

G&M Wellbeing Limited - Dominion 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: G&M Wellbeing Limited

Premises audited: Dominion Home

Services audited: Dementia care

Dates of audit: Start date: 19 September 2016 End date: 19 September 2016

Proposed changes to current services (if any):

Total beds occupied across all premises included in the audit on the first day of the audit: 19

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
Yellow	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
Red	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

Dominion Home rest home is privately owned and governed by two shareholders. One of the owners is a registered nurse. She is supported by an experienced manager/registered nurse and stable workforce. The service provides dementia level of care for up to 29 residents. On the day of the audit there were 19 residents.

The relatives interviewed spoke highly of the care provided at Dominion Home.

This certification audit was conducted against the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of resident and staff files, observations, and interviews with family, management, staff and the general practitioners.

This certification audit identified no shortfalls.

The service has been awarded a continual improvement rating for interpreter services.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Information about services provided is readily available. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is evident in the entrance and on noticeboards. Policies are implemented to support rights such as privacy, dignity, abuse and neglect, culture, values and beliefs, complaints, advocacy and informed consent. Care planning accommodates individual choices of residents and/or their family/whānau. Family state they are kept well informed on their relative's health status. Residents are encouraged to maintain links with the community as appropriate. Complaints processes are implemented and complaints and concerns are managed appropriately.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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Dominion Home continues to implement a quality and risk management system. Key components of the quality management system include management of complaints, implementation of an internal audit schedule, satisfaction surveys, incidents and accidents, review of infections, review of risk and monitoring of health and safety including hazards. Quality data is fed back to staff. Human resource policies are in place including a documented rationale for determining staffing levels and skill mixes. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care. There is an implemented orientation programme that provides new staff with relevant information for safe work practice. The education programme includes mandatory training requirements. External education is available.

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.		Standards applicable to this service fully attained.
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Registered nurses are responsible for the provision of care and documentation at each stage of service delivery. There is sufficient information gained through the initial support plans, specific assessments, discharge summaries and the care plans to guide staff in the safe delivery of care to residents. The care plans are resident and goal orientated and reviewed every six months or earlier if required. There is input from family as appropriate. Allied health and a team approach is evident in the resident files reviewed. The general practitioner reviews residents three monthly.

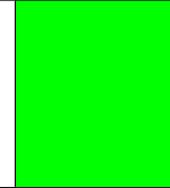
The activities team implement the activity programme to meet the individual needs, preferences and abilities of the residents. Residents are encouraged to maintain community links. There are regular entertainers, outings and celebrations.

Medications are managed appropriately in line with accepted guidelines. The registered nurses and caregivers who administer medications have an annual competency assessment and receive annual education. Medication charts are reviewed three monthly by the general practitioner.

All meals are cooked on site. Residents' food preferences, dislikes and dietary requirements are identified at admission and accommodated. Nutritional snacks are available at all times.

Safe and appropriate environment

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

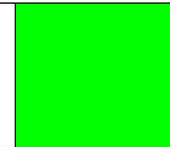


Standards applicable to this service fully attained.

The building has a current warrant of fitness. Maintenance issues are addressed. Chemicals are stored safely throughout the facility. All resident rooms are single occupancy and have hand basins. There are communal showers and toilets. There is sufficient space to allow the movement of residents around the facility using mobility aids. There is a large lounge, dining area and sensory room in the facility. The internal areas are ventilated and heated as needed. The outdoor areas are safe and easily accessible. The maintenance person is providing an appropriate service. There are policies and procedures for civil defence and emergency situations. Civil defence supplies are readily available. The service has an approved fire evacuation scheme and conduct six monthly fire drills. There is a first aider on duty at all times.

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.

There are policies and procedures on safe restraint use and enablers. There were no residents with restraint or enablers. The manager/registered nurse is the restraint officer. Staff receive training around restraint and challenging behaviours.

