

Victoria Epsom Limited - Victoria Epsom Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Victoria Epsom Limited

Premises audited: Victoria Epsom Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 6 October 2016 End date: 7 October 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: 17

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

Victoria Epsom rest home is a 24 bed aged care facility for rest home level of care residents located in Epsom. There were 17 residents (including one younger resident under the age of 65) and three boarders at the time of audit. The majority of the residents are of Chinese cultural heritage.

The audit was conducted against the relevant Health and Disability Services Standards and the provider's contract with the district health board. The audit process included the review of policies and procedures, the review of staff and resident files, observations, and interviews with residents, families, management and clinical and non-clinical staff.

There are three shortfalls identified related to medication management, the monitoring of hot water temperatures and evaluation of the infection surveillance data.

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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The residents receive services that respects their rights. The staff demonstrated knowledge and awareness of the obligations of consumer rights legislation. The residents are treated with respect and dignity and are not subject to abuse, neglect or discrimination.

There are appropriate processes and procedures implemented to ensure residents who identify as Maori, or any other culture, have their individual beliefs respected and acknowledged. If required, the service can access an interpreter. A number of the staff speak a second language reflective of the languages of the resident mix.

The service provides an environment that encourages good practice, which includes evidence-based practice.

Residents and families receive full and frank information and open disclosure from staff. Where there is an advance directive, the staff act on the decisions that the resident made when they were assessed as competent to do so. Written consent is gained for all residents.

There are no set visiting hours and residents have access to visitors of their choice. Families and friends are encouraged to participate in the activities.

The complaints register records all complaints, dates and actions taken. There were no open complaints.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.

Standards applicable to this service fully attained.

The facility is a family owned and managed service. The service's mission statement, vision, goals and philosophy are recorded in the policies. One of the owners is a registered nurse and manages the service.

The quality and risk management system and processes support safe service delivery and include corrective actions. The quality management system includes identification of hazards, staff education and training, an internal audit process, complaints management, data reporting of incidents/accidents and infections.

Policies and procedures are managed by a contracted aged care consultant. The policies reflect legislative requirements. Staff have access to current documents and there are sufficient processes implemented for the archiving of records and obsolete documents.

The service implements the documented staffing levels that meet the staffing requirements for rest home level of care. Human resource management processes for recruitment, employment and orientation were evidenced in all files reviewed.

Resident information is uniquely identifiable, accurately recorded and securely stored. Information of a private or personal nature is maintained in a secure manner that is not publicly accessible or observable.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Residents receive appropriate services that meet the desired goals/outcomes. Residents are admitted with the use of standardised risk assessment tools. Long and short term care plans are developed, implemented and evaluated in a timely manner. Interventions in both long and short term care plans are sufficiently detailed to address the desired goals/outcomes. Short term care plans are

developed when acute conditions are identified and resolutions are documented. Planned activities are appropriate to the needs, age and culture of the residents who reported that activities are enjoyable and meaningful to them.

The medicine management system is not consistently implemented to meet the required regulations and guidelines.

Food service meets the food safety guidelines and legislation. The individual food, fluids and nutritional needs of the residents are met. The service ensures that preferred meals are provided that align with resident's cultural requirements. Reviewed resident files evidenced stable weights and interventions are in place when weight changes are identified.

Safe and appropriate environment

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

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

The facility is currently being renovated and refurbished. Services are provided in an environment and room sizes that are appropriate to rest home level of care. There are adequate toilets, showers, and bathing facilities. Residents have access to outdoor areas and a covered veranda. There is adequate heating and ventilation.

Residents, visitors and staff are protected from harm as a result of exposure to waste, infectious or hazardous substances generated during service delivery. There is a contracted laundry services with most of the laundry conducted offsite. The residents' personal clothing is washed onsite. The cleaning is conducted by onsite staff. The resident can assist with the laundry and cleaning if they wish to participate.

Documentation identifies that all processes are maintained to meet the requirements of the building warrant of fitness and approved evacuation scheme. A contracted company is conducting monthly checks to ensure compliance with the fire systems.

Planned and reactive maintenance is documented. Systems are in place for essential, emergency and security services, including a disaster and emergency management plan.

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.

