level care for up to 28 residents, with 23 residents on the day of audit.

The certification audit was conducted against the 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, and interviews with residents, family, management and staff. The clinical manager works full time and is supported by a part time, experienced registered nurse.

The service is implementing a quality risk management system. Residents, families and general practitioner interviewed commented positively on the standard of care and services provided at Seaview Home.

The certification audit identified that improvements are required around documentation of meetings, RN follow-up following incidents, care plan documentation including family input into care, the medication process and ensuring a first aider on every shift.

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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Seaview Home provides care in a way that focuses on the individual resident. Cultural and spiritual assessment is undertaken on admission and during the review processes. Policies are implemented to support individual rights such as privacy, dignity, abuse/neglect, culture, values and beliefs, complaints, advocacy and informed consent. Information about the Code and related services is readily available to residents and families. Complaints processes are implemented and managed in-line with the Code. Residents and family interviewed verified ongoing involvement with community.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some standards applicable to this service partially attained and of low risk.
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Seaview Home is implementing a quality and risk management system that supports the provision of clinical care. Quality data is collated for accident/incidents, infection control, internal audits, concerns and complaints, and surveys.

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

Continuum of service delivery

<p>Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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There is an admission package available prior to, or on entry to the service. A registered nurse is responsible for each stage of service provision. A registered nurse assesses and reviews each resident's needs, outcomes and goals at least six monthly. Care plans demonstrated service integration and included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses and senior carers responsible for administration of medication complete annual education and medication competencies. The medicine charts were reviewed by the general practitioner at least three monthly.

An activities coordinator and director/carer implement the activity programme for the residents. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural and cognitive abilities and preferences for the residents. Residents and families report satisfaction with the activities programme.

Residents' food preferences and dietary requirements are identified at admission. All meals and baking are cooked on site. Food, fluid, and nutritional needs of residents are provided in-line with recognised nutritional guidelines and additional requirements/modified needs were being met, as required.

Safe and appropriate environment

<p>Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade. Resident bedrooms are personalised with access to an adequate number of communal shower/toilet facilities. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services. Systems and supplies are in place for essential, emergency and security services.

Restraint minimisation and safe practice

<p>Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.</p>		<p>Standards applicable to this service fully attained.</p>
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Restraint minimisation is practiced and overseen by the registered nurse. There are no residents using enablers or restraints.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.

Standards applicable to this service fully attained.

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

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	39	0	4	2	0	0
Criteria	0	86	0	5	2	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Seaview Home has policies and procedures that align with the requirements of the Code of Health and Disability Services Consumer Rights (the Code). Four caregivers, an activities person, one registered nurse (RN) and one clinical manager were able to describe how they incorporate resident choice into their activities of daily living. The service actively encourages residents to have choices and this includes voluntary participation in daily activities as confirmed on interview with five residents.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>There are established informed consent policies/procedures and advanced directives. General consents were obtained on admission as sighted in the five resident files reviewed. Advance directives, if known, were on the resident files. Resuscitation plans were sighted in all files and were signed appropriately. Copies of EPOA were included in the resident files as required.</p> <p>Family and residents interviewed confirmed they have been made aware of and fully understand informed consent processes and that appropriate information had been provided.</p> <p>All resident's files sampled had signed admission agreements.</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>	<p>FA</p>	<p>Advocacy information is available to residents in the service entrance. Interviews with residents and family confirmed they were aware of their right to access advocacy.</p> <p>Residents confirm that the service provides opportunities for the family/EPOA to be involved in decisions. The resident files sampled included information on the residents' family. Staff training in Code of Rights and advocacy has been provided.</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>	<p>FA</p>	<p>Interview with residents confirm relatives and friends can visit at any time and are encouraged to be involved with the service and care. Residents are encouraged, wherever possible, to maintain former activities and interests in the community. They are supported to attend community events, clubs and interest groups in the community.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>There is a complaints policy to guide practice, which aligns with Right 10 of the Code. The clinical manager leads the investigation of concerns/complaints. Complaints forms are visible and available for relatives/residents. A complaints procedure is provided to residents within the information pack at entry. The complaints file was reviewed. There is an up to date complaints register. Two complaints from 2015 and one from 2016 were reviewed; all document that appropriate and timely responses have been recorded.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>FA</p>	<p>There is a welcome pack provided to residents on entry that includes information on how to make a complaint, Code of Rights pamphlet, advocacy and Health & Disability (HDC) Commission. Relatives and residents are informed of any liability for payment of items not included in the scope of the service. This is included in the service agreement. Residents and four family members interviewed confirmed they received all the relevant information during admission.</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</p>	<p>FA</p>	<p>There are policies in place to guide practice in respect of independence, privacy and respect. Resident preferences are identified during the admission and care planning process with family involvement. Staff were observed to be respectful of residents' personal privacy by knocking on doors prior to entering resident rooms during the audit. Residents interviewed confirmed staff respect their privacy, and support residents in making choices where they are able. Staff have completed education around privacy, dignity and elder protection.</p>