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 infection control officer is the owner/registered nurse and is responsible for coordinating education and training for staff. The infection control officer has completed annual external training. There is a suite of infection control policies and guidelines to support practice. The infection control officer uses the information obtained through surveillance to determine infection control activities and education needs within the facility.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	45	0	0	0	0	0
Criteria	1	92	0	0	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	Five relatives interviewed confirmed that information has been provided around the code of rights. There is a resident rights policy in place. Discussion with the owner/registered nurse (RN), manager/RN, two caregivers, and one activity coordinator identified they were aware of the code of rights and could describe the key principles of residents' rights when delivering care.
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.	FA	Informed consent processes are discussed with families and when possible residents on admission. The resident or their EPOA signs written consents. Five resident files sampled (including one younger person under 65 years and one respite) demonstrated that advanced directives are signed for separately. There is evidence of discussion with family/EPOA when the GP has completed a clinically indicated not for resuscitation order. Caregivers and registered nurses interviewed confirmed verbal consent is obtained when delivering care. All five resident files sampled had a signed admission agreement signed on or before the day of admission.
Standard 1.1.11: Advocacy And Support	FA	Families are provided with a copy of the Code of Health and Disability Services Consumer Rights and Advocacy pamphlets on entry. Resident advocates are identified during the admission process.

<p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>		<p>Pamphlets on advocacy services are available at the entrance.</p> <p>Interviews with the relatives confirmed their understanding of the availability of advocacy services. Staff receive education and training on the role of advocacy services. Representatives from health and disability advocacy service, Alzheimer's society and age concern are readily available to families.</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>The service has an open visiting policy and family/whānau and friends are encouraged to visit the home and are not restricted to visiting times. All relatives interviewed confirmed that they are able to visit at any time (and have access to the entry code). Visitors were observed attending the home. Relatives verified that residents have been supported and encouraged to remain involved in the community where appropriate. The service has a van and group outings are provided. Residents (where appropriate) attend a three monthly dementia specialist day programme. Community groups visit the home as part of the activities programme.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>The complaints procedure is provided to relatives/EPOAs at entry to the service. A record of written complaints is maintained by the owner/RN using a complaints register. There have been three complaints to date for 2016. All complaints have been managed in line with The Code of Health and Disability Consumers Rights. Review of complaints documentation evidence resolution of the complaint to the satisfaction of the complainant. Family members advised that they are aware of the complaints procedure.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>FA</p>	<p>The service has available information on The Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code) at the main entrance to the facility. The code of rights is also displayed in the resident areas. There is a welcome information folder that includes information about the code of rights. The family or legal representative has the opportunity to discuss this prior to entry and/or at admission with the owner/RN or manager/RN. Relatives confirmed they receive sufficient verbal and written information to be able to make informed choices on matters that affect their relatives.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p>	<p>FA</p>	<p>The service provides physical and personal privacy for residents. During the audit, staff were observed treating residents with respect and ensuring their dignity is maintained. Staff interviewed were able to describe how they maintain resident privacy. Staff attend privacy and dignity and abuse and neglect in-service as part of their education plan provided by health and disability advocacy and</p>