Policies and procedures identify the safe use of restraints and enablers which are to be utilised as the least restrictive option that promotes independence, comfort and safety. There were no residents using restraints or enablers on the days of audit. The staff demonstrated good knowledge regarding restraints and enablers and the management plan to be in place when a restraint will be used by a resident.

Infection prevention and control

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

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

Infection prevention and control policies and procedures include comprehensive infection control programme in order to prevent infections in the facility. The infection control coordinator collates the monthly infection data. The type of surveillance is appropriate to the size and setting of the service. The infection rates are discussed in the staff meetings and interventions to reduce infections are discussed.

Infection control experts are available and can be consulted by the infection control coordinator when required. The infection control coordinator has attended annual infection control updates.

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	42	0	2	1	0	0
Criteria	0	90	0	2	1	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed throughout the facility. Staff demonstrated knowledge on the Code and its implementation in their day to day practice. Staff were observed to be respecting the residents' rights.
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.	FA	The residents' files had consent forms signed by the resident or their enduring power of attorney (EPOA). The files contained copies of any advance care planning and the resident's wishes for end of life care. Staff acknowledged the resident's right to make choices based on information presented to them.
Standard 1.1.11: Advocacy And Support Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.	FA	Residents and families reported that they were provided with information regarding access to advocacy services. Relatives are encouraged to involve themselves as advocates. Contact details for the Nationwide Health and Disability Advocacy Service is listed in the resident information booklet. This information is also displayed in other languages appropriate to the resident cultural mix. Education on advocacy and support is conducted as part of the in-

		service education programme.
Standard 1.1.12: Links With Family/Whānau And Other Community Resources Consumers are able to maintain links with their family/whānau and their community.	FA	There are no set visiting hours and relatives are encouraged to visit at any time. Family reported that there were no restrictions to visiting hours and that they are welcome to visit. Residents are supported and encouraged to access community services with visitors or as part of the planned activities programme.
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	The complaints policy complies with timeframes within Right 10 of the Code. Complaints forms are displayed in languages appropriate to the resident mix. The complaints sampled in the complaints register record that any issues are addressed within one to two days of the complaint being received. All complaints have been satisfactorily closed. The resident and families report that if they have any concerns or complaints these are addressed.
Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.	FA	The Code is discussed with family members at the time of admission and information is also available in the information booklet. The Code is displayed in languages appropriate to the languages of the residents. Information is also displayed about the Nationwide Health and Disability Advocacy Service. The family reported no concerns about the staff not respecting the resident's rights.
Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.	FA	There were no rooms that were being shared at the time of audit. The service does have two rooms that can be double occupancy. The files reviewed reflected that care is provided that is responsive to the individual cultural and spiritual needs of each resident. The services are planned so the residents can maintain as much independence as possible. The relatives reported satisfaction with the care provided and have no concerns about abuse or neglect. Staff demonstrated knowledge on identifying any suspected abuse and know who to report to if they suspect abuse or neglect.
Standard 1.1.4: Recognition Of Māori Values And Beliefs Consumers who identify as Māori have their	FA	There Tikanga guidelines to assist in providing services to residents who identify as Maori. There were no residents who identified as Maori at the time of audit. The manager reported that there were no barriers to Maori residents accessing the service. The staff demonstrated knowledge of the importance of whanau in the care and support of residents who identify as

health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.		Maori.
Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.	FA	The residents' individual cultural values and beliefs are recorded in the care plans. The majority of the residents are from a Chinese cultural background. All files evidence the care plans were developed in consultation with the family. The relatives reported that the service meets the individual needs of their relatives. Staff demonstrated knowledge in respecting and meeting the individual cultural needs, values and beliefs of each of the residents.
Standard 1.1.7: Discrimination Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.	FA	Individual staff employment contracts and job descriptions have information on professional boundaries. The orientation and induction programme includes staff education on maintaining professional boundaries. The relatives interviewed report they have no concerns about discrimination.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	Evidence-based practice was observed, promoting and encouraging good practice. Examples included policies and procedures that are linked to evidence-based practice, regular visits by the nurse practitioner, links with the local mental health services, palliative care services and other aged and disability providers. The DHB care guidelines and training days for aged care are utilised. There is regular in-service education and staff access external education that is focused on aged care and best practice. The service also links with another aged care facility to access ongoing education and competency assessments. Staff reported that they were satisfied with the relevance of the education provided. The residents and family/whanau expressed satisfaction with the care delivered.
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	The service promotes an environment that optimises communication through the use of interpreter services as required. Staff education has been provided related to appropriate communication methods. The service has not required access to interpreting services for the residents. There are a number of residents who do not speak English, though there are staff available who speak the resident's language. Policies and procedures are in place if the interpreter services are needed to be accessed. Documenting of opening disclosure following incidents/accidents was evident.

Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	<p>On the day of audit 17 beds were occupied by residents at rest home level of care. One of the residents was under the age of 65. There were three additional boarders living independently at the service. The majority of residents at the service are of a Chinese background and the service caters for the language, cultural and dietary needs of the residents. The resident who does not identify as Chinese has services appropriate to their needs. All available residents and families were interviewed (with the assistance of a staff member as an interpreter).</p> <p>The quality policy statement identifies the mission of the organisation and the procedures undertaken to achieve the mission statement. Actions described include the use of quality programmes and procedures, identification of hazards, staff training and education, data reporting of incidents/accidents, infections and internal audit results to identify trends and improve services.</p> <p>One of the owners works as the manager and have owned the service since September 2015. They are a suitably qualified and experienced registered nurse, with a background in aged care, dementia and palliative care. The manager maintains ongoing education in both clinical aspects and management of an aged care facility. The organisation is a member of an aged care association and receives regular updates on issues affecting the aged care industry. The manager also has links with another aged care service for professional development, education and competency assessment.</p> <p>Interviews with residents and families confirmed that their (or their relatives) needs were met by the service. The residents and families provided positive feedback regarding the new ownership/management.</p>
Standard 1.2.2: Service Management The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.	FA	The organisation has a registered nurse (RN) who will take on the clinical aspects of the management of the service during a temporary absence of the manager. One of the senior health care assistants who as previously worked as the assistant manager at the service is available to support the RN during temporary absences.
Standard 1.2.3: Quality And Risk Management Systems The organisation has an established,	FA	The quality and risk management plan was last updated and reviewed in January 2016. Each of the quality goals incorporates processes of effectiveness, safety, responsiveness and accessibility fundamental to health and disability service provision. There are goals and

<p>documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>objectives for all aspects of service delivery.</p> <p>The staff meetings provide a forum for discussing quality and risk issues, as confirmed in the review of meeting minutes and interviews with staff. The staff interviewed demonstrated knowledge of the quality and risk management systems.</p> <p>The organisation implemented a new process for the development of the policies and procedures in January 2016. The policies and procedures are developed by an aged care consultant, and personalised to the organisation. The policies are reviewed on a two-year cycle, or sooner if there are any best practice or legislative changes. The manager receives updates from the aged care consultant as policies are updated. The staff only have access to the most recent version of policies and procedures. The obsolete documents are archived. There is system in place to enable the retrieval of documents as needed. Archiving and destruction of records is conducted in line with legislation.</p> <p>The internal auditing system (including safety inspection and satisfaction surveys) is used to monitor the quality and risk management systems. The internal audit schedule covers all aspects of service delivery. The internal audits sampled record the aim, method, frequency, audit outcomes, frequency, comments and recommendations. If shortfalls are identified, a corrective action/quality improvement plan is commenced. The corrective action plans sighted record the area for improvement, the improvement plan, who is responsible, time frames for implementation and measurable improvement indicators to review if actions implemented have been effective. Feedback from the improvements is shared with staff at the staff meetings.</p> <p>The business plan includes risk analysis and strengths, weakness, opportunities and threats (SWOT) analysis. This records organisational risks, actions implemented and monitoring requirements to reduce/minimise the occurrence or impact of the risk.</p> <p>The hazard register records actual and potential hazards in the care services, cleaning and laundry, external environment and kitchen. The register records the actions implemented to eliminate or minimise the hazards. The register records the severity of the risk and the frequency of monitoring. The staff demonstrated knowledge of the reporting of new hazards and the actions that are implemented to reduce actual and potential hazards.</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</p>	<p>FA</p> <p>The manager understood their obligations in relation to essential notification reporting and knows which regulatory bodies must be notified as identified in policy. This includes obligations to report stage three and above pressure injuries. The manager reports there have been no reportable events, since they have owned the service.</p>

