

Papatoetoe Residential Care Limited

Introduction

This report records the results of a Surveillance 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 The DAA Group 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: Papatoetoe Residential Care Limited

Premises audited: Papatoetoe Residential Care

Services audited: Hospital services - Geriatric services (excl. psychogeriatric)

Dates of audit: Start date: 24 November 2016 End date: 24 November 2016

Proposed changes to current services (if any): The service wishes to reconfigure certified services by the introduction of a new service (rest home level care), introducing five dual purpose beds, with no increase in total bed numbers which will remain at 30.

Total beds occupied across all premises included in the audit on the first day of the audit: 25

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

General overview of the audit

Papatoetoe Residential Care is privately owned and operated. Currently it provides services for up to 30 residents requiring hospital level care.

This was an unannounced spot surveillance audit against the Health and Disability Services Standards and the service's contract with the District Health Board. This surveillance audit also includes information to establish the provider's preparedness for the reconfiguration of certified services to include five rest home level care beds. The total number of beds will not change but the service would like to have five beds they can use for dual purpose, that is, either hospital or rest home level care.

The audit process included the review of policies, procedures, staff files, observations, and interviews with residents, family/whanau, staff and the facility manager.

One area identified for improvement in the previous certification audit has been fully addressed by the service. One new area requiring improvement was identified related to toilet areas not meeting infection control cleaning standards.

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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Open communication between staff and families is promoted and confirmed to be effective. There is access to formal interpreting services if required.

The facility manager is responsible for the management of complaints and a complaints log is maintained. All complaints have been managed at facility level since the previous audit.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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The organisation's purpose, values, scope, direction and goals are identified in the business planning documents sighted. The business plan is reviewed annually. Documentation identifies the proposed change of service to allow five beds to become dual purpose to allow either rest home or hospital level care resident use. As the facility currently caters for all hospital level care residents and the bed numbers will not be changing, the facility manager confirmed that no specific changes are required. The change is being sought owing to several hospital care residents having partners who are rest home level care and they would like to be in the same facility.

Quality data covers all key components of service delivery and is collected, reported and analysed monthly. Results are shared at all levels of the organisation and corrective action planning is put in place as required to make improvement where areas of concern or deficits are found. This allows effective, timely service delivery.

The quality management systems include an internal audit process, complaints management, incident/accident reporting, annual resident surveys, restraint monitoring, and infection control data collection. Quality and risk management activities and results are shared among management, staff, residents and family/whānau, as appropriate.


Policies and procedures covering the necessary areas, are current and reviewed regularly.

The facility manager, who is a registered nurse, oversees all aspects of service delivery. The owner/director is available at all times and visits the facility at least bi-weekly. The facility manager is supported by the office manager, a clinical nurse leader and a team of registered nurses. The day to day operation of the facility is undertaken by staff who are appropriately experienced and qualified.

The human resources management policy, based on current good practice, guides the nurse manager for recruitment and appointment of staff. An orientation and staff training programme ensures staff are competent to undertake their role. An annual training plan and a record of ongoing training is in place.

Staffing levels and skill mix meet contractual requirements and the needs of the residents. No change to current staffing levels is required for the proposed change in bed status.

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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The processes for planning, provision of care, evaluation and review of care and exit from service are provided within time frames that safely meet the needs of the resident and contractual requirements.

The service is coordinated in a manner that promotes continuity of service delivery and promotes a team approach to care. The care plans describe the needs and interventions required. Where progress is different than expected, the service responds by initiating changes to the care plan, with the use of short term care plans.

The activities programme for the hospital is planned and displayed and provides activities to develop and maintain skills and interests that are meaningful to the resident.

There are processes in place for a safe medicine management system. Staff responsible for medicine management have been assessed as competent to perform this function for each stage they manage.

The residents reported satisfaction with the meal service.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Some standards applicable to this service partially attained and of low risk.
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The service has a documented emergency response process which does not require any updating as a result of the proposed changes, as the bed location and numbers will not change.

There is adequate toilet, bathing, lounge, dining, and activity areas to cater for all residents.