<p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>		<p>age concern representatives. Caregivers and the activity coordinator state they promote independence with daily activities where appropriate. Resident's cultural, social, religious and spiritual beliefs are identified on admission and included in the resident's care plan/activity plan to ensure the resident receives services that are acceptable to the resident/relatives.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	<p>FA</p>	<p>There is a Māori health plan and cultural safety and awareness policy to guide staff in the delivery of culturally safe care. The policy includes references to other Māori providers that are available and interpreter services. The Māori health plan identifies the importance of whānau. Assessments plans for Māori are completed and linked to the long-term care plan for residents who identify as Māori. All staff were able to describe how to access information and provide culturally safe care for Māori.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	<p>FA</p>	<p>The service provides a culturally appropriate service by identifying any cultural needs as part of the assessment and planning process. Care plans are reviewed at least six monthly to ensure the residents individual culture, values and beliefs are being met. Staff recognise and respond to values, beliefs and cultural differences. All families spoke positively/highly about the individual care and support to meet the residents culture, spirituality and ethnicity. Residents are supported to maintain their spiritual needs with regular onsite church services. Pastoral volunteers visit regularly.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>The staff employment process meets best practice in regards to recruitment including reference checks. Professional boundaries are defined in job descriptions and the employment agreement. Staff were observed to be professional within the culture of a family environment. Staff are trained to provide a supportive relationship based on sense of trust, security and self-esteem. Interviews with caregivers could describe how they build a supportive relationship with each resident and their family. Relative interviewed stated their family member is treated fairly and with respect.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>The two owners/directors are committed to providing a service of a high standard, based on the provider statement and philosophy. This was observed during the day with the staff demonstrating a caring and respectful attitude to the residents. The service has implemented policies and procedures that provide a good level of assurance that it is adhering to relevant standards. All staff have access to internal and external education opportunities. Staff have a sound understanding of principles of</p>

		aged care, memory loss and dementia and state that they feel supported by management. Regular facility meetings and shift handovers enhance communication between the teams and provided consistency of care.
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	<p>Management promote an open door policy. Relatives interviewed were aware of the open door policy and confirm staff and management are approachable and available. Relatives have the opportunity to feedback on service delivery through three monthly relative meetings and annual surveys. The family receive monthly newsletters that include for example facility matters, upcoming activities and quality improvements. The families interviewed state they feel involved in the service and their relative's activities such as planting in the newly developed gardens and raised garden boxes.</p> <p>Accident/incident forms reviewed evidenced relatives had been informed of the incident. This was confirmed on interview with families.</p> <p>Residents and family are informed prior to entry of the scope of services and any items they have to pay for that is not covered by the agreement.</p> <p>An interpreter service is available if required. The service has residents of many ethnicities with limited English language. The service has demonstrated staff ability to communicate well with residents.</p>
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>Dominion Home is privately owned by two shareholders and has been since December 2015. One owner/director is a registered nurse and responsible for the daily operations of the facility. The service provides dementia level of care for up to 29 residents. On the day of audit there were 19 residents including one respite care resident and two residents under 65 years of age.</p> <p>The shareholders/owners have employed an experienced manager/RN with previous aged care management overseas and in New Zealand. A marketing manager (non-clinical) was appointed part-time in June 2016 and has a background in nursing, recruitment and real estate.</p> <p>The previous 2015 business plan has been reviewed. The new shareholders/owners have a 2016 business plan (that includes the philosophy of care) and quality goals. Goals include upgrading of the interior and exterior environment, food services and increasing occupancy. Improvements to the interior include repainting and refurbishment of communal areas and bedrooms as they become vacant. The gardens have been landscaped. The staff have received new uniforms.</p> <p>The owner/RN has an annual practicing certificate and has maintained at least eight hours annually of professional development related to managing a rest home. The owner/RN has attended three</p>

