

Care Alliance 2016 Limited - Waimarie Private Hospital

Introduction

This report records the results of a Provisional 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:	Care Alliance 2016 Limited
Premises audited:	Waimarie Private Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric)
Dates of audit:	Start date: 5 January 2017 End date: 6 January 2017
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	23

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.

General overview of the audit

Care Alliance Waimarie is owned and operated as a private limited company. The hospital provides rest home and hospital care to a maximum of 52 residents. There are two rooms which are sometimes used for rest home services, where there is a spouse requiring care. On the days of the audit there were three residents on the interim care scheme (ICS), four rest home level care residents under the chronic long term care contract and 16 hospital residents. The service providers are able to provide the necessary care for these residents.

The nurse manager is responsible for the overall coordination of care and allied health services and is supported by a team of registered nurses and a contracted general practitioner.

This provisional audit was undertaken as there is a planned change of ownership. This provisional audit was conducted against the Health and Disability Services Standards and the provider's contract with the district health board (DHB). The prospective providers have experience in financial management, health and safety and the New Zealand Health Care system.

There are three areas identified as requiring improvement. Two areas pertain to human resources management processes and one to completion of the required 'interRAI' assessments.

Consumer rights

Staff demonstrated good knowledge and practice of respecting residents' rights in their day to day interactions. Staff receive ongoing education on the Health and Disability Commissioner's (HDC) Code of health and Disability Services Consumers' Rights (the Code). Families and residents interviewed expressed high satisfaction with the caring manner and respect that staff show towards each resident.

There are no known barriers to Maori or residents who identify with different cultures accessing the service. Services are planned to respect the individual culture, values and beliefs of the residents.

Written consents are obtained from the residents' family/whanau, enduring power of attorney (EPOA) or appointed guardians.

Residents are encouraged and supported to maintain community and family links.

The service has a documented complaints management system. Residents and their families are well informed about how to raise concerns. Any complaints and concerns are logged in the complaint register, acknowledged and investigated required in the Code. There have been two DHB complaints, one of which is closed out and one which remains open. The prospective provider has good knowledge of the complaints process and consumer rights.

Organisational management

Residents are receiving safe services that are well managed, planned and co-ordinated.

Quality and risk management system are coordinated by the nurse manager with support from the director. There is integrated monitoring of all service delivery. The service is managing health and safety and other risks in accordance with safe best practice and legislation.

Recruitment, selection and management of staff policies and procedures have been implemented. All staff attend regular ongoing education and training in subject areas that are specific to the residents being care for. There are sufficient numbers of suitably qualified and experienced staff on site 24 hours a day seven days a week.

Resident information systems are well maintained and audits are performed to monitor accuracy of records and documentation.

The prospective provider has no plans to change the organisational management systems and understands the requirements of the Health and Disability Services Standards.

Continuum of service delivery

Pre-admission information clearly and accurately identifies the services offered. The service has policies and processes related to entry into the service.

Residents on admission to the service are admitted by a qualified and trained registered nurse who completes an initial assessment and then develops, with the resident and family, a care plan specific to the resident. When there are changes to the resident's needs a short-term plan is developed and integrated into a long-term plan. The service meets the contractual time frames for all short and long term care plans. All care plans are evaluated at least six monthly.

Residents are reviewed by their general practitioner (GP) following admission, and assessed thereafter either monthly or three monthly depending on their needs. Referrals to the DHB and community health providers are requested in a timely manner and a team approach supports positive links with all involved.

The activity coordinator provides planned activities meeting the needs of residents as individuals and in group settings. Families reported that the activities are appropriate and they are encouraged to participate in the activities.

A safe medicine administration system was observed at the time of audit.

The onsite kitchen caters for residents with food available 24 hours of the day, with specific dietary, likes and dislikes met. The service has a four-week rotating menu which is approved by a registered dietitian. Residents' nutritional requirements are met.

Safe and appropriate environment

The facility has a current Building Warrant of Fitness and a current approved fire evacuation plan.

Cleaning and laundry services are provided to a high standard. Chemicals are stored appropriately and safely.

Emergency and disaster planning has been undertaken and all building regulations, emergency and security standards are met. Resident and their families reported high satisfaction with the environment.

The prospective purchaser has no plans to implement any environmental changes at this facility.

Restraint minimisation and safe practice

Policy states that enablers shall be voluntary and the least restrictive option to safely meet the needs of the resident. The service has a restraint free philosophy. At the time of audit there is no restraint or enablers in use.

