

# Geraldine Retirement Village 2009 Limited - Geraldine Retirement Village

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## 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:

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| <b>Legal entity:</b>  | Geraldine Retirement Village 2009 Limited                  |
| <b>Premises audited:</b>  | Geraldine Retirement Village                               |
| <b>Services audited:</b>  | Rest home care (excluding dementia care)                   |
| <b>Dates of audit:</b>  | Start date: 24 November 2016    End date: 24 November 2016 |
| <b>Proposed changes to current services (if any):</b>   | None   |
| <b>Total beds occupied across all premises included in the audit on the first day of the audit:</b> | 11   |



# Executive summary of the audit

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## 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   |
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|   | 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  |
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| 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

Geraldine Retirement Village is privately owned and managed. The owner/manager has been in the role for seven years. Geraldine Retirement Village is certified to provide rest home level care for up to 20 residents within a 10 bed rest home and 10 serviced apartments. On the day of audit there were 11 residents. The owner/manager is supported by two part-time registered nurses and care staff. Residents and family interviewed spoke positively about the care and support provided.

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 policies and procedures, the review of residents and staff files, observations and interviews with residents, family, management and staff.

There is an implemented quality and risk management programme.

No shortfalls were identified at this audit.

## Consumer rights

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

## Organisational management

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| 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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Geraldine Retirement Village is implementing a quality and risk management system that supports the provision of clinical care. Quality data is gathered around infection control, internal audits, concerns and complaints and surveys.

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

## Continuum of service delivery

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| 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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The registered nurses take responsibility for managing entry to the service. Comprehensive service information is available. Initial assessments are completed by a registered nurse, including interRAI assessments. The registered nurses complete care plans and evaluations within the required timeframes. Care plans are based on the interRAI outcomes and other assessments. Residents interviewed confirmed they were involved in the care planning and review process. Each resident has access to an individual and group activities programme. The group programme is varied and interesting with a focus on community involvement and maintaining residents' past and present interests. Medicines are stored and managed appropriately in line with legislation and guidelines. General practitioners review residents at least three-monthly or more frequently if needed. Meals are prepared on-site. The menu is varied and appropriate. Individual and special dietary needs are catered for. Residents interviewed were complimentary about the food service.

## Safe and appropriate environment

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| 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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The building has a current warrant of fitness and emergency evacuation plan. All rooms are single, personalised. The environment is warm and comfortable. There is adequate room for residents to move freely about the home using mobility aids. Communal areas are utilised for group and individual activities. The dining and lounge seating placement encourages social interaction. Other outdoor areas are safe and accessible for the rest home residents. There is adequate equipment for the safe delivery of care. All

equipment is well maintained and on a planned schedule. All chemicals are stored safely. The staff maintain a tidy, clean environment.

## Restraint minimisation and safe practice

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| 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 is practiced and overseen by the registered nurse. There are no residents using restraint and one resident with a lap belt enabler.

## Infection prevention and control

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

## Summary of attainment

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

| Attainment Rating | Continuous Improvement (CI) | Fully Attained (FA) | Partially Attained Negligible Risk (PA Negligible) | Partially Attained Low Risk (PA Low) | Partially Attained Moderate Risk (PA Moderate) | Partially Attained High Risk (PA High) | Partially Attained Critical Risk (PA Critical) |
|-------------------|-----------------------------|---------------------|--|--------------------------------------|--|--|--|
| <b>Standards</b>  | 0                           | 45                  | 0  | 0                                    | 0  | 0                                      | 0  |
| <b>Criteria</b>   | 0                           | 93                  | 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) |
|-------------------|--|------------------------------|--|--------------------------------|--|
| <b>Standards</b>  | 0  | 0                            | 0                                      | 0                              | 0                                      |
| <b>Criteria</b>   | 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  |
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| Standard 1.1.1: Consumer Rights During Service Delivery<br>Consumers receive services in accordance with consumer rights legislation.  | FA                | Geraldine Retirement Village has policies and procedures that align with the requirements of the Code of Health and Disability Services Consumer Rights (the Code). Two caregivers, two registered nurses (RN) and the owner/manager were able to describe how they incorporate resident choice into their activities of daily living. The service actively encourages residents to have choices and this includes voluntary participation in daily activities as confirmed on interview with five residents. |
| Standard 1.1.10: Informed Consent<br>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent. | FA                | The service has policies and procedures relating to informed consent and advanced directives. All five files reviewed included signed informed consent forms and advanced directive instructions. Staff are aware of advanced directives. Admission agreements were sighted which were signed by the resident or nominated representative. Discussion with residents and families identified that the service actively involves them in decision making.  |
| Standard 1.1.11: Advocacy And  | FA                | Advocacy information is available to residents in the service entrance. Interviews with residents and   |

