

Deakoda Holdings Limited - Shalom Aged Care

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: Deakoda Holdings Limited

Premises audited: Shalom Aged Care

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 8 November 2016 End date: 8 November 2016

Proposed changes to current services (if any): The addition of four new resident rooms to replace two shared rooms, and the reconfiguration of two small resident's rooms into one spacious single room.

Total beds occupied across all premises included in the audit on the first day of the audit: 30

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

Shalom Aged Care provides rest home level care for up to 30 residents. On the day of the audit there were 30 residents living at the facility.

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

This audit also included verifying the addition of four new resident rooms (which replace two previously shared rooms) and the reconfiguration of two small resident's rooms into one spacious single room. The rooms were assessed as suitable to provide rest home level care.

The owner is supported by two appropriately qualified and experienced managers, one who is a registered nurse. Residents and family interviewed were complimentary of the service they receive.

This certification audit identified one improvement required around the quality system.

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 to residents and families/whānau. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is available in the information presented to residents and their families during entry to the service. Policies are implemented to support rights such as privacy, dignity, abuse and neglect, culture, values and beliefs, complaints, advocacy and informed consent. Māori values and beliefs are understood and respected. Care planning accommodates individual choices of residents and/or their family/whānau. Informed consent processes are adhered to. Residents are encouraged to maintain links with their community. 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.		Some standards applicable to this service partially attained and of low risk.
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Services are planned, coordinated and are appropriate to the needs of the residents. Two managers, one who is a registered nurse, are responsible for the day-to-day operations of the care facility. Quality and risk management processes are established. Quality goals are documented for the service. A risk management programme is in place, which includes a risk management plan, incident and accident reporting and health and safety processes. Adverse, unplanned and untoward events are documented by staff. The health and safety programme meets current legislative requirements. Human resources are managed in accordance

with good employment practice. An orientation programme is in place for new staff. A staff education and training programme is embedded into practice. Registered nursing cover is available twenty-four hours a day, seven days a week. There are adequate numbers of staff on duty to ensure residents are safe. The residents' files are appropriate to the service type.

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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There is an admission package available prior to or on entry to the service. The registered nurse is responsible for each stage of service provision. A registered nurse assesses and reviews each resident's needs, outcomes and goals at least six-monthly. Care plans demonstrated service integration and included medical notes by the general practitioner and visiting allied health professionals. Medication policies reflect legislative requirements and guidelines. Registered nurses and senior carers responsible for administration of medication complete annual education and medication competencies. The medicine charts on the electronic medication system were reviewed by the general practitioner at least three-monthly. A diversional therapist implements the activity programme for the residents. The programme includes community visitors, outings and activities that meet the individual recreational, physical, intellectual and emotional abilities and preferences for the residents. Residents' food preferences and dietary requirements are identified at admission. All meals and baking are cooked on-site. Food, fluid and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified/dislikes were being met as required.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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There are documented processes for the management of waste and hazardous substances in place and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade. Resident bedrooms are personalised with a mix of ensuite facilities and the use of communal shower/toilet facilities. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services. Systems and supplies are in place for essential, emergency and security services. There is a staff member on duty at all times with a current first aid/CPR certificate.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Restraint minimisation and safe practice policies and procedures are in place to guide staff in the use of an approved enabler and/or restraint. Policy is aimed at using restraint only as a last resort. Staff receive regular education and training on restraint minimisation. No restraint or enabler was in use.

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 manager and infection control assistant are responsible for coordinating education and training for staff. They have both attended external training. There is a suite of infection control policies and guidelines to support practice. Information obtained through surveillance is used 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	44	0	1	0	0	0
Criteria	0	92	0	1	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is available in the information presented to residents and their families during entry to the service. Policy relating to the Code is implemented. One owner, two managers and staff interviewed (three caregivers, two registered nurses (RNs) and one diversional therapist) could describe how the Code is incorporated into their everyday delivery of care. Staff receive training about the Code during their induction to the service, which continues through the staff education and training programme.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>There are established informed consent policies/procedures and advanced directives. General consents are obtained on admission for release of medical information, photographs, outings and indemnity. Specific consents are obtained for specific procedures such as influenza vaccine. All six resident files contained signed consents.</p> <p>Resuscitation status had been signed by the residents and authorized by the GP as competent to make a resuscitation decision. Advance directives identifying the resident's wishes for end of life care, including hospitalisation, form part of the resuscitation form. Copies of enduring power of attorney (EPOA) where available, were in the residents' files.</p>