The service can demonstrate there are processes in place to ensure residents, staff and visitors are protected from harm as a result of exposure to waste or infectious substances generated during service delivery.

The facility has a current building warrant of fitness and there are no proposed changes to the building footprint. Plant and equipment checks have been undertaken to meet the requirements of the standard.


There are three double bedrooms where residents share a room if they agree to do so. The bedrooms have curtains for privacy. The remaining 27 bedrooms are single occupancy.

The call bell system is of a standard that ensures it can be used by residents or staff if they require assistance.

Heating is appropriate to maintain the facility at a comfortable temperature all year with the opening of windows and doors allow natural light and ventilation.

The outdoor area is easily accessible from all exit doors and provides appropriate seating and sheltered areas.

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 reflect current good practice and meet legislative and Health and Disability Service Standard requirements. Enablers are described as voluntary. Staff education related to restraint minimisation occurs during orientation and is included in the annual education programme reviewed. At the time of this audit there are no restraints or enablers in use.

Infection prevention and control

<p>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.</p>		<p>Standards applicable to this service fully attained.</p>
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Surveillance for infections is undertaken monthly. Results of surveillance is analysed to assist in achieving infection reduction. The infection surveillance results are appropriately reported to staff and management in a timely manner.

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	23	0	1	0	0	0
Criteria	0	55	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 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>Papatoetoe Residential Care implements policies and procedures to ensure complaints processes reflect a fair complaints system. During interview residents, family/whānau and staff reported their understanding of the complaints process. Staff confirmed they document verbalised complaints so all issues are accurately reflected and followed up by the facility manager.</p> <p>All complaints are investigated by the facility manager and documentation is contained in a register which identifies the nature of the complaint, the dates received and the actions taken to address the complaint. Documented complaints information is used to improve services as appropriate. Complaints information is shared at staff meetings and with the owner/director. This is confirmed in meeting minutes sighted and during staff and management interviews. There were no open complaints at the time of audit.</p> <p>Complaints forms are available to residents and visitors.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an</p>	FA	<p>Staff and management confirmed the residents' rights to full and frank information. The service implements the open disclosure policy. Family/whanau contact is documented in resident files and confirmed during interview. Family/whanau stated they were kept well informed about any changes to their relative's health status, and were advised in a timely manner about any incidents or accidents. This was supported in residents' records reviewed. There was also evidence of resident/family input into the care planning</p>

<p>environment conducive to effective communication.</p>		<p>process.</p> <p>At the time of audit there are six residents with English as a second language. The service had processes in place to ensure the residents are able to communicate their needs and understand what staff are asking. Three of the six residents speak and fully comprehend English and family/whanau are always available to assist with all residents' communication if required. The facility manager stated that interpreter services would be accessed when appropriate but that there has not been a need to use the interpreter service owing to staff being available to assist as required. Staff are hired to meet residents' ethnicity needs. Staff are aware of the process to follow to access interpreter services.</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>Papatoetoe Residential Care is privately owned. The owner/director visits the facility for at least two days per fortnight and actively undertakes non-clinical processes such as financial matters. The business plan is fully reviewed annually and monitored quarterly to measure progress towards meeting set goals. There is a vision, mission statement, objectives and anticipated outcomes clearly documented which guide the service provision to ensure planned, coordinated service delivery to meet the needs of the residents.</p> <p>On the day of audit, the service had 25 hospital level care residents.</p> <p>There is a facility manager in place who is experienced in aged care. The facility manager is supported by the office manager, a clinical nurse leader and a team of registered nurses. Both the facility manager and the clinical nurse leader hold current annual nursing practising certificates and they undertake appropriate ongoing education related to the roles they perform.</p> <p>Accountability and responsibilities are clearly described in the job descriptions sighted.</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>The facility manager confirms that progressive staff planning occurs to ensure the day to day operation of the service is managed effectively and efficiently when senior staff are on leave. When the facility manager is away the role is undertaken by the clinical nurse leader with support from the office manager for non-clinical aspects of the role. A senior registered nurse then performs the role of the clinical nurse leader. During interviews the staff involved stated this process works very well.</p> <p>Resident and family/whanau confirmed that there is no noticeable disruption to services when the facility manager is away and that services are delivered in a professional manner at all times.</p>
<p>Standard 1.2.3: Quality And</p>	<p>FA</p>	<p>The service has a quality and risk management system which is understood and implemented by service providers. This includes the development and update of policies and procedures, regular internal audits,</p>