where appropriate their family/whānau of choice in an open manner.		Staff demonstrated knowledge of when to complete an accident/incident form. The monthly collation of adverse events is used to identify any shortfalls and record actions that have been taken to address any issues. There is also a quarterly collation, graphing and analysis of the adverse events. The individual events and the trend data is used to make improvements to service delivery.
<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>All staff and contractors who require a practicing certificates have these verified annually. Current practicing certificates were sighted for all staff who require them.</p> <p>There are policies and procedures on human resources management. The skills and knowledge required for each position within the service is documented in job descriptions which were evident on each personal record sighted. The pre-employment process sighted in the staff files confirmed interview, reference checking and police vetting.</p> <p>An orientation process covers all essential components of the services provided. There are also specific orientation training and competencies for the different roles. Staff members interviewed found the information provided to be informative and supportive. Staff annual performance appraisals were sighted in the staff files reviews.</p> <p>The education plan meets contractual requirements. Education attendance sheets are maintained. The service has links with another aged care service for ongoing education and competency assessment training. The 2016 programme was reviewed and evidenced that education is provided as part of in-service education and access to external providers. The individual records of education are maintained for each staff member and were reviewed. All relevant staff have medication competencies. The manager is trained in the interRAI assessment programme (with one more RN booked for interRAI training when this is next available). Staff interviewed reported that they have sufficient access to education.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>There is a documented allocation of staff to meet the needs of the residents at rest home level of care. The policy meets the contractual requirements for the care staff ratio. The staff interviewed reported that there were adequate staff available and that they were able to complete the work allocated to them. There is an RN on day Monday to Friday (10am to 5pm) and on call after hours. One other RN works up to four shifts a week. There are at least two care staff members on duty at the busiest times of the day. At other times there is at least one care staff member on duty at night, with another staff member on call. The care staff/RN also assist with the cleaning and activities programme.</p>

		In addition to the care staff, there are sufficient numbers of cooking and maintenance staff to meet the needs of the residents and ongoing running of the service. Residents and family member interviewed reported that there is enough staff to provide their relative with adequate care. Observations during the audit confirmed adequate staff cover is provided.
Standard 1.2.9: Consumer Information Management Systems Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.	FA	Personal information is entered in all residents' records reviewed. Records reviewed evidenced entries being documented which are legible with signatures and staff designations included. Electronic records are password protected and have individual staff log ins. All individual records are integrated and evidence multi-disciplinary input. The resident's records are stored in the nurses' station which have locked access. Resident information is not displayed in public view. A system is in place for accessing archived records if and when required. A resident register is maintained by the administrator for easy retrieval and destruction that meets legislative requirements.
Standard 1.3.1: Entry To Services Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.	FA	The entry to the service policy and procedures provide guidelines when admitting a resident. Admission agreements are signed by the residents or by their families. This was discussed in detail with the resident or with the families by the manager. Interviewed residents confirmed they received information prior to admission to the service and had the opportunity to discuss the admission agreement with the manager. An information pack is provided to residents on admission. The admission agreement form in use aligns with the requirements of the aged residential care (ARC) contract.
Standard 1.3.10: Transition, Exit, Discharge, Or Transfer Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.	FA	A standard transfer notification form and process from the district health board is utilised when residents are required to be transferred to the public hospital. The manager and senior caregiver reported that verbal hand overs are conducted for all transfers to other providers. The resident and families are involved for all exit or discharges to and from the service. This was confirmed during interviews with residents and families.
Standard 1.3.12: Medicine Management	PA	The medicine management system is not consistently implemented in order to meet the