		<p>An informed consent policy is implemented. Systems are in place to ensure residents and where appropriate, their family/whānau, are provided with appropriate information to make informed choices and informed decisions. The caregivers interviewed demonstrated a good understanding in relation to informed consent and informed consent processes.</p> <p>Family and residents interviewed confirmed they have been made aware of and fully understand informed consent processes and that appropriate information had been provided.</p> <p>All resident's files sampled had signed admission agreements.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>Health and Disability Commissioner (HDC) advocacy brochures are included in the information provided to new residents and their family/whānau during their entry to the service. Residents and family interviewed were aware of the role of advocacy services and their right to access support. The complaints process is linked to advocacy services. Staff receive regular education and training on the role of advocacy services, which begins during their induction to the service.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>The service has an open visiting policy. Residents may have visitors of their choice at any time. The service encourages their residents to maintain their relationships with friends and community groups. Assistance is provided by the care staff to ensure that the residents participate in as much as they can safely and desire to do, evidenced through interviews and observations.</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>	FA	<p>The complaints procedure is provided to residents and families during entry to the service. Access to complaints forms are located at reception. The complaints process is linked to advocacy services.</p> <p>A record of complaints received is maintained by one of the two (joint) managers using a complaint's register. One consumer complaint has been received in 2016 (year-to-date). Documentation evidenced a meeting between the complainant and the manager and a follow-up letter to the complainant demonstrated that this complaint was well-managed.</p> <p>Discussions with residents and families/whānau confirmed they were provided with information on the complaints process and remarked that any concerns or issues they had were addressed promptly.</p>
<p>Standard 1.1.2: Consumer Rights</p>	FA	<p>Details relating to the Code and the Health and Disability Advocacy Service are included in the</p>

<p>During Service Delivery</p> <p>Consumers are informed of their rights.</p>		<p>resident information that is provided to new residents and their families. The staff discuss aspects of the Code with residents and their family on admission. Discussions relating to the Code are also held during the resident/family meetings. All six residents and five family interviewed reported that the residents' rights were being upheld by the service.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	<p>FA</p>	<p>The residents' personal belongings are used to decorate their rooms. Privacy signage is on communal toilet and shower doors. All residents' rooms are single use.</p> <p>The caregivers interviewed reported that they knock on bedroom doors prior to entering rooms, ensure doors are shut when cares are being given and do not hold personal discussions in public areas. They reported that they promote the residents' independence by encouraging them to be as active as possible. Residents and families interviewed and observations during the audit confirmed that the residents' privacy is respected.</p> <p>Guidelines on abuse and neglect are documented in policy. Staff receive education and training on abuse and neglect, which begins during their induction to the service.</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>A Māori health plan is documented for the service. The service is committed to ensuring that the individual interests, customs, beliefs, cultural and ethnic backgrounds of Māori are valued and fostered within the service. The care staff interviewed reported that they value and encourage active participation and input from the family/whānau in the day-to-day care of the residents. There were two residents living at the facility who were Māori. One Māori resident interviewed confirmed that their values and beliefs were upheld by the service. Specific cultural needs are identified on the care plan.</p> <p>Māori consultation is sought internally and externally. A kaumātua is identified. Education on cultural awareness begins during the new employee's induction to the service and continues as a regular in-service topic. The caregivers interviewed provided examples of how they ensure Māori values and beliefs are upheld by the service.</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,</p>	<p>FA</p>	<p>The service identifies the residents' personal needs and desires from the time of admission. This is achieved in collaboration with the resident, whānau/family and/or their representative. The staff demonstrated through interviews and observations that they are committed to ensuring each resident remains a person, even in a state of decline. Beliefs and values are discussed and incorporated into the residents' care plans, evidenced in all six care plans reviewed. Residents and family/whānau interviewed confirmed they were involved in developing the resident's plan of care, which included the</p>