<p>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>incident and accident reporting, health and safety reporting, infection control data collection and complaints management. If an issue or deficit is found a corrective action is put in place to address the situation. Information is shared with all staff as confirmed in meeting minutes sighted and verified by staff interviewed. All reporting is linked to management processes via a monthly score card system which is analysed by the owner/director and facility manager. This information is used to inform ongoing planning of services to ensure resident needs are met.</p> <p>The policies and procedures sighted are up to date and reflect current legislative and good practice standards.</p> <p>Quality data is trended against previously collected data monthly and benchmarked against other like facility quarterly. This information is linked to the quality and risk management system in place. Day to day analysis of data is monitored by the facility manager and corrective actions are implemented as required.</p> <p>The quarterly quality reviews measure the success of actions implemented. Examples sighted include in-depth analysis of an increase in falls in October 2016 resulted from one resident having several falls. The corrective actions taken are clearly documented. In the resident satisfaction survey one resident identified that the menu was poorly advertised. This has resulted in menus being printed in large font and are now located on each dining table. During interview this was a quality improvement mentioned by several residents.</p> <p>The area for follow up from the previous audit related to the documentation of corrective actions is now fully embedded into everyday service.</p> <p>Staff, resident and family/whānau interviews confirmed any concerns they have were addressed by management. Staff verbalised examples of quality improvements made such as having adequate equipment to manage residents safely with specific education being put in place for the use of hoists.</p> <p>Actual and potential risks are identified using the quality and risk planning processes. Newly found hazards are discussed, monitored and managed via the health and safety processes in place. The facility manager oversees this process. Staff confirmed that they understood and implemented documented hazard identification processes. The hazard register sighted was up to date.</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</p>	<p>FA</p>	<p>Adverse event reporting, as identified in policy, is implemented by the service. The facility manager confirmed their awareness of the organisation's requirement related to statutory and or/regulatory reporting obligations including the need to report pressure injuries under section 31 of the Health and Disability Services (Safety) Act 2001. Reporting forms are included in policy guidelines.</p> <p>Staff interviewed stated they report and record all incidents and accidents and that this information along with any corrective actions is shared at staff meetings as confirmed in minutes sighted.</p>

<p>affected consumers and where appropriate their family/whānau of choice in an open manner.</p>		<p>Documentation in residents' files which include incident and accident forms identified that all issues reported had corrective actions put in place when required. The owner/director is notified immediately of any serious adverse event. Family/whānau notification is clearly shown in documentation and confirmed during family/whānau interviews.</p> <p>Management reported during interview that information gathered from incident and accidents is used as an opportunity to improve services where indicated. One documented example relates to the fall project undertaken in 2016 which shows the purchase and correct use of equipment such as sensor mats and education related to correct positioning of residents. This project is ongoing with a full analysis yet to be undertaken.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>Human resources management processes are conducted in accordance with good employment practices and meet legislative requirements. The service appoints appropriate service providers to meet the needs of the residents. The facility manager stated that the service tries to ensure the staff employed reflect the cultural mix of residents. Processes are clearly identified in the policies and procedures sighted.</p> <p>Staff file reviews show that all roles have job descriptions that describe staff responsibilities and accountabilities. Staff complete an orientation programme with specific competencies for their roles and covers all essential components of services provided. The orientation/induction process is completed for all new staff and documented in a workbook. Documentation in the staff files reviewed confirmed some competencies, such as medication management and fire and emergency management are reviewed annually.</p> <p>Staff that require professional qualifications have them validated as part of the employment process and on an ongoing annual basis. Employment processes included reference checking, police checks and annual staff appraisals. All appraisals were up to date for the staff files reviewed. Two RNs hold current interRAI competencies.</p> <p>The education calendar sighted for 2016 identifies that staff undertake training and education related to the roles they undertake. Topics covered in annual training and education relate to age care and health care services. Members of the management team also attend workshops and seminars specific to management related topics. Education occurs both on and off site.</p> <p>Resident and family/whānau members interviewed, identified that the service meets residents' needs.</p>
<p>Standard 1.2.8: Service Provider Availability</p>	<p>FA</p>	<p>There is a documented process in policy which determines service staffing levels and skill mix. The facility manager confirms the rostered numbers of staff change according to resident acuity and the number of beds occupied. Staff numbers sighted on four weeks of rosters show that core staffing is maintained to</p>