<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>required regulations and guidelines. Reviewed medication records evidenced current resident photo identification, allergies and medicine indications. Medicine records are reviewed three monthly. Weekly and six monthly controlled drugs stocktakes are conducted. The controlled drugs register is correct and current. Residents receiving regular pain medications have pain assessments in place.</p> <p>The medicine fridge temperature is monitored and recorded daily.</p> <p>Medicine reconciliation is conducted by the manager when a resident is discharged back to the service. A system is in place when returning expired or unwanted medications to the pharmacy. All medications are stored appropriately.</p> <p>The caregiver administering the lunch time medications complied with the safe medicine administration policies and procedures.</p> <p>All staff administering medications have current medication competencies as evidenced in the staff training records.</p> <p>There are three residents who self-administer inhalers. Processes are in place to ensure that the residents are competent and compliant in relation to medication self-administration policies and procedures.</p> <p>Improvement is required regarding transcribing of medications.</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>Food services policies and procedures include principles of food safety, ordering, storage, cooking, reheating and food handling. A system is in place when receiving and utilising supplies. All meals are prepared and cooked onsite. Staff working in the kitchen have current food handling certificates and use safe food handling practices when preparing meals. A kitchen cleaning schedule is in place.</p> <p>Residents are provided with meals that meet their food, fluids and nutritional needs. Dietary requirement forms are completed by the manager on admission and a copy is provided to the cook. Additional or modified meals are also provided by the service.</p> <p>Fridge and food temperatures are monitored and recorded daily. Cooked meals are plated from the kitchen to the main dining area. The meals are well-presented. The interviewed residents confirmed that they are provided with alternative meals as per request. All residents are weighed monthly and the resident with weight change is provided with food supplement.</p>

<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>There is a policy on declining entry to service and procedures when declining residents' entry to the service. The service records the reasons for declining the resident to service entry as well as the actions taken. Potential residents are either referred to other providers with the appropriate level of care or referred back to the referring agency for appropriate placement and advice.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>The manager admits residents using standardised risk assessment tools on admission. Residents are assessed using the interRAI assessment tools within the required time frames. All residents have current interRAI assessments. The manager is interRAI competent. Trends are generated after completing interRAI assessments and these are addressed in the reviewed resident records.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Long term care plans are resident-focused and personalised. There is evidence that service promotes continuity of care and the documented goals/desired outcomes are specific and realistic. The manager developed the long term care plans and these are implemented by the caregivers. Short term care plans are developed when acute conditions are identified. Residents and families are involved in the development of the long term care plans. Staff are informed regarding changes in the current care plans via the hand overs and staff meetings. Interviewed staff reported that they find the care plans easy to follow.</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>	FA	<p>Long and short term care plans are developed by the manager and are implemented by the caregivers. Documented interventions address the issues identified during the assessment process. Interventions are sufficiently detailed to address the desired goals/outcomes. When external nursing or allied health advice is required, the manager initiates a referral (e.g. mental health nurse, speech language therapist or district nurse). If external medical advice is required, this is conducted by the nurse practitioner (NP). Staff have access to sufficient supplies of continence and wound care products.</p> <p>Monitoring forms (e.g. weight, vital signs, wound) are also in place to ensure that variance are captured in a timely manner.</p>

<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>Activities provided are appropriate to the needs, age and culture of the residents. The activities are physically and mentally stimulating. The service has no current activity coordinator. The caregivers and the manager share the responsibility in taking the residents out for weekly shopping, outings and picnics. Church visits are organised by the families. The weekly activity plans are posted on the bulletin board. Residents have current activity plans which evidenced regular evaluations by the manager and caregivers. A participation log is maintained. Interviewed residents reported satisfaction with activities provided by the service.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Long and short term care plans are evaluated in a timely manner. Evaluations include the resident's degree of achievement towards the desired goals/outcomes. Changes in the long term care plans are initiated when the desired outcomes/goals are not satisfactory. The resolution of the acute conditions is documented in the short term care plans.</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>There are documented policies and procedures in relation to referring residents to other allied health services. There is evidence that manager referred the residents to other allied health services (e.g. mental health, district nurse, speech language therapist). The nurse practitioner refers residents to other specialist services for further investigation. Residents and families are kept informed of the referrals made by the service. Referrals are facilitated by the manager or senior caregiver. Evidence of referrals were sighted in the sampled resident files.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>All chemicals are securely stored in a locked cupboard in the laundry. Chemicals are in their original containers and safety data sheets are available. Staff confirmed that they can access personal protective clothing and equipment at any time. As observed, disposable gloves and gowns are worn when required. There were reusable gowns located in one shower area, though the manager and staff report that they do not uses these and the gowns were preplaced with disposable gowns on the day of audit. Waste management meets legislative requirements.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical</p>	PA Low	<p>The current building warrant of fitness is displayed. A contracted company does a certification of compliance through monthly inspections, maintenance and reporting procedures.</p> <p>Maintenance is undertaken by both internal maintenance and external contractors. Electrical</p>