spiritual values, and beliefs.		identification of individual values and beliefs.
Standard 1.1.7: Discrimination Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.	FA	Professional boundaries are discussed with each new employee during their induction to the service. Professional boundaries are also described in job descriptions. Interviews with the care staff confirmed their understanding of professional boundaries including the boundaries of the caregivers' role and responsibilities. Professional boundaries are reconfirmed through education and training sessions, staff meetings and performance management if there is an infringement with the person concerned.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	<p>Good practice was evident. A registered nurse is available either on-site (Monday – Friday) or on call 24 hours a day, 7 days a week. Residents are reviewed by a general practitioner (GP) every three months at a minimum. All resident rooms are of a high standard. There are no longer any shared rooms or small rooms.</p> <p>Resident meetings are held monthly. Families are offered a family meeting after one month of admission and then yearly. Residents and family/whānau interviewed reported that they are either satisfied or very satisfied with the services received. A resident/family satisfaction survey is completed annually and confirmed high levels of satisfaction with the services received.</p> <p>The service receives support from the district health board (DHB) which includes (but is not limited to) specialist visits. Physiotherapy services are available as needed. A van is available for regular outings. A new medicine management system (Medimap) has recently been introduced.</p>
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	<p>The open disclosure policy is based on the principle that residents and their families have a right to know what has happened to them and to be fully informed at all times. The care staff interviewed understood about open disclosure and providing appropriate information and resource material when required.</p> <p>Families interviewed confirmed they are kept informed of the resident's status, including any events adversely affecting the resident. Ten accident/incident forms reviewed reflected documented evidence of families being informed following an adverse event. This information is documented on the accident/incident forms. Progress notes also identify family/whānau being kept informed.</p> <p>An interpreter service is available and accessible if required through the district health board. Families and staff are utilised in the first instance.</p>

<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>All 30 beds at Shalom Aged Care are certified for rest home level of care. On the day of the audit the facility was at full capacity with 30 residents living at the facility and all were under the aged residential care contract. A recent renovation has resulted in the addition of four resident rooms to replace two shared rooms and the reconfiguration of two small resident rooms into one. There is also the addition of a new laundry. These renovations have not impacted on the total number of certified beds available.</p> <p>The facility has a 2016 strategic plan which identifies the purpose, values, scope, direction, goals and specific aims for the calendar year. Services are planned to ensure residents' needs are being met. Goals are regularly reviewed in management meetings. Facility goals are also regularly reviewed during staff meetings.</p> <p>The owner purchased Shalom Aged Care six years ago. He is on-site two days a week and assists with maintenance. He has delegated day-to-day operations to two experienced managers. One manager has been at the facility for eight years and has over twenty years of experience in aged care. She is employed Monday – Friday and holds an administrative role. The second manager is a registered nurse with a current practicing certificate who has over 30 years of aged care experience and has been working at Shalom Aged Care for 8 years. She holds a clinical role and works three–four days per week. Both managers have maintained over eight hours annually of professional development activities related to managing an aged care facility.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>Managerial responsibilities are shared between two (joint) managers. If both managers are away, the owner performs the administrative duties and a staff RN oversees clinical responsibilities.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk</p>	<p>PA Low</p>	<p>A quality and risk management system is being maintained, which is understood and being implemented as confirmed during interviews with the managers. Policies and procedures align with current good practice and meet legislative requirements. Policies have been updated to reflect processes around interRAI and pressure injuries. They are regularly reviewed as per the document review schedule. New policies and updates to existing policies are discussed in staff meetings as</p>