		monthly DHB forums, attendance at aged care conference, an update to health and safety legislation and completed on-line cultural competency and dementia course.
<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>	FA	During the temporary absence of the shareholder/owner (RN) the manager/RN provides clinical and management oversight of the facility including the on-call requirement.
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>The service has a quality risk management plan and quality policy in place. The service has in place a range of policies and procedures to support service delivery. Staff are required to sign the reading sheet to acknowledge they have read new/reviewed policies.</p> <p>There are monthly staff meetings that include discussion around quality data including infection control, health and safety, audit outcomes, compliments/concerns/complaints and survey results. Meeting minutes sighted documented discussion around quality data. Caregivers confirmed on interview they were kept informed on quality data including corrective actions and quality initiatives. Management meetings are held regularly.</p> <p>There is a 2016 internal audits schedule. Audits have been completed to date for 2016. Corrective action plans had been completed for any corrective actions required. The manager/RN signs off completed corrective actions and provides a monthly quality report to the owner/shareholders.</p> <p>A relative survey was completed in January 2016. Results and areas for improvement were identified, for example the laundry service was outsourced (June 2016) following a poor survey result and family concerns. Survey results are discussed at the relative meetings. The service has implemented six-week post-admission surveys.</p> <p>The manager/RN is the health and safety officer. The owner/RN and manager/RN have attended a health and safety education session on legislative update to the new regulations, hazard management and notifications. The hazard register was reviewed January 2016. All staff have the opportunity to provide input into health and safety at the monthly staff meetings. Falls prevention strategies are in place that include the analysis of falls and the identification of interventions on a case-by-case basis to minimise future falls.</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>FA</p>	<p>As part of risk management and health and safety framework, there is an accident/incident policy. The service collects incident and accident data monthly and provides reports to the management and staff. Accident/incident data, trends and corrective actions are documented in meeting minutes sighted.</p> <p>Six incident forms were reviewed from August 2016. All incident forms identified timely RN assessment of the resident and corrective actions or recommendations which had been completed and signed off by the manager/RN or owner/RN. Neurological observations had been completed for unwitnessed falls (three falls reviewed, two of which were unwitnessed). The next of kin and been notified for all incidents/accidents and this was documented on the accident/incident form and in the resident progress notes. The relatives interviewed confirmed they are notified promptly of any accident/incidents. The caregivers interviewed could describe the incident reporting process.</p> <p>The owner/RN could describe situations that would require reporting to relevant authorities. There have been no notifiable events to report.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>There are human resources policies to support recruitment practices. The register of RN practising certificates and allied health professionals is current. Five staff files were reviewed (manager/RN, two caregivers, one cook and one diversional therapist). All files contained relevant employment documentation including current performance appraisals for four long serving staff. The manager/RN has not been in the role one year. The orientation programme provides new staff with relevant information for safe work practice. Caregivers interviewed were able to describe the orientation process and believed new staff were adequately orientated to the service.</p> <p>The education plan covers all the mandatory education requirements. External educators provide education sessions. Education sessions and study days are available at the DHB for RNs and caregivers. Staff unable to attend on-site education are required to read the education content and complete a self-directed questionnaire. The owner/RN and manager/RN have completed InterRAI training. Staff complete competencies relevant to their roles including medication competencies. There are 10 caregivers and one diversional therapist (DT) working in the dementia unit. Five caregivers and the DT have completed their dementia unit standards. Another five caregivers have completed their units and are awaiting results. The service contracts an external Careerforce assessor as required.</p>
<p>Standard 1.2.8: Service Provider</p>	<p>FA</p>	<p>The human resources policy determines staffing levels and skill mixes for safe service delivery. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and</p>

<p>Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>		<p>support. The owner/RN and manager/RN are on duty Monday to Friday. Both share the on-call requirement for clinical and non-clinical concerns. There are two caregivers on morning and afternoon shifts (including one caregiver on tea shift from 4.30pm to 6.30pm). There is one caregiver on night shift with one caregiver on sleepover and on duty from 5.30-6.30am. There is a dedicated cleaner on duty seven days.</p> <p>Relatives state there are adequate staff on duty at all times. Staff state they feel supported by the management team who respond quickly to afterhours calls.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>There are resident files appropriate to the service type. Residents entering the service have all relevant initial information recorded within 48 hours of entry into the residents' individual record and resident register. Resident clinical and allied health records are integrated. Information containing personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Resident files are protected from unauthorised access. All entries in the progress notes are legible, dated and signed with the designation.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>The service has admission policies and processes in place. Relatives/EPOA receive an information pack outlining services able to be provided, the admission process and entry to the service. The manager/registered nurse screen all potential residents prior to entry and records all admission enquires. Families interviewed confirmed they received information prior to admission and had the opportunity to discuss the admission agreement with the manager. The admission agreement form in use aligns with the requirements of the ARC contract.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>There are policies in place to ensure the discharge of residents occurs correctly. Residents who require admission to hospital are managed appropriately and relevant information is communicated to the DHB. The facility uses the transfer (yellow) aged care envelope. Relatives are notified if transfers occur.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a</p>	FA	<p>The medication management policies and procedures comply with medication legislation and guidelines. Resident's medicines are stored securely in a locked cupboard. Medication administration practice complies with the medication management policy as observed during a medication round.</p>