<p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>		<p>meet residents' needs and to comply with contractual requirements. No changes are required to the staffing levels for the proposed change to dual beds as the number of residents will not change.</p> <p>Rosters identify that staff were replaced for sickness and annual leave. This was confirmed during interview with staff and management. Staff reported they had adequate time to complete all required tasks to meet residents' needs. There is at least one registered nurse on all shifts.</p> <p>Resident and family/whānau members interviewed stated all their needs have been met in a timely manner.</p> <p>The service has dedicated cleaning and kitchen staff seven days a week. The activities coordinator works five days a week. The office manager works Monday to Friday. The maintenance person works one or two days per week depending on demand. The facility manager and the clinical nurse leader work Monday to Friday and are on call as required.</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 service has implemented a 'cloud' based medicine management system. The medicines are supplied by the pharmacy in a pre-packed administration system. The pre-packed medicines and the signing sheets are compared against the prescription when delivered from the contracted pharmacy. The GP conducts a medicine reconciliation on admission to the service and when the resident has had any changes made by other specialists. Safe medicine administration was observed at the time of the audit.</p> <p>The medicines and medication trolley are securely stored. The controlled drugs are managed to meet legislative and aged care guidelines however, there are currently no controlled drugs on site.</p> <p>The medicine charts reviewed have prescriptions that complied with legislation and aged care best practice guidelines.</p> <p>Medication competencies for the eleven staff who assist with medicine management were sighted. Registered nurses, eight in total are responsible on all shifts for the administration of medications. Three senior care staff have completed competencies to be able to check medications if needed.</p> <p>There are no residents who self-administer their medications. The service has a policy and procedures for self-administration if a resident is assessed by the GP as being competent to administer their own medicines and this would be implemented.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p>	<p>FA</p>	<p>The menu was reviewed June 2015 by a dietitian as suitable for the older person living in long term care. The consulting dietitian reports satisfaction with the food and fluids and reports that a number of residents they are involved with are putting on weight as desired.</p>

<p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>		<p>The service has a four week rotational menu with seasonal variations. The kitchen service is led by an experienced cook and kitchen hands. The cook receives a nutritional profile for each resident on admission, with any additional or specific dietary requirements recorded and these needs are met. The cook sees each resident personally and any feedback is considered when needed. Special equipment and utensils are provided as needed.</p> <p>The facility manager orders the food supplies weekly and as needed. All fridges and freezers temperatures are undertaken daily and meet requirements. Food temperatures are also monitored. All food is stored appropriately and expiry dates are noted. Evidence of staff having completed safe food handling certificates and ongoing education was validated in the staff personal records and certificates are displayed in the kitchen.</p> <p>The residents and family/whanau interviewed reported satisfaction with the meals and fluids provided.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>The residents and family/whanau reported that the staff have excellent knowledge and care skills. The GP expressed satisfaction with the care provided. The provision of services and interventions is clearly documented for the residents who are all receiving hospital level care. The care plans are individualised and personalised to meet the specific assessed needs of each resident and evidenced a resident centred approach to care. The care was flexible and focused on promoting quality of life for the residents. Residents and family/whanau reported high satisfaction with the care and service delivery.</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>There are planned and spontaneous activities provided for residents. The service has a number of pets. The activities coordinator has developed and implemented the activities plan which is displayed on the wall in the main lounge. There were activities in place with a visiting school in the morning and craft sessions in the afternoon. The service has links with the community and other service providers, churches and local schools and pre-schools. Activities are provided that are meaningful to the residents.</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>Evaluations are planned to be conducted at least six monthly. There is evidence that the care is evaluated when there has been a change in the resident's condition. The short term care plans have interventions that are evaluated more frequently. The wound treatment plans reviewed have an evaluation of the treatment and condition of the wound at each dressing change. InterRAI assessment are completed six monthly and a schedule is available for the registered nurses to follow.</p>