<p>management system that reflects continuous quality improvement principles.</p>		<p>evidenced in the monthly staff meeting minutes.</p> <p>Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control data collection and complaints management. Data is collected for a range of adverse events (e.g., skin tears, bruising, falls, pressure injuries). Missing is evidence of a selection of data being analysed to identify trends. An internal audit programme is being implemented but outcomes are not routinely shared with staff unless improvements are required. Where improvements are identified, corrective actions are documented, implemented, evaluated and signed off by management. Examples of quality initiatives were evidenced. Examples included (but were not limited to): building renovations, colour coding care plans, implementation of the Medimap medication dispensing system and providing one-on-one outings for residents who are uncomfortable in groups. These initiatives are retained in a quality improvement folder.</p> <p>A 2016 risk management plan is in place. Health and safety policies have been reviewed since the new legislation has come into effect. Interviews were conducted with the health and safety officer/manager and health and safety representative/caregiver. Both have attended stage one health and safety training. Staff also receive health and safety training, which begins during their induction to the service. All staff are involved in health and safety, which is a regular topic in the monthly staff meetings. Actual and potential risks are documented on the hazard register, which identifies risk ratings and documents actions to eliminate or minimise the risk. The recent building renovation areas were cordoned off with no reported accidents.</p> <p>Falls management strategies include sensor mats and the development of specific falls management plans to meet the needs of each resident who is at risk of falling.</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>There is an incident reporting policy that includes definitions and outlines responsibilities. Individual reports are completed for each incident/accident with immediate action noted including any follow up action(s) required. Incident/accident data is linked to the facilities quality and risk management programme (link to finding 1.2.3.6). Ten accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. Neurologic observations were conducted for suspected head injuries. An accident/incident form is completed for pressure injuries.</p> <p>The managers are aware of their responsibility to notify relevant authorities in relation to essential notifications. Public health authorities were notified following an infectious outbreak in February 2016.</p>
<p>Standard 1.2.7: Human Resource</p>	<p>FA</p>	<p>Human resources policies are in place, including recruitment, selection, orientation and staff training</p>

<p>Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>and development. Six staff files reviewed (one RN, one cook, four caregivers) included evidence of the recruitment process, signed employment contracts, reference checking and completed orientation programmes. The orientation programme provides new staff with relevant information for safe work practice. Competencies are completed specific to worker type. Staff interviewed stated that they believed new staff were adequately orientated to the service.</p> <p>A register of current practising certificates for all health professionals is maintained.</p> <p>There is an annual education schedule that is being implemented. In addition, opportunistic education is provided. One of three RN's have completed their interRAI training.</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>The staffing policy aligns with contractual requirements. A minimum of one RN is on-site Monday – Friday.</p> <p>One of two managers is an experienced RN who works three-four days a week. She is supported by a second part-time RN. A third RN is available on a casual basis. All three RNs share the on-call roster which provides RN cover 24/7.</p> <p>There are adequate numbers of caregivers available with a minimum of one caregiver available during the night shift. There are separate cleaning and laundry staff. Staffing is flexible to meet the acuity and needs of the residents. Interviews with residents and families confirmed staffing overall was satisfactory.</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>The residents' files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into each resident's individual record. An initial support plan is also developed in this time. Information containing personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Residents' files are protected from unauthorised access by being held in a secure room. Archived records are secure in a separate locked area.</p> <p>Residents' files demonstrate service integration. Entries are legible, dated, timed and signed by the relevant caregiver or RN, including designation.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent,</p>	FA	<p>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for families and residents prior to admission. Six admission agreements reviewed align with all contractual requirements. Exclusions from the service are included</p>