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| <p>Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>   |    | <p>family confirmed they were aware of their right to access advocacy.</p> <p>Residents confirm that the service provides opportunities for the family/EPOA to be involved in decisions. The resident files sampled included information on the residents' family. Staff training around Code of Rights and advocacy has been provided.</p>  |
| <p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>                               | FA | <p>Interview with residents confirm relatives and friends can visit at any time and are encouraged to be involved with the service and care. Residents are encouraged, wherever possible, to maintain former activities and interests in the community. They are supported to attend community events, clubs and interest groups in the community.</p>   |
| <p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>   | FA | <p>There is a complaints policy to guide practice which aligns with Right 10 of the Code. The manager leads the investigation of concerns/complaints. Complaints forms are visible and available for relatives/residents. A complaints procedure is provided to residents within the information pack at entry. The complaints file was reviewed. There is an up-to-date complaints register. Three complaints from 2016 were reviewed and all document that appropriate and timely responses have been recorded.</p>  |
| <p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>  | FA | <p>There is a welcome pack provided to residents on entry that includes information on how to make a complaint, Code of Rights pamphlet, advocacy and Health &amp; Disability (HDC) Commission. Relatives and residents are informed of any liability for payment of items not included in the scope of the service. This is included in the service agreement. Residents and two family members interviewed confirmed they received all the relevant information during admission.</p>  |
| <p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and</p> | FA | <p>There are policies in place to guide practice in respect of independence, privacy and respect. Resident preferences are identified during the admission and care planning process with family involvement. Staff were observed to be respectful of residents' personal privacy by knocking on doors prior to entering resident rooms during the audit. Residents interviewed confirmed staff respect their privacy and support residents in making choices as able. Staff have completed education around privacy, dignity and elder protection.</p> <p>Resident files are stored securely. There are clear instructions provided to residents on entry regarding</p> |

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| independence.  |    | responsibilities of personal belongings in their admission agreement.   |
| <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> | FA | There is a Māori health plan and a cultural safety policy that includes a description of how they will achieve the requirements set out in A3.1 (a) to (e). Residents who identify as Māori have this identified in the care plan. Linkages with Māori community groups are available and accessed as required. Staff receive education on cultural awareness.  |
| <p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>           | FA | Care plans sampled included the residents' values, spiritual and cultural beliefs. Discussion with family and residents confirm values and beliefs are considered. Residents are supported to attend church services of their choice.   |
| <p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>   | FA | Job descriptions include responsibilities of the position and are in place for all roles within the service. The RNs and allied health professionals practice within their scope of practice. Management and staff meetings include discussions on professional boundaries and concerns/complaints as they arise. Interviews with the registered nurses and care staff confirmed an awareness of professional boundaries.   |
| <p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>   | FA | There are policies and procedures in place that meet the health and disability safety sector standards. Staff state they are made aware of new/reviewed policies. Staff report the manager and registered nurses are approachable and supportive. Allied health professionals are available to provide input into resident care. Staff complete relevant workplace competencies. Discussions with residents and family were positive about the care they receive. |