Staff undertake education related to restraint minimisation and they have a clear understanding of the difference between enabler and restraints and how to safely manage both if required.

Infection prevention and control

The service has an appropriate infection prevention and control management system. The infection control programme is implemented and provides a reduced risk of infections to staff, residents and visitors. Relevant education is provided for staff, and when appropriate, the residents.

There is a monthly surveillance programme, where infections information is collated, analysed and compared with previous data. Where trends are identified, actions are implemented to reduce infections. The infection surveillance results are reported and discussed at staff and resident meetings and benchmarked externally.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	44	0	1	0	0	0
Criteria	0	90	1	2	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The consumer rights policy contains a list of consumer rights that are congruent with the Health and Disability Commissioner’s (HDC) Code of Health and Disability Services Consumers’ Rights (the Code). New residents and families are provided with a copy of the Code on admission included in the information pack. Access to information identifying the Code was evident throughout the facility.</p> <p>On commencement of employment, staff receive induction orientation training regarding residents’ rights and their implementation. Education regarding consumer rights is held as part of the education calendar. The clinical staff interviewed demonstrated knowledge on the Code and its implementation in their day to day practice. Staff were observed to be respecting the residents’ rights in a manner that was individual to their needs.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice</p>	FA	<p>An informed consent policy is in place. Every resident has the choice to receive, refuse and withdraw consent for services. A resident, dependent on their level of cognitive ability, will decide on their own care</p>

<p>are provided with the information they need to make informed choices and give informed consent.</p>		<p>and treatment unless they indicate that they want representation.</p> <p>The residents' files reviewed had consent forms signed by the residents, and/or family and enduring power of attorney (EPOA). Advance directives are encouraged and discussed at the time of admission and signed by the resident if competent. Family/whanau interviewed stated that their relatives were able to make informed choices around the care they received and families/whanau were actively encouraged to be involved in their relative's care and decision making.</p> <p>Residents interviewed stated that they were able to make their own choices and felt supported in their decision making. Staff interviewed acknowledged the resident's right to receive, refuse and withdraw consent for care/services. Staff demonstrated good knowledge around challenging behaviours as evidenced in progress notes, care planning and observations at the time of audit.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	<p>FA</p>	<p>All residents receiving care within the facility have appropriate access to independent advice and support, including access to cultural and spiritual advocates whenever required.</p> <p>Family/whanau interviewed reported that they were provided with information regarding access to advocacy services at the time of enquiry and at admission and were aware of the location of pamphlets and information situated around the facility. Family/whanau stated that they were always encouraged to become actively involved as an advocate for their relative and felt comfortable when speaking with staff.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	<p>FA</p>	<p>There are no set visiting hours and family/whanau are encouraged to visit. Residents are supported and encouraged to access community services with visitors/family or as part of the planned activities programme. This was evidenced in family/whanau/resident interviews and documented in daily and planned activities in resident's progress notes and care planning, such as visiting the local shopping centre or community groups regularly visiting the facility.</p>

<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>Care Alliance Waimarie implements policies and procedures to ensure complaints processes reflect a fair complaints system. During interview residents, family/whanau and staff reported their understanding of the complaints process. Staff confirmed they document verbalised complaints so all issues are accurately reflected and followed by the nurse manager.</p> <p>All complaints are investigated by the nurse 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. A complaint from March 2016 was followed through and all appropriate actions were clearly documented. Complaint information was shared at staff meetings and with the director as required. The complaint has been signed off by the DHB on the 2 December 2016. The outcomes were used for quality improvement of service delivery.</p> <p>There was a further complaint received from the DHB in July 2016. This had been responded to within two days by the previous nurse manager to the DHB. No other information was available. The current nurse manager will be following this outstanding complaint with the DHB. There are no further outstanding complaints at the time of the audit.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>FA</p>	<p>The policy identifies that a copy of the Code and information about the Nationwide Health and Disability Advocacy Service is provided to the resident and family on admission and is also evidenced in the admission agreement.</p> <p>The family/whanau and residents that were interviewed reported that the Code was explained to them on admission. Family/whanau and residents expressed that they were very happy with the care at the facility and provided by the staff.</p> <p>The prospective provider interviewed has excellent knowledge about consumer rights.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And</p>	<p>FA</p>	<p>The policy identifies that a copy of the Code and information about the Nationwide Health and Disability Advocacy Service is provided to the</p>