<p>safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>There are no residents self-medicating. There are no standing orders.</p> <p>The facility uses an electronic medication system. Medications are checked on arrival and any errors recorded and fed back to the supplying pharmacy. Medication competent RNs and caregivers administer medications. Annual competencies and education is completed. Currently the medication fridge is not in use. Eye drops are dated when opened.</p> <p>Medication administration signing on the electronic medication system corresponds with prescribed medications.</p> <p>Ten medication charts were reviewed. All charts reviewed were legible, up-to-date and reviewed at least three monthly by the GP. There was photo identification on each medication chart and allergy status was recorded. 'As required' medications had a prescribed indication for use.</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>There is a well equipped kitchen and all food is cooked on site. There are two cooks that cover the seven-day week. The afternoon meal is prepared by the cook and the caregivers heat and serve it. There is a food service manual in place to guide staff. A resident nutritional profile is developed for each resident on admission and provided to the kitchen staff. This document is reviewed at least six monthly as part of the care plan review. The cook meets the needs of residents who require special diets. There is good liaison between the cooks and staff on duty. The kitchen staff have completed food safety training. The cooks follow a three-weekly seasonal menu, which is reviewed by a dietitian annually. The temperatures of refrigerators, freezers and cooked foods are monitored and recorded. There is special equipment available for residents if required. All food is stored appropriately. Snacks are available at all times. The cook also leaves a bowl of fruit in the dining room for residents to help themselves.</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>The service states that they would record the reasons for declining service entry to potential residents should this occur and communicate this decision to potential residents/family and the referring agency. Anyone declined entry would be referred back to the referring agency for appropriate placement and advice.</p>
<p>Standard 1.3.4: Assessment Consumers' needs, support</p>	<p>FA</p>	<p>Files sampled indicated that all appropriate personal needs information is gathered during admission in consultation with the families and whenever possible with the residents. Files sampled contained</p>

<p>requirements, and preferences are gathered and recorded in a timely manner.</p>		<p>appropriate assessment tools including behaviour assessments. Assessments were reviewed at least six monthly or when there was a change to a resident's health condition. The InterRAI assessment tool is implemented. InterRAI assessments have been completed for all residents. Care plans sampled were developed on the basis of these assessments.</p>
<p>Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>The long-term care plans reviewed clearly described the support required to meet the resident's goals and needs and identified allied health involvement when required. The behaviour management plans were detailed with clear interventions and strategies for de-escalation. Management of behaviours included environmental considerations, use of the sensory room, reminiscing and walks with the diversional therapist. The InterRAI assessment process informs the development of the resident's care plan. Families interviewed reported that they are involved in the care planning and review process. Short-term care plans are in use for changes in health status. Staff interviewed reported they found the plans easy to follow. The respite file reviewed included current interventions to support the resident.</p>
<p>Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>Registered nurses and caregivers follow the care plan and report progress against the care plan at each shift handover. If external nursing or allied health advice is required, the RNs will initiate a referral (eg, the mental health nurses or speech language therapist). There is close liaison with the mental health team whose community nurses visit frequently. If external medical advice is required this will be actioned by the GP. Staff have access to sufficient wound supplies and continence products.</p> <p>There are currently no wounds being treated. Wound assessment, monitoring and wound management forms are available. There are currently no pressure injuries being treated. The RNs have access to specialist nursing wound care management advice through the district nursing service and the DHB wound specialist.</p> <p>Monitoring forms are in use as applicable, such as weight, observations and behaviour.</p>
<p>Standard 1.3.7: Planned Activities Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age,</p>	<p>FA</p>	<p>There is a diversional therapist who works 30 hours a week. She has been working at the facility for eighteen months. Each resident has an individual activities assessment on admission and an individual activities plan is developed for each resident by the diversional therapist in consultation with the registered nurses. These are evaluated six monthly at the same time as the long-term care plan. Each resident is free to choose whether they wish to participate in the group activities. Participation is monitored. There are a wide variety of activities offered. There is a large print activities timetable on</p>