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| <p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>   | <p>FA</p> | <p>There is a policy to guide staff on the process around open disclosure. The staff and relatives interviewed confirm family are kept informed. Relatives stated they are notified promptly of any incidents/accidents and the manager and registered nurses are very approachable. Incident reports reviewed evidenced that communication with families is documented. Resident meetings are held. Newsletters from the service ensure that families are updated regarding service changes.</p> <p>There is access to an interpreter service as required.</p>   |
| <p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>   | <p>FA</p> | <p>The Geraldine Retirement Village business is owned by four business partners, with one couple providing day to day management of the service. The business partners purchased the home in 2009. The service employs two registered nurses who both work part-time. Geraldine Retirement Village is certified to provide rest home level care for up to 20 residents within a 10 bed rest home and 10 serviced apartments. There were eleven rest home residents on the day of audit – eight in the rest home and three in the serviced apartments. One rest home resident is on a MOH younger persons with disability contract and two rest home residents are under 65 years on Lifelinks contracts. The remaining eight residents are on the aged related residential care contract. There were no respite residents.</p> <p>The Geraldine Retirement Village owners have a strategic plan in place with specific goals relating to meeting statutory requirements, managing the quality and risk programme, training for staff, providing quality facilities and promoting the Eden Alternative philosophy of care. The quality and risk management plan includes objectives, policies and procedures, implementation, monitoring, quality risk and action plans. Annual reviews of the strategic plan and quality programme have been conducted.</p> <p>The manager has maintained at least eight hours of professional development in the past twelve months.</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>Either of the registered nurses provides cover in the absence of the manager.</p>  |

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| <p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>                         | <p>FA</p> | <p>Geraldine Retirement Village has a quality and risk management programme 2016 which is being implemented. Quality improvement goals have been developed and are reviewed quarterly. A registered nurse is responsible for the quality programme, along with the manager. Quality activities include internal audits, resident and family surveys, collection of infection rates and incident and accident data. Quality data and information collected has been analysed and collated.</p> <p>There are policies and procedures available which have been reviewed. Staff confirmed they are made aware of any new/reviewed policies.</p> <p>Annual review of the 2015 programme has been completed. Progress with the quality and risk management programme is monitored through the combined staff/quality/health and safety/infection control meeting. Staff have access to meeting minutes. Resident meetings are held. Minutes of meetings include actions to achieve compliance where relevant. Discussions with the manager and staff confirm their involvement in the quality programme. There is an implemented internal audit schedule in place for 2016. The resident and relative survey conducted in August 2016 evidences a 93% overall satisfaction rate. Corrective actions are developed where shortfalls in service have been identified.</p> <p>There is a health and safety and risk management system in place including policies to guide practice. There are health and safety representatives. Hazard registers are current and evidence regular reviews and updates. Staff confirm they are kept informed on health and safety matters.</p> <p>Falls prevention strategies are implemented for individual residents and staff receive training to support falls prevention.</p> |
| <p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p> | <p>FA</p> | <p>Accident/incident forms for September, October and November 2016 were sampled. Incident forms reviewed evidenced that appropriate clinical care is provided to residents in a timely manner. Reports reviewed include a description of the incident, immediate care and follow up and any investigations conducted by the registered nurse. Accidents/incidents were recorded in the resident's progress notes and changes made to care plan documentation as needed. There is documented evidence the family had been notified promptly of accidents/incidents.</p> <p>Discussions with the manager confirms an awareness of the requirement to notify relevant authorities in relation to essential notifications. Examples of two section 31 notifications to HealthCERT were provided.</p>   |
| <p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management</p>   | <p>FA</p> | <p>There are human resources policies to support recruitment practices. Five staff files sampled contained all relevant employment documentation for three caregivers and two registered nurses. Current practising certificates were sighted for the registered nurses and both are trained and competent interRAI assessors.</p>  |