<p>Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>		<p>resident and family on admission and is also evidenced in the admissions agreement. The residents' files reviewed also reflected that residents received services that were specific and individual to their independence, personal privacy, dignity and respect.</p> <p>The family/whanau members interviewed reported that the Code was explained to them on admission. Their relatives were treated in a manner that showed regard for the resident's dignity, privacy and independence. At the time of the audit staff were seen to knock on residents' doors and await a response before entering. The use of occupied signs on the communal bathroom/toilet doors when in use were noted.</p> <p>The family/whanau interviewed expressed no concerns in relation to residents' abuse or neglect. The family members reported that staff know their relatives well and are very good at intervening prior to and with any potential challenging behaviours. This was also evidenced at the time of audit with observed interactions.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	<p>FA</p>	<p>The nurse manager, registered nurse and health care assistants interviewed reported that there are no barriers to Maori accessing the service. At the time of the audit there were no Maori residents who affiliated with their culture. The caregivers interviewed demonstrated good understanding of practices that identified the needs of the Maori resident and importance of whanau and their Maori culture. A Maori health plan was available.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	<p>FA</p>	<p>The residents' files reviewed reflected that residents received services that were specific and individual to their needs, values and beliefs of culture, religion and ethnicity. The family/whanau interviewed reported that the staff are meeting the needs of their relatives and that their relative was treated in a manner that supported their cultural beliefs and values.</p> <p>This was also evidenced at the time of audit with observed interactions.</p>

<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>Family/whanau and residents reported that they are very happy with the care provided. The families/whanau expressed that staff know their relatives well, that relationships are built and professional boundaries are maintained. No concerns were reported. Staff interviewed stated that they are aware of the importance of maintaining professional boundaries.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>Evidence-based practice was observed and evidenced in interviews with the registered nurses, health care assistants and through care planning. Policies and procedures are linked to evidence-based practice. There are regular visits by residents' GP, links with the mental health services, hospice, the geriatrician and different DHB nurse specialists and consultants and allied health staff. Care guidelines are utilised as appropriate.</p>
<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>The open disclosure policy is based on the principle that residents and their families have a right to know what has happened to them and to be fully informed. All residents and relatives who do not speak English are advised of the availability of an interpreter at the first point of contact with staff. At the time of audit four residents did not speak and/or understand very little English. Where hospital/consultant appointments were planned, the option of formal interpreters to support the residents and family were encouraged.</p> <p>The family/whanau interviewed confirmed that they are kept informed of their relative's wellbeing including any incidence adversely affecting their relative and were happy with the timeframes that this occurred. Evidence of timely open disclosure was seen in the residents' progress notes, accident/incident forms and at shift handover.</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>Care Alliance Waimarie has a developed strategic plan that identifies the key principals and outlines the service vision and goals for 2016 to 2018. The quality plan is signed off by the director. The nurse manager reports to the director regarding all aspects of service delivery. The</p>

		<p>goals are reviewed annually. A sample of reports provided goes shows adequate information to monitor performance in relation to quality and risk, financial information, complaints and health and safety. On the day of the audit there are 23 residents in the facility, four rest home level residents under the chronic long term contract, 16 hospital and three residents under the interim care scheme (ICS). The service also has an agreement to provide respite care. The service providers are able to provide the necessary care for these residents.</p> <p>The nurse manager has been employed as the nurse manager since August 2016. The nurse manager is supported by six newly employed registered nurses. All registered nurses have been employed within the last four months. The service contracts an experienced registered nurse from a nursing bureau who initially worked three days a week and currently one day a week to support the nurse manager and the registered nurses to complete the interRAI assessments.</p> <p>The nurse manager is a registered nurse who has a post graduate certificate in counselling, and a certificate in adult tertiary education and a post graduate diploma in nursing and leadership. The nurse manager has nurse educator experience at university level and has worked as a relief manager in aged care prior to this position. The DHB is providing supervision and mentorship for the nurse manager in this new role. The current nurse manager commenced 01 August 2016.</p> <p>Residents/family/GP and staff interviewed commented positively about the nurse manager and the management of this facility.</p> <p>The prospective providers have contacted HealthCERT and the district health board about the impending change of ownership. The prospective provider has an established organisational structure, including governance and management. During interview the prospective provider reported that there are no plans to change key personnel and they will continue the current staffing arrangements. If any changes are planned in the future, the provider is aware of all regulatory requirements. The transition plan is for change of ownership in February 2017 and there is no planned changes to the service or to staff.</p>
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<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>When the nurse manager is absent, the contracted registered bureau nurse will carry out all of the required duties under delegated authority. This registered nurse is experienced in aged care and is able to take responsibility for any clinical issues that may arise. The six registered nurses are not as yet experienced, to take on this role.</p> <p>The prospective provider reported that there will be no changes to service management and rosters.</p>
<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>The service has a quality and risk system which is managed by the nurse manager and overseen by the director. The quality and risk plan reflects the principles of continuous improvement and is understood by the staff interviewed. This includes the management of incidents and complaints, annual audit activities, family and resident satisfaction survey, monitoring of outcomes, and clinical incidents including infections, falls, skin tears and pressure injuries.</p> <p>Various audits are undertaken as per the audit schedule sighted, such as laundry, cleaning, and residents' records. Medicine administration audits are regularly completed, as the service is using the 'Medimap' system. The minutes of staff meetings and quality meetings confirmed adequate reporting systems and discussion occurs on quality matters. There was evidence of corrective actions being undertaken and carried forward to the next meeting for follow through. Minutes of staff meetings reviewed demonstrated that staff are informed of quality issues and this was also confirmed at the staff interviews. Family feedback is sought in the form of an annual survey. The survey results verified satisfaction with the services provided, as did family interviews at the time of the audit. Feedback from the interim care scheme (ICS) residents is also received on discharge from the service.</p> <p>Policy development, implementation, review and document control is undertaken by the nurse manager and covers all aspects of the service and contractual agreements. The document control system ensures a systemic and regular review process. Some new policies have recently been developed and implemented in relation to the DHB complaint against the provider and these have been signed off by the director. Staff are updated on any new policies or changes to policies through</p>