<p>environment and facilities that are fit for their purpose.</p>		<p>safety test tags show testing last completed in May 2016. The clinical equipment such as the blood pressure monitoring devise are recorded as being verified and inspected in February 2016.</p> <p>Most of the physical environment minimises the risk of falls and promotes safe mobility, there is some generalised wear and tear of flooring surfaces, with a refurbishment plan in place. The facility is currently in the process of renovation and refurbishment. The renovation plan records that a currently exposed timber surface outside a bathroom area is planned to be replaced. There are hand rails and a disability access ramp at the front entrance. If any areas of concern are identified in the environmental audit the issue is placed in the hazard register if it cannot be eliminated. This identifies how the hazard is managed.</p> <p>There are easily accessed secure shaded outdoor areas for residents' use off the lounge area. Residents were sighted moving around safely both indoors and outdoors on the day of audit.</p> <p>Hot water temperatures have not been monitored or recorded.</p> <p>Interviews with residents and family/whānau members confirmed the environment is suitable to meet their needs.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>Residents' shower and toilet areas are centrally located. The doors have privacy signage (in languages appropriate to the resident mix) to ensure residents can attend to their personal hygiene without interruption. There is a designated staff/visitor toilet.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>All bedrooms are of a size which allows enough space for residents to mobilise with or without assistance in a safe manner. Bedrooms are personalised to meet resident's wants and needs and have appropriate areas for residents to place personal belongings. There are currently two rooms that are double occupancy (not occupied by two people at the time of audit) and there is adequate privacy through the use of a dividing curtain if required. The manager implementing a refurbish plan and is currently in the process of converting all rooms to single occupancy. Results from the relative's satisfaction survey and family/whānau members interviewed did not identify any concerns related to personal bed space or privacy.</p>

Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.	FA	Residents are provided with safe, adequate areas to meet their relaxation, activity and dining needs. The dining and lounge areas are separated. The areas are appropriately furnished to meet residents' needs. Residents and families expressed their satisfaction with the homely environment.
Standard 1.4.6: Cleaning And Laundry Services Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.	FA	Most of the laundry is conducted offsite by a contracted company. There are processes in place for the management of the dirty and clean linen bags to preventing cross contamination. The residents have the option of doing their own laundry onsite, in a dedicated resident laundry area. There is also a central laundry where staff assist with the laundering of the residents' personal clothing. This laundry has one door only which is used as an entrance and an exit. As a result, the dirty laundry in buckets needs to go past the cleaned laundry that is on the shelving system. Although this is not ideal, the staff have systems in place to ensure the dirty laundry is in buckets with lids on and is placed in the dirty area once in the laundry to minimise cross infection. There are dedicated storage areas for cleaning chemicals and cleaning equipment. Cleaning activities are undertaken by the care staff. The cleaning duties schedule and roster records that the cleaning schedule is adhered to. Residents and families confirmed satisfaction with the cleaning and laundry. The resident interviewed reported that they want to do their own laundry, as this gives them a meaningful activity and encourages their independence.
Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations.	FA	The approved evacuation scheme is dated 23 July 2002. There have been no changes to the footprint and layout of the building that have required changes to the plan. The monthly compliance inspections record that the facility complies with fire standards and the fire safety and evacuation of building regulations of 2006. The six monthly evacuation drill was last conducted in April 2016. Emergency management policies and procedures implemented at the facility guide staff actions in the event of an emergency. All resident areas have smoke alarms and a sprinkler system to meet building code requirements. Emergency supplies and equipment include food and water. Alternative energy and utility sources are available in the event of the main supplies failing and include emergency lighting