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| <p>processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>  |           | <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice. Staff interviewed believed new staff were adequately orientated to the service on employment and staff files reviewed evidenced completed employment documentation. Annual performance appraisals are completed.</p> <p>There is an education planner in place that covers compulsory education requirements. The programme provided is comprehensive and covers compulsory and contractual training requirements. Clinical staff complete competencies relevant to their role including medication competencies.</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>                 | <p>FA</p> | <p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. The owners are on-site at least four days per week. The two registered nurses work part-time and cover Monday to Friday. Both nurses share on-call and are available after hours. There is a minimum of one caregiver on duty at all times plus another staff member on call. The caregivers, residents and family interviewed inform there are sufficient staff on duty at all times.</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>            | <p>FA</p> | <p>The resident files are appropriate to the service type. All relevant initial information is recorded within required timeframes into the resident's individual record. All resident records containing personal information is kept confidential. Entries were legible, dated and signed by the relevant caregiver or registered nurse including designation. Files are integrated.</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> | <p>FA</p> | <p>The service has admission policies and processes in place. Residents receive an information pack outlining services able to be provided, the admission process and entry to the service. The facility/clinical manager screens all potential residents prior to entry. Residents and relatives interviewed confirmed they received information prior to admission and had the opportunity to discuss the admission agreement with the manager and clinical coordinator. The admission agreement form in use aligns with the requirements of the ARRC services agreement.</p>  |
| <p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p>  | <p>FA</p> | <p>There are policies in place to ensure the discharge of residents occurs correctly. Residents who require emergency admissions to hospital are managed appropriately and relevant information is communicated to the DHB. The service ensures appropriate transfer of information occurs. Relatives are notified if</p>  |

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| <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>   |           | <p>transfers occur.</p>  |
| <p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>                      | <p>FA</p> | <p>The medication management policies and procedures comply with medication legislation and guidelines. Medicines are appropriately stored in accordance with relevant guidelines and legislation. Resident's medicines are stored securely. Medication administration practice complies with the medication management policy for the medication round sighted. There was evidence of three-monthly reviews by the GP. Registered nurses and medication competent caregivers administer medicines. All staff that administer medicines are competent and have received medication management training. The facility uses a blister packed medication management system for the packaging of all tablets. The RN on duty reconciles the delivery and documents this. There were no residents self-administering medication on the day of audit. There are no standing orders.</p>  |
| <p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>               | <p>FA</p> | <p>All meals are prepared and cooked at Geraldine Retirement Village. There is a four-weekly seasonal menu which has been reviewed by a dietitian. Dietary needs are known with individual likes and dislikes accommodated. All food preferences are met.</p> <p>Staff were observed assisting residents with their meals and drinks. Supplements are provided to residents with identified weight loss issues. Resident meetings and surveys allow for the opportunity for resident feedback on the meals and food services generally. Residents and family members interviewed were satisfied with the food and confirmed alternative food choices were offered for dislikes.</p> <p>Fridge, freezer and chiller temperatures are taken and recorded daily. End cooked food temperatures and food temperatures prior to the food being served to the residents are recorded. All food services staff have completed food safety and hygiene and chemical safety.</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,</p> | <p>FA</p> | <p>The service has an accepting/declining entry to service policy. The referral agency and potential resident and/or family member would be informed of the reason for declining entry. Reasons for declining entry would be if there are no beds available or the service cannot provide the level of care required.</p>  |

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| where appropriate.   |    |  |
| <p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>                               | FA | <p>Files sampled indicated that all appropriate personal needs information is gathered during admission in consultation with the resident and their relative where appropriate. Files sampled contained appropriate assessment tools that were completed and assessments that 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 based on these assessments. Two of two registered nurses are interRAI trained.</p>  |
| <p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>                       | FA | <p>The long-term care plans reviewed described the support required to meet the resident's goals and needs and identified allied health involvement under a comprehensive range of template headings. The interRAI assessment process informs the development of the resident's care plan. Residents and their family/whānau 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.</p>   |
| <p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p> | FA | <p>Registered nurses (RNs) and caregivers follow the care plan and report progress against the care plan each shift at handover. If external nursing or allied health advice is required, the RNs will initiate a referral (e.g., to the district nurse or wound care specialist nurse). If external medical advice is required, this will be actioned by the GPs. Staff have access to sufficient medical supplies (e.g., dressings). Sufficient continence products are available and resident files include a continence assessment and plan as part of the plan of care. Specialist continence advice is available as needed and this could be described.</p> <p>Wound assessments, treatment and evaluation plans were in place for two residents with wounds (one skin tear and one resident with skin lesions). There were no residents with pressure injuries. All wounds have been reviewed in appropriate timeframes. The RNs have access to specialist nursing wound care management advice through the district nursing service.</p> <p>Interviews with registered nurses and caregivers demonstrated an understanding of the individualised needs of residents. Care plan interventions demonstrate interventions to meet residents' needs. There was evidence of pressure injury prevention interventions such as food and fluid charts, resident involvement in the exercise and activity programme, management of incontinence, regular monitoring of bowels and regular (monthly or more frequently if required) weight management.</p> |