dignity, privacy, and independence.		Resident files are stored securely. There are clear instructions provided to residents on entry regarding responsibilities of personal belonging in their admission agreement.
Standard 1.1.4: Recognition Of Māori Values And Beliefs Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.	FA	There is a Māori health plan and a cultural safety policy that includes a description of how they will achieve the requirements set out in A3.1 (a) to (e). Currently, there are residents who identify as Māori. Linkages with Māori community groups are available and accessed as required, such as visits to the local Marae. Staff receive education on cultural awareness during their induction to the service and as a regular in-service topic. All caregivers interviewed were aware of the importance of whānau in the delivery of care for Māori residents.
Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.	FA	Care plans sampled included the residents' values, spiritual and cultural beliefs. Six monthly reviews occur to assess if the resident's needs are being met. Discussion with family and residents confirm values and beliefs are considered. Residents are supported to attend church services of their choice.
Standard 1.1.7: Discrimination Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.	FA	Job descriptions include responsibilities of the position and are in place for all roles within the service. The RNs and allied health professionals practice within their scope of practice. Management and staff meetings include discussions on professional boundaries and concerns/complaints as they arise. Interviews with the clinical manager, the registered nurse and care staff confirmed an awareness of professional boundaries.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	There are robust policies and procedures in place that meet the health and disability safety sector standards. Staff state they are made aware of new/reviewed policies. Staff report the clinical manager is approachable and supportive. Allied health professionals are available to provide input into resident care. Staff complete relevant workplace competencies. Discussions with residents and family were positive about the care they receive.

<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>There is a policy to guide staff on the process around open disclosure. The clinical manager and relatives interviewed confirm family are kept informed. Relatives stated they are notified promptly of any incidents/accidents and the clinical manager is very approachable. Newsletters from the service ensure that families are updated regarding service changes.</p> <p>Non-Subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The Ministry of Health “Long-term Residential Care in a Rest Home or Hospital – what you need to know” is provided to residents on entry.</p> <p>There is access to an interpreter service as 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>Seaview Home is a family owned and operated rest home. The service is governed by four directors and managed by the clinical manager, who is also one of the directors. The service is certified to provide rest home level care for up to 28 residents with 23 residents on the day of audit. This included one respite resident and one under the age of 65.</p> <p>The clinical manager is experienced in aged care and has been in the role for over 20 years. She maintains an annual practicing certificate. A registered nurse is also available on a casual basis to relieve the clinical manager and to provide on-call cover.</p> <p>There is a documented business plan for 2016 and a quality plan for 2016. The service has an annual audit schedule to monitor the goals and service delivered. Quality data is collected analysed and communicated to staff via the staff meetings. The clinical manager has maintained at least eight hours annually of professional development.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>A registered nurse, with support from the owners/directors, provides cover in the absence of the clinical manager.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p>	<p>FA</p>	<p>Seaview Home has a quality and risk programme. The programme includes analysis of incidents, infections and complaints, internal audits and feedback from the residents.</p>