		<p>and a gas BBQ.</p> <p>The call bell system is a wireless one, where the room number comes up on a central panel when the bell is activated. Call bells are accessible in all resident areas.</p> <p>Staff are required to ensure all doors and windows are secured after hours. Common areas of the facility, including the car park have closed circuit cameras which can be monitored by the manager as required. Staff interviewed confirmed they feel safe at all times.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>The facility is kept at a suitable temperature throughout the year by central heating and cooling systems. There are external openings of doors and windows for ventilation. All resident areas sighted have at least one opening window to provide adequate natural light. The residents confirm satisfaction with the environment.</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 responsibilities for infection control is clearly defined in the job description. The manager is the designated infection control coordinator (ICC) and is responsible for collecting infection data. The service utilises the support of an infection control expert for infection prevention and management issues. The ICC attends regular infection control updates and seminars.</p> <p>The infection control programme is reviewed annually. Infection control is part of the audit schedule and is undertaken monthly. Infection prevention and control is discussed regularly in the staff meetings.</p> <p>Residents and families are encouraged not to visit when unwell. There are hand sanitisers in the common areas and there are adequate hand basins for the residents, visitors and staff to use.</p> <p>The infection prevention and control policies and procedures are readily available for the staff in the nurses' station. Staff and residents are encouraged to have the flu vaccine.</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</p>	FA	<p>The ICC is responsible for facilitating infection prevention and control activities in the facility. The ICC is responsible in implementing and evaluating the infection control programme. The manager reported that they contact the nurse practitioner when residents manifested suspected infections. An infection control expert provides advice to the ICC and regular infection prevention and control trainings. The ICC can access all relevant resident</p>

needs of the organisation.		information to undertake surveillance, audits and investigations. Staff complete annual infection control education. Interviewed staff are knowledgeable in breaking the chain of infection and outbreak management.
Standard 3.3: Policies and procedures Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.	FA	There are documented policies and procedures for infection prevention and control in the service. This include infection control programme, responsibilities and oversight, training and education for staff. Policies aligned with the current accepted good practice and relevant legislative requirements. Policies are readily available and procedures are practical, safe and suitable for the type of service provided. Policies and procedures are reviewed annually.
Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.	FA	Infection prevention and control is provided to staff as a component of their ongoing education programme. The ICC is responsible for coordinating education and training to staff. The infection control expert provided training to staff during staff meetings. Infection control education is provided to staff annually. Staff receive education as part of the orientation programme. Interviewed staff demonstrated good knowledge in infection prevention and control measures as well as outbreak management. Residents and families are provided with advice in relation to infection prevention and control activities.
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	PA Low	Surveillance activities are appropriate to the size and setting of the service. Infection rate data are collected monthly. Infection rates are discussed in the staff meetings and recommendations to reduce, manage and prevent the spread of infections are discussed in the staff meetings. Improvement is required in relation to evaluating the infection data. There has been no outbreak since 2015.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of	FA	The service demonstrated that the use of restraint is actively minimised. The restraint coordinator reported that restraint practices are only used when it is clinically indicated and justified as well as when de-escalation strategies have been ineffective. There were no

restraint is actively minimised.	residents using restraints or enablers during the days of the audit. The policies and procedures have definitions of restraints and enablers that aligns with the restraint minimisation and safe practice standards. Interviewed staff demonstrated adequate knowledge about restraints and enable Staff training is in place around restraint minimisation and enablers, falls prevention and management of challenging behaviours.
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.3.12.1 A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.	PA Moderate	The service has a medicine management system that do not consistently meets the required regulations and guidelines. Seven of ten reviewed medication records evidenced staff transcribing medications in the medication signing sheets. These includes controlled drugs, inhalers and other oral medications. Staff administering the lunch time medications followed the medication administration procedures. Medication charts are reviewed three-monthly.	Staff are transcribing medications in the medication signing sheet.	Provide evidence that staff are not transcribing medications in the medication signing sheet. 60 days
Criterion 1.4.2.1 All buildings, plant, and equipment comply with legislation.	PA Low	The service has a template for the monitoring of hot water temperatures, though the process has yet to be implemented. There is no recording of the hot water temperature. A physical inspection of the temperature of the hot water in a resident	The hot water temperatures in resident's	Ensure the hot water temperatures in resident

		bathroom area/sink did not result in scalding. There have been no recorded incidents of residents being scolded. The residents report satisfaction with the water temperature. The hot water monitoring commenced at the time of audit.	areas has not been monitored or recorded.	areas are monitored and maintained at the required temperatures. 180 days
Criterion 3.5.7 Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to relevant personnel and management in a timely manner.	PA Low	The infection control coordinator collates the monthly infection control data. The infection rates are discussed in the monthly staff meetings.	There is no evidence that the infection data are effectively evaluated.	Provide evidence that infection data are evaluated. 180 days

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.