equitable, timely, and respectful manner, when their need for services has been identified.		in the admission agreement.
Standard 1.3.10: Transition, Exit, Discharge, Or Transfer Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.	FA	Planned exits, discharges or transfers are coordinated in collaboration with the resident and family to ensure continuity of care. There are documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families are involved for all exit or discharges to and from the service.
Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	There are policies and procedures in place for safe medicine management that meet legislative requirements. The RNs and caregivers who administer medications complete annual practical and written medication competencies. The RNs also complete syringe driver training. The pharmacist provides annual in-service education on medication administration and medication management. Medications (blister packs) are checked on delivery against the medication chart on the electronic medication system. The blister pack is signed by the RN to verify reconciliation of medications. All medications are stored safely. Standing orders are not used. Four self-medicating residents had a self-medication competency completed and authorised by the GP. The medication fridge is monitored. All eye drops were dated on opening. All twelve medication charts reviewed on the electronic medication system had photo identification and an allergy status. The GP reviews the medication charts at least three-monthly. The administration signing sheets reviewed identified prescribed medications had been administered as prescribed. 'As required' medications had the time, date and effectiveness recorded in the electronic medication system.
Standard 1.3.13: Nutrition, Safe Food, And Fluid Management A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.	FA	All meals are prepared and cooked on-site. The Monday to Friday qualified kitchen supervisor/cook is supported by a weekend cook, relief cooks and a tea cook. All staff have completed food safety training. There is a six-weekly seasonal menu which had been reviewed by a dietitian in December 2015. Meals are served directly from the kitchen to residents in the adjacent dining room. The kitchen supervisor receives dietary profiles for new residents and is informed of any changes to dietary needs. Likes and dislikes are accommodated. Additional or modified foods such as pureed foods, diabetic desserts and vegetarian meals are provided. Residents and family members interviewed were satisfied with the food and confirmed alternative food choices were offered for dislikes. Fridge, freezer and end-cooked temperatures are monitored and recorded daily. Temperatures of

		meat on delivery are recorded. All containers of food stored in the pantry are labelled and dated. The dishwasher is checked regularly by a contracted service. Daily dishwasher temperatures are recorded by the staff. A cleaning schedule is maintained.
<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	There is an admission information policy. The reasons for declining entry would be if the service is unable to provide the care required or there are no beds available. Management communicate directly with the referring agencies and family/whānau as appropriate if entry was declined.
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	The manager/RN or part-time RNs completes an initial assessment on admission including risk assessment tools as appropriate. An interRAI assessment is undertaken within 21 days of admission and six-monthly, or earlier due to health changes for long-term residents under the ARCC. Resident needs and supports are identified through the ongoing assessment process in consultation with the resident and significant others and form the basis of the care plan. The long-term care plans reflect the outcome of the assessments.
<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>Residents' long-term care plans reviewed were resident-focused and individualised. Care plans documented the required supports/needs to reflect the resident's current health status. Relatives interviewed confirmed they were involved in the care planning process. Long-term care plans evidenced resident and/or relative involvement in the development of care plans.</p> <p>Short-term care plans were sighted for short term needs and these were either resolved or transferred to the long-term care plan.</p> <p>There was evidence of allied health care professionals involved in the care of the resident.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and</p>	FA	When a resident's condition alters, the RN initiates a review and if required, GP or nurse specialist consultation. There is evidence that family members were notified of any changes to their relative's health including (but not limited to): accident/incidents, infections, health professional visits and changes in medications. Discussions with families and notifications are documented in the residents' files reviewed.