<p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>There are policies and procedures implemented to provide assurance that the service is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. Staff confirmed they are made aware of any new/reviewed policies. Assessment policies have been updated to include reference to the use of the InterRAI assessment tool.</p> <p>There is a business plan and a quality and risk management plan for 2016 in place. Progress with the quality and risk management programme is monitored through the staff meetings. Monthly and annual reviews are completed for all areas of service. Minutes for staff meetings include actions to achieve compliance where relevant. Discussions with the clinical manager and caregivers confirm their involvement in the quality programme. Resident/relative meetings have been held three monthly. There is an implemented internal audit schedule in place for 2015.</p> <p>The service collects information on resident incidents and accidents as well as staff incidents/accidents and provides follow-up where required.</p> <p>There is an implemented health and safety, and risk management system in place including policies to guide practice. The clinical manager, along with another director, is responsible for health and safety. There is a current hazard register. Staff confirm they are kept informed on health and safety matters.</p> <p>Falls prevention strategies are implemented for individual residents and staff receive training to support falls prevention.</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>	<p>PA Low</p>	<p>Accident/incident forms (eight) for July 2016 were sampled. Not all incident forms documented RN review of the incident and opportunities to minimise further risk (also link to 1.3.6.1 for neurological observations). Accidents/incidents were recorded in the resident progress notes, and changes made to care plan documentation as needed. There is documented evidence the family had been notified promptly of accidents/incidents.</p> <p>Staff interviewed confirm incident and accident data are discussed at the staff meeting.</p> <p>Discussions with the clinical manager confirm an awareness of the requirement to notify relevant authorities in relation to essential notifications.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in</p>	<p>FA</p>	<p>There are human resources policies to support recruitment practices. Five staff files sampled contained all relevant employment documentation for one cook, one RN, one activities person and two care givers. Current practising certificates were sighted for the registered nurses. The service has an orientation programme in place that provides new staff with relevant information for safe work practice.</p>

accordance with good employment practice and meet the requirements of legislation.		Staff interviewed believed new staff were adequately orientated to the service on employment. There is an education planner in place that covers compulsory education requirements. The clinical manager has completed InterRAI training and the RN is on the DHB waiting list. Clinical staff complete competencies relevant to their role.
Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.	FA	The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. The clinical manager is on-site full time and available after hours. The registered nurse is on duty as needed. The caregivers, residents and family interviewed inform there are sufficient staff on duty at all times.
Standard 1.2.9: Consumer Information Management Systems Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.	FA	The resident files are appropriate to the service type. All relevant initial information is recorded within required timeframes into the resident's individual record. All resident records containing personal information is kept confidential. Entries were legible, dated and signed by the relevant caregiver or registered nurse including designation. Files are integrated.
Standard 1.3.1: Entry To Services Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.	FA	Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Pre-admission information packs are provided for families and residents prior to admission. Five admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement.
Standard 1.3.10: Transition, Exit, Discharge, Or Transfer Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.	FA	Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families were involved for all exit or discharges to and from the service.
Standard 1.3.12: Medicine	PA	There are policies and procedures in place for safe medicine management that meet legislative

<p>Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>Moderate</p>	<p>requirements. Care staff and the RNs who administer medications have completed medication competency and education on an annual basis. Medications are checked on delivery against the medication chart as evidenced by RN signature on the blister packs. Standing orders are in use however, two household remedies administered were not prescribed or on the standing orders. One resident was self-medicating but did not have a self-medication competency completed. All medications were stored safely. The medication fridge is monitored.</p> <p>Ten medication charts reviewed had photo identification and an allergy status on the medication chart. Not all medication charts had medications dated. The GP has reviewed the medication charts three monthly. The administration signing sheets reviewed identified not all medications had been administered as prescribed.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>All meals at Seaview Home are prepared and cooked on site. The cooks are supported by afternoon kitchenhands. A four-weekly seasonal menu has been reviewed by a dietitian (June 2016). Meals are served directly from the bain-marie in the kitchen to residents in the dining room adjacent to the open plan kitchen area. Dietary needs are known with individual likes and dislikes accommodated. Dietary requirements, cultural and religious food preferences are met. Additional or modified foods are also provided by the service as required. Residents and family members interviewed were satisfied with the food and confirmed alternative food choices were offered for dislikes.</p> <p>Fridge, freezer and end-cooked temperatures are monitored and recorded. Containers of food are labelled and dated. All perishable goods in fridges are date labelled. The dishwasher is checked regularly by the chemical supplier. A cleaning schedule is maintained.</p> <p>All food services staff have completed training in food safety and hygiene and chemical safety.</p> <p>Nutrition and safe food management policies define the requirements for all aspects of food safety. A kitchen cleaning schedule is in place and implemented.</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>	<p>FA</p>	<p>There is an admission information policy. The reasons for declining entry would be if the service is unable to provide the care required or there are no beds available. Management communicate directly with the referring agencies and family/whānau as appropriate if entry was declined.</p>