		<p>education and quality meetings. This was confirmed by staff interviewed.</p> <p>A principal carer (senior healthcare assistant) is the health and safety co-ordinator and has undertaken training relevant to this position, including the Health and Safety at Work Act (2015). The staff member interviewed has good knowledge of the responsibilities and the processes for the identification, monitoring and reporting of risks and hazards. A register is maintained. New hazards are added to the register as required.</p> <p>The quality and risk management plan reviewed includes an audit schedule, clinical indicators and policies and procedures to meet the requirements of the standard and contract agreements. The prospective provider interviewed discussed continuous quality improvement as the service's main objective. A quality plan is already developed in readiness for when the purchase occurs.</p> <p>The prospective purchaser is not planning any changes to operations (both clinical and/or operational) and understands regulatory requirements, should changes occur in the future.</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>Staff document adverse and near miss events on an incident form. This was confirmed by staff during interview, and includes prompt reporting of incidents to the registered nurse or nurse manager on duty. The completed form is investigated by the nurse manager and any action is taken as required in a timely manner. A sample of incident forms reviewed show these were fully completed.</p> <p>Adverse event data is collated and analysed, including incident by type and resident, and is reported weekly to the director. Minutes of the quality and risk meetings included health and safety in relation to any trends, action plans and improvements made.</p> <p>The nurse manager, the general practitioner and the director are aware of their statutory, regulatory obligations requirements to report to external agencies and were able to give examples of when essential reporting is required.</p> <p>The prospective purchaser reported that there are no compliance issues</p>

		which could affect the service.
<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>	PA Low	<p>Policies and procedures reviewed are available and are in line with employment practice and relevant legislation and guide human resource management processes. Position descriptions reviewed were current and defined key tasks and accountabilities for the various roles. The recruitment process includes referee checks, police vetting and validation of qualifications and practising certificates (APCs), where required. Immigration and work visa are copied and were retained in the employee records reviewed. The process was confirmed by the nurse manager. A sample of staff records reviewed confirmed the service's policies are being consistently implemented and records contain a checklist to ensure processes are completed.</p> <p>There is a process for recording the annual practising certificates of all registered nurses, the GP and allied health professionals on an annual basis. The nurse manager ensures this is completed.</p> <p>Six registered nurses have been employed in the last four months and the nurse manager has been employed since August 2016. A bureau registered nurse who has worked at this facility for some time was contracted for the last four months three days a week to support the nurse manager and to complete and assist the registered nurses to complete the required interRAI assessments. In December this was changed to one day a week.</p> <p>Orientation and induction information and booklets are provided to all new employees to be completed. There is a separate orientation programme for registered nurses and enrolled nurses and an orientation programme for healthcare assistants. Two senior health care assistants interviewed were promoted to principal carers and an induction pack for this role was provided. A sample of staff records reviewed confirmed that recently employed staff have records of orientation being undertaken, however, records are not yet completely signed off by the employee as per the protocol sighted. A core of staff have worked for this organisation for some time and at interview stated they were well orientated at commencement of employment and always provide support to new staff employed. A buddy system works effectively as</p>