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| <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>The service is demonstrating a commitment to the Eden principles maximising resident independence and making service improvements that reflect the wishes of residents. The activities programme follows the Eden philosophy and is resident-focused. The programme meets the recreational needs of the residents and reflects normal patterns of life.</p> <p>The service employs an activities assistant who works 20 hours per week. The weekend programme is delivered by care staff and volunteers. The activity programme is planned around meaningful everyday activities such as gardening, baking, reminiscing, feeding birds, dusting, tidying drawers and making own beds (if able).</p> <p>There is evidence that the residents have input into review of the programme via the resident survey and this feedback is considered in the development of the resident's activity programme. The activity programme is developed monthly.</p> <p>An activity profile is completed on admission in consultation with the resident/family (as appropriate). The activities documentation in the resident files sampled reflected the specific requirements of each resident. Residents interviewed evidenced that the activity programme had a focus on maintaining independence and reducing boredom.</p> <p>In the files reviewed the recreational plans had been reviewed six-monthly.</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>The registered nurses evaluate all initial care plans within three weeks of admission. Files sampled demonstrated that the long-term care plan was evaluated at least six-monthly or earlier if there is a change in health status. There was at least a three-monthly review by the GP. All changes in health status were documented and followed up. Reassessments have been completed using interRAI LTCF for all residents who have had a significant change in health status. The RN completing the plan signs care plan reviews. Short-term care plans sighted were evaluated and resolved or added to the long-term care plan if the problem is ongoing, as sighted in resident files sampled. 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)</p> <p>Consumer support for access or referral to other health and/or disability service providers is</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 GPs. Referrals and options for care were discussed with the family, as evidenced in medical notes. The staff provided examples of where a resident's condition had changed and the resident was reassessed.</p>  |

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| appropriately facilitated, or provided to meet consumer choice/needs.  |    |   |
| <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 | 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. Infection prevention and control policies state specific tasks and duties for which protective equipment is to be worn. Chemicals sighted were labelled correctly and were all stored safely throughout the facility. Safety data sheets are available.   |
| <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 facility has a current building warrant of fitness which expires on 1 June 2017. The service is meeting the relevant requirements as identified by relevant legislation, standards and codes. Fire extinguisher and hose reels last checked May 2016. The rest home has 10 single rooms and these are divided into two areas. There are 10 serviced apartments. The physical environment allows easy access, movement for the residents and promotes independence for residents with mobility aids. There is a communal dining and lounge area and smaller seating areas for more private conversation. A part-time maintenance person carries out maintenance requests and records corrective actions in the maintenance book. Monthly internal building and external building maintenance schedules are in place. Water temperature monitoring of different rooms is carried out each month (sighted) and complies with regulations. The grounds are tidy, well maintained and able to be accessed safely. There are outdoor ramps with handrails, outdoor seating, shaded areas and raised garden beds. The one resident who smokes has a designated outdoor smoking area. |
| <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</p>                 | FA | There are an adequate number of toilet and showering facilities. Privacy locks are in place. Vacant/in use signage is on the toilet/shower rooms. All residents interviewed confirmed their privacy was maintained while attending to personal hygiene cares.   |