<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>The RN completes an initial assessment on admission, including risk assessment tools as required. An InterRAI assessment is undertaken within 21 days of admission and six monthly, or earlier due to health changes for long-term residents under the ARCC. An InterRAI assessment was not required for the younger person. Resident needs and supports are identified through the ongoing assessment process in consultation with the resident and significant others and form the basis of the care plan. InterRAI assessments, assessment notes and summaries were available for review. The long-term care plans in place reflected the outcome of the assessments.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>PA Low</p>	<p>Resident care plans reviewed were resident focused and individualised. Not all care plans documented the required supports/needs to reflect the resident's current health status. Residents and relatives interviewed confirmed they were involved in the care planning process. Short-term care plans were sighted for short-term needs. There was evidence of allied health care professionals involved in the care of the resident.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>PA Low</p>	<p>When a resident's condition alters, the registered nurse initiates a review and if required, GP, dietitian or nurse specialist consultation. There is evidence that family members were notified of any changes to their relative's health including (but not limited to) accident/incidents, infections, health professional visits and changes in medications. Discussions with families and notifications are documented in the resident file reviewed in progress notes.</p> <p>Adequate dressing supplies were sighted. Wound management policies and procedures are in place. A wound assessment and ongoing wound monitoring form was in place for one skin tear. There were no pressure injuries on the day of audit. There is pressure prevention equipment available to minimise pressure injuries for residents assessed at risk of pressure injury. There is access to a wound nurse specialist from the DHB if required.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified.</p> <p>Monitoring occurs for blood pressure, weight, vital signs, blood glucose, pain and challenging behaviour. Not all care issues had documented interventions in place.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the</p>	<p>FA</p>	<p>The service employs an activities coordinator who has been in the role six years. The staff member works 25 hours per week Monday to Friday, implementing the afternoon programme from 1-4 pm. The morning programme from 11am is provided by one of the directors, also a senior caregiver. The</p>

<p>service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>		<p>activity coordinator attends three monthly diversional therapy group meetings and has attended “walking in another’s shoes” course. Activities provided are appropriate to the needs, age and culture of the residents. The activities are meaningful and include (but not limited to) adult colouring, arts, music, exercises, news, quizzes, entertainers, inter-home competitions, happy hours and outings/drives. Residents are involved in community groups such as RSA, men’s group and senior events such as concerts and lunches. The ladies knitting group are involved in knitting for charities. Community visitors “good companions” are involved in activities such as housie, poetry readings and one-on-one chats/activities.</p> <p>A resident profile is completed on admission and the resident individual activity plan is incorporated in the overall resident care plan which is reviewed six monthly.</p> <p>Families are invited to the resident meetings. The service receives feedback on activities through one-on-one feedback, resident meetings and surveys.</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>PA Low</p>	<p>The RN evaluated all initial care plans reviewed within three weeks of admission and a long-term care plan developed for permanent residents. Care plans had been evaluated six monthly however, there was no written evaluation to identify if goals had been met or not. The GP reviews the residents at least three monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the progress note.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	<p>FA</p>	<p>Referral to other health and disability services is evident in the resident files sampled. The service facilitates access with other medical and non-medical services. Referral documentation is maintained on resident files.</p> <p>There are documented policies and procedures in relation to exit, transfer or transition of residents. The residents and the families are kept informed of the referrals made by the service.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm</p>	<p>FA</p>	<p>Documented processes for the management of waste and hazardous substances are in place to ensure incidents are reported in a timely manner. Safety data sheets are readily accessible for staff. Chemical bottles sighted have correct manufacturer labels. Chemicals are stored in locked areas. A chemical spills kit is available. Personal protective clothing is available for staff and seen to be worn</p>