		<p>Where progress is different from expected, the service responds by initiating changes to the care plan or by the use of short term care plans for temporary changes.</p> <p>The residents and family/whanau reported high satisfaction with the care provided at this 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>The organisation's waste management policy covers hazardous, controlled and non-hazardous waste management procedures. In order to protect staff, residents and visitors from harm as a result of exposure to waste products, the service implements correct handling of waste procedures which are regularly audited and reviewed. Non-compliance issues are addressed via the corrective action process. There are no specific territorial requirements for the management of waste.</p> <p>Chemicals are stored securely. Personal protective equipment/clothing (PPE) sighted included disposable gloves, aprons and goggles. Staff interviewed confirmed they can access PPE at any time. One staff member stated they had an issue with glove sizes. This was discussed with management and the glove order clearly showed all size gloves were part of a standing order. Management were not aware of the staff members issue related to glove size.</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>Documentation sighted identified that all processes were undertaken as required to maintain the building warrant of fitness. The current warrant of fitness expires in March 2017.</p> <p>Maintenance is undertaken by both internal maintenance and external contractors as required. Electrical safety testing occurs annually and was completed in March 2016 by a registered electrician. Clinical equipment is tested and calibrated by an approved provider at least annually or when required. This is identified on an equipment inventory which is monitored by the facility manager to ensure it is kept up to date.</p> <p>The physical environment minimises the risk of harm and safe mobility by ensuring the flooring is in good condition, bathroom floors are non-slip, the correct use of mobility aids, walking areas are not cluttered and there is clear signage for bathroom areas. The service actively works to maintain a safe environment for staff, visitors and residents by undertaking regular environmental audits.</p> <p>The service identifies planned annual maintenance in their business plan and are undertaking a systematic upgrade of bedrooms when residents leave. One bedroom (room 2), which is not occupied, was noted to be in a poor state of repair with the heater, over table and wardrobe requiring repair. The facility manager stated this room is the next to be upgraded.</p> <p>There are easily accessed, shaded outdoor areas for residents and a covered deck. There are four ramp access areas with secure handrails to assist resident safety.</p>

		Interviews with residents and family/whānau members confirmed the environment was suitable to meet their needs.
<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>	PA Low	There are adequate centrally located toilet/shower facilities for residents with separate staff and visitor facilities. Three toilet areas require upgrading to ensure infection control cleaning standards are met. Hot water temperatures are monitored and documentation sighted shows they remain below the required safe temperature of 45o Celsius.
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>All bedrooms are of a size which allows enough space for residents to mobilise with or without assistance in a safe manner. They are personalised to meet resident's wants and needs and have appropriate areas for residents to place personal belongings. There are three bedrooms which are used for two residents. The bedrooms have dividing curtains to maintain visual privacy. There is a process to ensure residents and family/whanau consent to sharing a room. On the day of audit all bedrooms are single occupancy.</p> <p>Resident and family/whānau members interviewed confirmed they were happy with their bedrooms and stated that privacy is never an issue.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>Residents are provided with safe, adequate areas to meet their relaxation, activity and dining needs. Dining and lounge areas are separated. The areas are appropriately furnished to meet residents' needs. Some residents choose not to eat in the dining room and their choices are respected by the service. They have their meals in the lounge area or in their bedrooms. Residents and family/whānau voiced their satisfaction with the environment. Activities are undertaken in both the lounge and dining areas.</p> <p>The facility manager stated that the service may have two meal sittings if that is what the proposed rest home residents wish.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p>	FA	The service has documented procedures in place for cleaning tasks. Chemicals are securely stored and appropriately labelled. Dedicated cleaning staff maintain the documented daily cleaning schedule. The