		<p>reported by staff interviewed.</p> <p>Training records are not individually collated for each staff member. A few certificates are able to evidence attendance at external education. All healthcare assistants have completed NZQA level three and four of the Care for the older person programme. Careerforce education is now implemented. The nurse manager is training to be the approved assessor for this education programme.</p> <p>A training planner for 2016 and 2017 was available. All teaching sessions and updates provided to staff have been recorded by the nurse manager.</p> <p>Interviews with residents/family confirmed they are pleased with all aspects of service delivery and that staff perform their roles in a professional manner. The nurse manager and one registered nurse are undergoing interRAI training at present and are unable to complete the interRAI assessments until their training is signed off. The interRAI system was reviewed and this is an area of improvement identified in this audit.</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>There is a documented policy on staffing mix that covers the contract requirements and includes the rationale for determining staffing levels and skill mixes in order to provide safe service delivery. The nurse manager is responsible for rostering of the staff. There is a month roster with set duties for staff. There is a casual pool of staff. The registered nurses currently complete eight hour shifts and all health care assistants do 12 hour shifts. There is adequate staff to cover up to the twenty five residents presently. The director and nurse manager interviewed stated that additional staff will be employed when the current number of residents increases. There is a plan developed for this purpose. The three months rosters reviewed evidence few bureau staff being employed as current staff cover all shifts. The only bureau nurse has been the contracted registered nurse on a regular basis to ensure the interRAI assessments have been completed in a timely manner. (Refer 1.2.7)</p> <p>The nurse manager is on call twenty four hours a day seven days a week. This will change when the registered nurses are more</p>

		<p>experienced and knowledgeable about the service. The GP is on call for the provider and stated when interviewed that this arrangement is satisfactory.</p> <p>Family interviewed and observation during the audit confirmed that staff are providing services required of them.</p> <p>The prospective provider at interview stated that the current staffing mix and rationale for determining staffing levels will remain unchanged. The prospective provider will be on site on a daily basis. Reassurance was provided that the nurse manager position and all staff at all levels will remain unchanged.</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's name and date of birth and national health index (NHI) are used as the unique identifier on all resident's information sighted. Clinical notes were current and integrated with GP and auxiliary staff notes. The files were being kept secure and only accessible to authorised people. On the day of admission all relevant information is entered into the resident's file by the RN following an initial assessment and medical examination by the GP. The date of admission, full and preferred name, next of kin, date of birth, gender, ethnicity/religion, NHI, the name of the GP, authorised power of attorney, allergies, next of kin and phone numbers were all completed in each resident's record reviewed. No personal or private resident information was observed to be on public display during the days of audit</p> <p>All residents' files remain traceable and held within the required time frames which also encompasses the (Retention of Health information) Regulations 1996 Act.</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 resident admission agreement is based on the Aged Care Association agreement. The resident's records reviewed have signed admission agreements by the resident/family or enduring power of attorney (EPOA).</p> <p>Vacancies are updated daily through Eldernet and the facility has their own dedicated website. Staff contact the nurse manager if enquiries</p>

		are made by potential perspective residents and/or their family members outside of normal working hours.
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>The facility uses the DHB's processes and forms for admission and discharge to and from the acute care hospital which includes a transfer template, envelope and check list requiring specific information to accompany the resident. This form requests information on all aspects of care provision, known risks and intervention requirements. A copy of the resident's individual risk profile, individual file front page, medication profile form and allergies records, and a summary of medical notes is included. A copy of any advance directives are also included. Transfer of a resident to another facility includes notification to appropriate and required external services. Communication between the two services and with the family occurs prior to transfer and any concerns are documented. Documentation of a resident's hospital transfer was sighted during the audit and was well completed.</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>	FA	<p>The medication management policy and procedure clearly describes the processes to ensure safe administration of all medications. This includes competency requirements, prescribing, recording, a process when an error occurs, as well as definitions for 'over the counter' medications that may be required by residents. At the time of audit, no residents were self-administering medicines.</p> <p>Medications for residents are received and delivered by the pharmacy in a pre-packed delivery system. A safe system for medicine management was observed on the day of audit. Medicines are stored in a medicine trolley in the treatment room which is locked when not occupied. A locked safe is used for controlled medications and the medicine register was sighted and meets requirements. A controlled drug audit has been completed within the last 6 months. Medications that requires refrigeration are stored in a separate fridge.</p> <p>The 10 medicine charts reviewed have been reviewed by the GP every three months and this is recorded on the electronic medicine chart. All prescriptions sighted contained the date, medicine name, dose and time</p>