<p>as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>		<p>by staff when carrying out their duties on the day of audit.</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>FA</p>	<p>The building has a current building warrant of fitness that expires 1 July 2017. The facility is situated on an elevated section (previously the Picton hospital) and has been earthquake strengthened.</p> <p>One of the directors is responsible for the daily and ongoing internal maintenance of the facility. The planned maintenance schedule includes checking of resident equipment such as wheelchairs and monthly hot water temperature monitoring. Rooms are refurbished as they become vacant. Essential contractors are available 24 hours. Electrical testing is completed annually. Annual calibration and functional checks of medical equipment (including a hoist), is completed by an external contractor.</p> <p>The facility has wide corridors with rails and there is sufficient space for residents to safely mobilise using mobility aids.</p> <p>There is safe access to several outdoor areas. Seating and shade is provided.</p> <p>The care staff and RNs interviewed stated they have sufficient equipment including six hi-lo beds and pressure injury resources to safely deliver the cares as outlined in the resident care plans.</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>Toilet and shower facilities are of an appropriate design to meet the needs of the residents. There are adequate numbers of communal use bathrooms/toilets in each wing. All bedrooms have hand basins. Communal toilet facilities have a system that indicates if it is engaged or vacant. Residents confirmed staff respect their privacy while attending to their hygiene cares.</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</p>	<p>FA</p>	<p>All rooms are single. There is adequate room for residents to safely manoeuvre using mobility aids. Residents and families are encouraged to personalise their rooms as viewed on the day of audit.</p>

group and 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>Communal areas within the facility include a separate lounge and dining area. Seating and space is arranged to allow both individual and group activities to occur. There is a separate smaller lounge and seating nooks available for quiet activities or visitors. All furniture is safe and suitable for the residents. Communal areas are easily accessible to residents.</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>There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. Carers complete laundry duties and there is a designated cleaner to complete cleaning duties. The cleaner's trolley is stored safely when not in use. The laundry has a defined clean/dirty area. The commercial washing machine and dryer are serviced regularly. Residents and family interviewed reported satisfaction with the cleaning and laundry service. Internal audits and the chemical provider monitor the effectiveness of the cleaning and laundry processes.</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>	PA Moderate	<p>There are policies and procedures on emergency and security situations including how services will be provided in health, civil defence or other emergencies. All staff receive emergency training on orientation and ongoing. Civil defence supplies are readily available including barbeque, bottled water and water in ceiling tanks and enough food storage and supplies (batteries, radio and torches) for at least three days. There is emergency power lighting for up to 11 hours. The service has first priority for a generator through a local contractor.</p> <p>The service has an approved fire evacuation scheme and conducts six monthly fire drills. The fire safety provider completes monthly fire checks. Not all shifts evidenced a trained first aider on duty at all times and the van driver does not have a first aid certificate.</p> <p>Resident's rooms, communal bathrooms and living areas all have call bells. Security policies and procedures are documented and implemented by staff. The buildings are secure at night with afterhour's doorbell access. The local police complete random security checks of the facility and grounds.</p>
<p>Standard 1.4.8: Natural Light,</p>	FA	<p>Residents were provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. The heating in each room can be individually</p>

<p>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>controlled.</p> <p>There are sufficient doors and external opening windows for ventilation. All bedrooms have good sized external opening windows which are designed to maximise the view of the harbour.</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>	FA	<p>The infection control programme and its content and detail is appropriate for the size, complexity and degree of risk associated with the service. Staff are well informed about infection control practises and reporting. The clinical manager is the infection control coordinator and is responsible for infection control across the facility. The management team in conjunction with an external contractor, is responsible for the development of the infection control programme and its review. The infection control programme is well established. The infection control committee consists of a cross-section of staff and is part of the monthly staff meeting. There is external input as required from general practitioners and Medlab. The infection control programme has been reviewed annually.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>Infection control is managed by the infection control coordinator (clinical manager). The infection control coordinator has maintained current knowledge of infection prevention and control. The infection control coordinator has access to infection control personnel within the district health board, laboratory services and the GP.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and</p>	FA	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes the infection control programme, responsibilities and oversight, training and education of staff. The policies have been reviewed.</p>