<p>desired outcomes.</p>		<p>Adequate dressing supplies were sighted. Wound management policies and procedures are in place. A wound assessment, dressing plan and ongoing evaluations were in place for one resident with a wound. There were no pressure injuries on the day of audit. There is access to the district nursing service and DHB wound specialist advice for wound management if required.</p> <p>Continence products are available. The residents' files include a urinary continence assessment, bowel management plan and continence products used. Monitoring occurs for blood pressure, weight, vital signs, blood glucose, pain and challenging behaviours.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>A registered diversional therapist (DT) has been relieving until the new activity coordinator commences employment. The DT will continue to oversee and mentor the new activity coordinator. The activity programme is from 9am to 3pm Monday to Friday.</p> <p>Activities provided meet the physical, intellectual, spiritual and emotional needs and include resident recreational preferences. Activities are meaningful and include (but are not limited to): newspaper reading and discussions, quizzes, walks, reminiscing and bowls. The programme is flexible and activities can be spontaneous. All festivities and birthdays are celebrated. The service has a van and outings are weekly including shopping, cafes and community outings such as flower shows. The DT holds a current first aid certificate.</p> <p>Community links and social interaction are maintained through community groups such as the local churches and local day care centre. Volunteers are involved in the activity programme. There are on-site church services. Residents are supported to attend their own church and other community functions.</p> <p>A resident activity profile is completed on admission. Each resident has an individual activity plan which is reviewed six-monthly as part of the six-monthly multidisciplinary review.</p> <p>The service receives feedback on activities through one-on-one feedback, residents' meetings and surveys.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>All initial care plans reviewed were evaluated by the RNs within three weeks of admission and a long-term care plan developed. Care plans had been evaluated six-monthly for five of six residents. One resident had not been at the service six months. Written evaluations identified if the desired goals had been met or unmet. The GP reviews the residents at least three-monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the progress notes.</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>Referral to other health and disability services is evident in the residents' files sampled. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on residents' files.</p> <p>There are documented policies and procedures in relation to exit, transfer or transition of residents. The residents and the families are kept informed of the referrals made by the service.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>Documented processes for the management of waste and hazardous substances are in place to ensure incidents are reported in a timely manner. Safety data sheets and products charts are readily accessible for staff. Chemical bottles sighted have correct manufacturer labels. Chemicals are pre-mixed. Chemicals are stored in locked areas. Personal protective clothing is available for staff and was observed being worn by staff as they were carrying out their duties on the day of audit. The chemical provider monitors the effectiveness of chemicals.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The building has a current building warrant of fitness that expires 1 June 2017. This warrant of fitness includes the new extension of four new single bedrooms and the reconfiguration of two small bedrooms into one (more spacious) bedroom.</p> <p>The owner has a five-year planned maintenance programme for the facility. There have been environmental improvements including: the new extension of four bedrooms, extension of deck around the facility and upgrading of bedrooms including repainting and replacement of carpets and upgrading of communal bathrooms. Four hot water gas infinity systems were installed in 2016 ensuring hot water temperatures to resident areas are not above 45 degrees Celsius as sighted on the recording charts. There are ongoing refurbishment plans in place including extending the existing laundry. A part-time maintenance person is employed three days a week. A log book is used to request maintenance and repairs. Essential contractors are available 24 hours. Electrical testing is completed annually. Annual calibration and functional checks of medical equipment is completed by an external contractor.</p> <p>There is sufficient space for residents to safely mobilise using mobility aids and a number of communal areas that are easily accessible. There is safe access to outdoor areas, which includes ramps. Seating and shade is provided.</p> <p>The caregivers interviewed stated they have sufficient equipment including mobility aids, wheelchairs</p>

		and pressure injury resources (if required) to safely deliver the cares as outlined in the residents' 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 bedrooms have hand basins. One of the four new bedrooms has a full ensuite. There are eight bedrooms within the facility with hand basin/toilet ensuites. There are five communal shower/toilet bathrooms with privacy locks. Toilet and shower facilities are of an appropriate design to meet the needs of the residents. Residents confirmed staff respect their privacy while attending to their hygiene 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 rooms are single. The service has been reconfigured. Two shared rooms have been replaced and an extension added to create four spacious bedrooms and two small rooms have been converted into one spacious single room. There is adequate room for residents to safely manoeuvre using mobility aids. Residents and families are encouraged to personalise their rooms, as viewed on the day of audit.
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	Communal areas within the facility include two dining areas closely located to the kitchen. There is a main lounge and another smaller lounge for quieter activities or family visits. The quieter lounge has a TV and computer with internet access for residents. All furniture is safe and suitable for the residents. Communal areas are easily accessible to residents.
<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</p>	FA	There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. There is a designated laundry and cleaning person Monday to Friday. The laundry is located centrally with plans to extend the room. There are two doors (entry and exit) with defined clean/dirty area. The cleaning schedule includes room spring cleaning. The service has suitable equipment for carpet cleaning. The cleaner's trolley is stored safely when not in use. Carers complete laundry duties (linen only) and complete basic cleaning duties in the weekends. The