<p>culture, and the setting of the service.</p>		<p>the residents' noticeboard. On the day of audit a resident were observed participating in a karaoke session with great enthusiasm and going for short walks in the garden and longer walks in the community (accompanied). Residents who prefer to not be involved in group activities have one-on-one visits for chats, hand massage and music.</p> <p>There are two van outings a week. An entertainer visits weekly on a Friday. Special events like birthdays, Easter, Mother's Day and Anzac Day are celebrated. Some residents attend a community dementia group. There is a fortnightly church service on site and church visitors also come in to give Mass.</p> <p>The younger persons enjoy playing cards and watching movies. The diversional therapist takes the younger residents to a monthly art group in the community.</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>The registered nurses evaluate the long-term care plan at least six monthly or earlier if there is a change in health status. The diversional therapist evaluates the activities plan at the same time. There are at least three monthly reviews by the GP. All changes in health status were documented and followed up. Short-term care plans sighted were evaluated and resolved or added to the long-term care plan if the problem is ongoing. Where progress is different from expected, the service responds by initiating changes to the care plan.</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>The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. The RNs initiate referrals to nurse specialists and allied health services. Other specialist referrals are made by the GP. Referrals and options for care were discussed with the family, as evidenced in medical notes. Evidence of referrals was sighted on two files sampled.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste,</p>	<p>FA</p>	<p>There are implemented policies in place to guide staff in waste management. Staff interviewed were aware of practices outlined in relevant policy. Gloves, aprons, and goggles are available and staff were observed wearing personal protective clothing while carrying out their duties. Chemicals sighted were labelled correctly and stored safely throughout the facility. Safety datasheets are available. There is a sluice room of an adequate standard.</p>

infectious or hazardous substances, generated during service delivery.		
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	The building has a current building warrant of fitness. There is a maintenance person employed to address the reactive and planned maintenance programme. All medical and electrical equipment was recently serviced and/or calibrated. Hot water temperatures are monitored and managed within 43-45 degrees Celsius. The facility has sufficient space for residents to mobilise using mobility aids. The grounds are secure and there is a safe walking pathway and gardens. External areas are accessible and there are umbrellas and trees available for shade. Staff stated they had sufficient equipment to safely deliver the cares as outlined in the resident care plans.
<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	All rooms have a hand basin. There are adequate communal showers and toilets. The majority of the showers have a small lip for residents to step over but these have a safety strip highlighting this. There is a flat entry shower as well and this has a shower chair if required. Staff were observed maintaining residents' privacy when undertaking personal cares.
<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	All residents' rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids. Residents are encouraged to personalise their bedrooms.
<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</p>	FA	The communal areas include one large lounge and dining area and one quiet sensory room. There are several smaller seating alcoves where residents can rest. The communal areas are large enough to cater for activities and these were observed taking place.