<p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>		<p>cleaners trolley has some rust but documentation identifies this is on the replacement list.</p> <p>It was noted that around the taps in the hand basins better cleaning could be done. The facility manager stated she is aware of this and it is being addressed by employing an additional cleaning to assist with a full spring clean. However, during interview, residents and family/whānau confirmed they are happy with the cleanliness of the facility and with the laundry services provided. All laundry is undertaken off site by a contracted commercial company.</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>	<p>FA</p>	<p>Emergency management policies and procedures implemented guide staff actions in the event of an emergency. The emergency plans take into account emergency systems such as fire protection equipment, emergency lighting, and communication. Fire equipment is checked annually by an approved provider.</p> <p>Emergency supplies and equipment include food and water. The emergency evacuation plan and general principles of evacuation are clearly documented in the fire service approved fire evacuation plan dated 15 September 2003. This was reviewed by the Fire Service in April 2015 with no changes being required. There have been no changes made to the facility footprint since this time. No changes are required for a change of bed status as the bed numbers and configuration will remain unchanged</p> <p>Alternative energy and utility sources are available in the event of the main supplies failing and include emergency lighting and a gas BBQ that can be used for cooking.</p> <p>Emergency education and training for staff includes six monthly trial evacuations. A corrective action required following the August 2016 trial evacuation has been made and all documented has been amended to improve the process.</p> <p>Call bells are located in all resident areas. Resident and family/whānau interviews confirmed call bells were answered in an acceptable timeframe.</p> <p>There is a 'working at night' guide which shows the set security processes to be undertaken by staff, including the locking of exterior doors and windows. The main doors are on an electronic lock which automatically locks the main exterior door at dusk. Staff and residents interviewed confirmed they feel safe at all times.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe</p>	<p>FA</p>	<p>All resident areas have at least one opening window which provides adequate natural light and ventilation. The heating systems in place ensure the environment is maintained at a comfortable temperature throughout the year. This is confirmed during resident and family/whānau interviews.</p>

ventilation, and an environment that is maintained at a safe and comfortable temperature.		
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>The service conducts monthly surveillance for infections. The service uses standardised definitions of infections that are appropriate to this long term care setting. The surveillance data is analysed, reviewed, trended and externally benchmarked. When any trends are identified, these are discussed at the staff meeting, where additional actions are discussed and implemented.</p> <p>Recent trend analysis recorded an increase in urine infections. The analysis records the reason for the increase and the actions implemented to reduce the reoccurrence. The clinical leader is the infection prevention and control coordinator and provides a written summary monthly. The programme is appropriate for the size and nature of this aged residential care setting.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Restraint is minimised at Papatoetoe Private Hospital. At the time of the audit the restraint register identified that there are no restraints or enablers in use.</p> <p>Policy identifies that an enabler is a voluntary and the least restrictive option to keep the resident safe. All documentation completed complies with policy and legislative requirements.</p> <p>Staff interviewed are aware of the difference between an enabler and a restraint and what actions need to be taken related for the use of both. Restraint and behavioural management is included in staff orientation/induction processes. Ongoing education is identified on the staff education programme sighted.</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 1.4.3.1</p> <p>There are adequate numbers of accessible toilets/showers/bathing facilities conveniently located and in close proximity to each service area to meet the needs of consumers. This excludes any toilets/showers/bathing facilities designated for service providers or visitor use.</p>	PA Low	There are adequate numbers of toilet and bathing facilities located in each wing of the facility. There are dedicated visitor and staff toilets. Three bathrooms do not meet the required standard for ensuring infection control cleaning standards can be met.	As observed three bathrooms have chipped paint, and rust showing on equipment such as the handrail in the Camelia wing toilet.	<p>Provide evidence that all bathroom areas and equipment meet infection control requirements.</p> <p>180 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.