provided.		effectiveness of the cleaning and laundry processes are monitored through internal audits, chemical provider audits, resident meetings and surveys (link to finding 1.2.3.6).
<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>Emergency and disaster policies and procedures and a civil defence plan are documented for the service. Fire drills occur every six months (at a minimum). The approved fire evacuation plan was reviewed by the fire service and required no modifications following the building reconfiguration/extension. Exit doors remain unchanged. The orientation programme and annual education and training programme include fire and security training. Staff interviewed confirmed their understanding of emergency procedures. Required fire equipment was sighted on the day of audit. Fire equipment has been checked within required timeframes.</p> <p>There are adequate supplies available in the event of a civil defence emergency including food, water and blankets. A gas barbeque is available.</p> <p>A call bell system is in place. Call bells have been installed in the newly renovated residents' rooms and one added ensuite. Residents were observed in their rooms with their call bell alarms in close proximity. Call bells are checked regularly by maintenance staff.</p> <p>There is a minimum of one staff available 24 hours a day, 7 days a week with a current first aid/CPR certificate.</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>Residents are provided with adequate natural light, safe ventilation and an environment that is maintained at a safe and comfortable temperature. There rooms in the new extension open out onto the new deck extension. There are also some existing rooms within the facility that open out onto the deck. All bedrooms have adequate natural light.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and</p>	FA	<p>The responsibility for infection control is shared between the infection control manager/RN and the infection control assistant as described in the job descriptions. The infection control team oversee infection control for the facility and are responsible for the collation of infection events. Infection events are collated monthly and reported at the three-monthly infection control committee and health and safety meetings. The previous infection control programme has been reviewed and a current infection control programme is in place that links to the quality system.</p> <p>Visitors are asked not to visit if unwell. Hand sanitisers are appropriately placed throughout the facility.</p>

scope of the service.		Residents and staff are offered the influenza vaccine. There has been one outbreak in February 2016. Relevant authorities were notified. Quality improvements were identified and have been implemented including hand gel on the outings van and use of disinfectant spray in high risk areas. All residents use hand gel prior to meals and snacks and any resident suspected of an infectious illness is isolated immediately.
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The infection control manager/RN and infection control assistant have both attended external infection control and prevention control education within the DHB (2015) and on-site with the DHB infection control nurse specialist (November 2016). The infection control committee includes the infection control manager and assistant and RNs. Laundry and kitchen personnel have attended infection control external training relevant to their role.</p> <p>There is access to GPs, local Laboratory, the infection control nurse specialist and public health departments at the local DHB for advice as required.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>The infection control policies include a comprehensive range of standards and guidelines including defined roles and responsibilities for the prevention of infection and 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 were reviewed in September 2015 and meet current best practice.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The infection control manager/RN 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 during orientation and annually.</p> <p>Resident education is expected to occur as part of providing daily cares as appropriate and includes the use of hand gel at meal times.</p>

<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>There is a policy describing surveillance methodology for monitoring of infections. The infection control manager/RN and assistant collate information obtained through surveillance to determine infection control activities and education needs in the facility. An individual infection register and short-term care plans are completed for all infections. Infection control data and graphs are displayed for staff. Staff are required to read minutes and also education content (if unable to attend training) and sign the staff signing sheet. Infection control data is discussed at both the health and safety and infection control committee meetings and staff meetings. There are monthly and annually comparisons for infections. Trends are identified and preventative measures put in place. Internal audits for infection control 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</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>There are policies around restraints and enablers. No residents were using restraints or enablers. Staff receive training around restraint minimisation and managing challenging behaviours. All care staff interviewed were able to describe the difference between an enabler and a restraint.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.3.6</p> <p>Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.</p>	PA Low	Quality data that is collected, but is not consistently evaluated to identify trends. The internal audit programme is being completed as per the schedule. Staff are not routinely kept informed regarding internal audit results.	A quality improvement programme is being implemented that includes the collection of data and the completion of internal audits as per the internal audit schedule. Data collected (e.g., falls, skin tears, medication errors, etc.) is not routinely evaluated or analysed. Results are not regularly communicated to staff.	<p>Ensure quality data is regularly evaluated to identify trends. Ensure staff are kept informed regarding internal audit results.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.