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| assistance with personal hygiene requirements.   |    |   |
| <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 resident's 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 relaxation, activity, and dining needs.</p> | FA | There is a central dining room and lounge for the residents. The dining room is adjacent to the kitchen area. All areas are easily accessible for the residents. The furnishings and seating are appropriate for the resident group. Residents were seen to be moving freely within the communal areas throughout the audit. Residents interviewed report they can move freely around the facility and staff assist them if required.   |
| <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>Care staff complete the cleaning and laundry service. The cleaning trolley is well equipped and all chemical bottles are labelled. Protective wear including plastic aprons, gloves and goggles are available in the laundry. Staff observed on the day of audit were wearing correct protective clothing when carrying out their duties.</p> <p>The laundry has a clean/dirty flow. The chemical provider monitors the effectiveness of laundry processes. Internal audits have been completed for laundry and cleaning. Residents expressed satisfaction with cleaning and laundry services and that the staff take great care of their clothing.</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>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Six-monthly fire evacuation practice documentation was sighted. A contracted service provides checking of all facility equipment including fire equipment. The facility is well prepared for civil emergencies and has civil defence kits (readily accessible) that are checked monthly. There are adequate supplies in the event of a civil defence emergency including food, water, blankets, torches, batteries and radio.</p> <p>There is a barbeque and gas bottles for alternative cooking source. The staff interviewed were able to</p> |

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|  |    | describe the emergency management plan and how to implement this. Fire training and security situations are part of orientation of new staff. A minimum of one person trained in first aid is available at all times. There are call bells in the residents' rooms and lounge/dining room areas. Residents were observed to have their call bells in close proximity.   |
| Standard 1.4.8: Natural Light, Ventilation, And Heating<br><br>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.                      | FA | General living areas and all resident rooms are appropriately heated and ventilated. All rooms have external windows that open allowing plenty of natural sunlight.   |
| Standard 3.1: Infection control management<br><br>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service. | FA | The infection control programme and its content and detail is appropriate for the size, complexity and degree of risk associated with the service. Staff are well informed about infection control practises and reporting. A registered nurse is the infection control coordinator and is responsible for infection control across the facility. The registered nurses are responsible for the development of the infection control programme and its review. The infection control programme is well established. The infection control committee is part of the monthly staff meeting. There is external input as required from general practitioners and Medlab. Annual review of the infection control programme has been completed. |
| Standard 3.2: Implementing the infection control programme<br><br>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.                   | FA | Infection control is managed by the infection control coordinator (registered nurse). The infection control coordinator has maintained current knowledge of infection prevention and control. The infection control coordinator has access to infection control personnel within the district health board, laboratory services and the GP.   |
| Standard 3.3: Policies and procedures<br><br>Documented policies and   | FA | The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes the infection control programme, responsibilities and oversight, training and education of staff. The policies have been reviewed.   |

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| <p>procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p> |           |   |
| <p>Standard 3.4: Education<br/>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>  | <p>FA</p> | <p>The infection control coordinator is responsible for coordinating education and training to staff. Infection control education has been provided in the past year by an external infection control expert. Staff receive education on orientation and as part of the annual education programme.</p> <p>Resident education occurs at resident meetings such as use of sanitisers and hand washing. Hand hygiene posters have been placed in all resident toilet areas.</p>   |
| <p>Standard 3.5: Surveillance<br/>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>Infection surveillance and monitoring is an integral part of the infection control programme and is described in the infection prevention and control policy. Monthly infection data is collected for all infections based on signs and symptoms of infection. An individual resident infection form is completed which includes signs and symptoms of infection, treatment, follow up, review and resolution. Surveillance of all infections are entered on to a monthly facility infection summary and staff are informed. This data is monitored and evaluated monthly and annually. Infection control education has been provided. There have been no outbreaks and infection rates are low.</p> |
| <p>Standard 2.1.1: Restraint minimisation<br/>Services demonstrate that the use of restraint is actively minimised.</p>   | <p>FA</p> | <p>Restraint minimisation is practiced. A registered nurse oversees the restraint process within the facility. There are policies around restraint, enablers and the management of residents who may exhibit behaviours that challenge. The service currently has no residents using restraint and one resident with a lap belt enabler for use in a custom made electric wheelchair. Restraint education has been provided and restraint use is audited and discussed at staff meetings.</p>   |

## Specific results for criterion where corrective actions are required

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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.

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## Specific results for criterion where a continuous improvement has been recorded

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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.

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End of the report.