relaxation, activity, and dining needs.		
<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 is a cleaner employed for fifteen hours a week and caregivers assist as required. They have access to a range of chemicals, cleaning equipment and protective clothing. The standard of the cleaning is monitored through the internal audit programme. Families interviewed were satisfied with the standard of cleaning in the facility. The cleaning trolley is stored in a locked room when not in use. Safety datasheets are available. All laundry is done off site. There are cleaning policies and procedures in place.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>There are 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 including adequate water and food and emergency power are readily available. There is a barbeque and gas bottles for alternative cooking. The fire evacuation scheme was approved by the fire service 9 September 2008. Six monthly fire drills are completed. There is a first aider on duty at all times.</p> <p>Residents' rooms, communal bathrooms and living areas all have call bells which are linked to two main panels within the facility. The front gate has a security keypad. The front door is secure and activated by staff. The building is secure at night.</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>There are heat pumps in communal areas and electric panel heaters in resident rooms. All rooms have external windows that open allowing plenty of natural sunlight and ventilation.</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</p>	FA	<p>The infection control officer is the owner/registered nurse who has been in the role since March 2016. She has a job description. The infection control officer oversees infection control for the facility and is responsible for the collation of infection events. Infection events are collated monthly and reported to the staff meeting. The previous infection control programme has been reviewed and a current infection control programme in place that is linked to the quality system.</p> <p>Visitors are asked not to visit if unwell. Hand sanitisers are appropriately placed throughout the facility.</p>

be appropriate to the size and scope of the service.		Residents and staff are offered the influenza vaccine. There have been no outbreaks.
Standard 3.2: Implementing the infection control programme There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.	FA	The infection control officer has attended external infection control and prevention control education within the DHB and completed on-line MoH infection control course within the last year. The infection control officer has access to GPs, local laboratory, the infection control nurse specialist and public health departments at the local DHB for advice and an external infection control consultant specialist.
Standard 3.3: Policies and procedures Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.	FA	The infection control policies include a comprehensive range of standards and guidelines including defining roles and responsibilities for the prevention of infection, training and education of staff. Infection control procedures developed in respect of the kitchen, laundry and housekeeping incorporate the principles of infection control. The policies are developed by an external consultant and are reviewed regularly.
Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.	FA	The infection control officer is responsible for coordinating/providing education and training to staff. Training on infection control is included in orientation and as part of the annual training schedule. Hand hygiene competencies are completed on orientation and six monthly. Infection control education provided within the last year, includes an overview of the infection control programme and outbreak management. Resident education is expected to occur as part of providing daily cares as appropriate.
Standard 3.5: Surveillance Surveillance for infection is carried	FA	There is a policy describing surveillance methodology for monitoring of infections. The infection control officer collates information obtained through surveillance to determine infection control activities and education needs in the facility. Monthly infection control data and relevant information is

<p>out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>		<p>displayed on the staff noticeboard in the staff office. Definitions of infections are in place appropriate to the complexity of service provided. Infection control data, trends and analysis is discussed at the management and staff meetings. Internal audits including six monthly hand hygiene audits are included in the annual audit schedule. There is close liaison with the GP that advises and provides feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility.</p>
<p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>There are policies and procedures on restraint minimisation and safe practice. Policy includes guidelines and definitions for use of enablers and restraint. On the day of the audit there were no residents with enablers or restraints. The restraint officer is the manager/RN. Restraint and challenging behaviour education is included in the training programme. Staff complete restraint questionnaires.</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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 1.1.9.4 Wherever necessary and reasonably practicable, interpreter services are provided.	CI	The relative survey in January 2016 demonstrated responses around communication with either good or very good. Staff interviewed could describe how they effectively communicated with residents of many ethnicities with limited or no English language.	There were large print posters displayed in the lounge with translations of basic needs (for example meal time, are you hungry, toilet) into seven languages to meet the communication needs of residents of other ethnicities. The seven languages are; Māori, Tongan, Filipino, Dutch, Chinese, Hindi and Cook Islands. There are members on staff including the owner/RN who can speak some of the languages. Other staff interviewed have also learned basic phrases. A smaller lounge has been set up with a Chinese TV channel enjoyed by residents and families. Four of the five relatives interviewed of other ethnicity stated they were very happy with the communication between the staff and their relative.

End of the report.