appropriate/suitable for the type of service provided.		
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The infection control coordinator is responsible for coordinating/providing education and training to staff. Infection control education has been provided in the past year. Staff receive education on orientation and one-on-one training as required.</p> <p>Resident education occurs at resident meetings such as use of sanitisers and hand washing. Hand hygiene posters have been placed in all resident toilet areas.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>Infection surveillance and monitoring is an integral part of the infection control programme and is described in the infection prevention and control policy. Monthly infection data is collected for all infections based on signs and symptoms of infection. The clinical manager at Seaview is the infection control nurse. An individual resident infection form is completed which includes signs and symptoms of infection, treatment, follow-up, review and resolution. Surveillance of all infections is entered onto a monthly facility infection summary and staff are informed. This data is monitored and evaluated monthly and annually. Infection control education has been provided. There have been no outbreaks.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Restraint minimisation is practiced. The clinical manager oversees the restraint process within the facility. There are policies around restraint, enablers and the management of residents who may exhibit behaviours that challenge. The service currently has no residents using enablers or restraints. Any resident requiring restraint or who exhibited behaviours that may challenge would be reassessed to determine their suitability to continue to reside in the rest home.</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 1.2.4.3</p> <p>The service provider documents adverse, unplanned, or untoward events including service shortfalls in order to identify opportunities to improve service delivery, and to identify and manage risk.</p>	PA Low	Incident forms were completed for all resident incidents and accidents. Staff interviewed stated that they have very good support and guidance from the clinical manager at the time of any incident.	Of eight incident forms reviewed for July 2016, five were not fully completed by the RN. Opportunities to minimise further risks were not documented.	<p>Ensure that incident forms are fully completed.</p> <p>60 days</p>
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation,</p>	PA Moderate	The prescribing of medications is completed on the medication chart by the GP. The medication charts were legible and signed by the GP. Five medication charts had “ditto” used for the dates of medications prescribed. Six administration signing sheets reviewed evidenced correct administration of medications prescribed.	1) Five medications charted had “ditto” used for dating of medications prescribed; 2) two prescribed medications had not been signed as administered; and 3) two residents with over the counter remedies did not have these prescribed on the medication charts.	<p>1) Each medication is to be dated as per the MOH medication guidelines; 2) Ensure medications are administered as prescribed; and 3) ensure that over the counter remedies are prescribed on the medication chart.</p>

protocols, and guidelines.				30 days
<p>Criterion 1.3.12.5</p> <p>The facilitation of safe self-administration of medicines by consumers where appropriate.</p>	PA Low	There was one resident self-medicating on the day of audit. Medications were stored safely. The resident informed staff when the as required were self-medicated. The GP had approved (in medical notes) the resident to self-medicate however a self-medication competency had not been completed.	The GP had approved (in medical notes) the resident to self-medicate however, a self-medication competency had not been completed.	<p>Ensure self-medication competencies are completed.</p> <p>90 days</p>
<p>Criterion 1.3.5.2</p> <p>Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.</p>	PA Low	Three of four long-term care plans documented interventions to meet the resident's goals, supports and needs.	Two long-term care plans did not document interventions for 1) the signs symptoms and management of hypoglycaemia for one resident on insulin, and 2) the management of shortness of breath for one resident.	<p>Ensure resident care plans document interventions to meet the resident's current health status.</p> <p>60 days</p>
<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	Residents are weighed monthly or more frequently, if weight is of concern, however there are no interventions for three residents with weight loss. Neurological observations had not been completed for two unwitnessed falls.	1) There were no documented interventions/short-term care plans in place for three residents identified with unintentional weight loss and 2) there were no neurological observations for two unwitnessed falls, one with a known head injury.	<p>Ensure short-term care plans/interventions are in place for weight loss and 2) ensure neurological observations are completed for unwitnessed falls.</p> <p>90 days</p>
<p>Criterion 1.3.8.2</p> <p>Evaluations are documented,</p>	PA Low	Long-term care plans had been evaluated six monthly for the five resident files	There were no written evaluations in place to identify	Ensure that the care plans are updated

<p>consumer-focused, indicate the degree of achievement or response to the support and/or intervention, and progress towards meeting the desired outcome.</p>		<p>reviewed. There were no written evaluations to identify changes to care, supports or needs to meet the resident goals.</p>	<p>if the resident goals and been met or not, and there were no changes made to the care plans.</p>	<p>following six monthly care plan evaluations or as required due to health changes.</p> <p>90 days</p>
<p>Criterion 1.4.7.1 Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	<p>PA Moderate</p>	<p>Staff are provided with training on emergency procedures during their orientation and ongoing as part of the training programme. An external trainer provides first aid training including cardiopulmonary resuscitation (CPR). Not all shifts had been covered by a staff member with a current CPR certificate. The van driver does not have a current first aid certificate.</p>	<p>1) Eight shifts in the fortnight are not covered by a staff member trained in first aid; and 2) the van driver for resident transport does not have a current first aid certificate.</p>	<p>1) Ensure that there is at least one staff member with a current first aid certificate on duty; and 2) ensure the person who drives the facility van has a current first aid certificate.</p> <p>60 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.