		<p>of administration. All medicine charts have each medicine individually prescribed and 'as required' (prn) medications identified had the reason stated for the use of that medication. There is a specimen signature register maintained for all staff who administers medicines. All the electronic medicine files reviewed have a photo of the resident to assist with the identification of the resident and a pharmacy medication/tablet identifying sheet.</p> <p>There are documented competencies sighted for registered staff responsible for medicine management. The registered nurses administering medicines at the time of audit demonstrated competency related to medicine management.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>Regular monitoring and surveillance of the food preparation and hygiene is carried out. Food procurement, production, preparation, storage, delivery and disposal was sighted at the time of audit. Fridge and freezer recordings are observed daily and recorded and meet the food safe requirements. Kitchen staff interviewed have a very good understanding of food safety management and have completed regular ongoing updated food safety training.</p> <p>There is a four-week rotating menu. The menu has been reviewed by a dietitian. Where unintentional weight loss is recorded, the resident is discussed with the GP and referred for a dietitian and or speech language specialist review.</p> <p>A nutritional profile is completed for each resident by the RN at the time of admission and this information is shared with the kitchen staff with a copy remaining in the kitchen to ensure all needs, wants, dislikes and special diets of the resident are catered for. The kitchen is available for staff to provide residents with food and nutritional snacks 24 hours a day.</p> <p>There are kitchenettes situated in the facility where residents/family can make their own hot and cold beverages.</p> <p>All meals are cooked and served directly from the kitchen at the time of the meal and delivered to one of three dining rooms with residents having the option of trays in their rooms.</p>

<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	<p>FA</p>	<p>The nurse manager interviewed reported that the service does not refuse a resident if they have a suitable Needs Assessment and Service Coordination (DSL) assessment for the level of care and there is a bed available. In the event that the service cannot meet the needs of the resident, the resident, family and DSL service will be contacted so that alternative residential accommodation can be found.</p> <p>If the resident's needs exceed the level of care provided, they are reassessed and an appropriate service is found for the resident. The resident agreement has a statement that indicates when a resident is required to leave the service. The admission agreement has a clause on when the agreement can be terminated and the need for reassessment if the service can no longer meet the needs of the resident.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>The service has implemented the electronic interRAI assessment and tools for all residents, however not all interRAI assessments are up to date (please refer to Standard 1.2.7) Assessments are carried out by a registered nurse appropriate to the level of care of the resident and include falls, skin integrity, and challenging behaviour, nutritional needs, continence, and communication, end of life and pain assessments. The interRAI assessment is also utilised when a change of level in care is required.</p> <p>The residents' files reviewed have assessment information obtained from any prior place of living, services involved, the resident, and where applicable the resident's family and/or nominated representative. Where a need is identified, interventions for this are recorded on the care plan and external services are requested as required. All of the files reviewed have falls risk and pressure injury risk assessments.</p> <p>The family/whanau interviewed reported their relative receives 'above and beyond the care required' to meet their needs.</p>

<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>The ten residents' files reviewed have electronic care plans currently in draft, however all ten files reviewed have documented long term care plans that address the resident's current abilities, concerns, routines, habits and level of independence and any changes implemented. Strategies for reducing and minimising risk while promoting quality of life and independence were sighted in the files. Also evidenced was the assessment of techniques used that is individual and specific to the resident with interventions and evaluations sighted. The health care assistants interviewed demonstrated knowledge about the individual residents they care for.</p> <p>Residents' files reviewed included diversional therapy care plans identifying the resident's individual diversional, motivational and recreational requirements showing documented evidence of how these are managed. The files reviewed showed input from registered nurse, health care assistants, activity staff, medical and allied health services. The registered nurse and health care assistants interviewed reported they receive adequate information to assist with the resident's continuity of care. This was also evidenced in the shift handover (verbal and paper) and staff communication/diary book and resident's progress notes.</p> <p>The family/whanau interviewed reported they were very happy with the quality of care provided at the service.</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>Clinical management policies and procedures include assessment on admission, weight and bowel management, clinical notes and referral information.</p> <p>As observed on the day of the audit, the registered nurses and health care assistants demonstrated good knowledge of individual residents, providing individual and specific care that was reflected in the resident's care plan. The residents' files showed evidence of discussions and involvement of family. The residents interviewed reported that the staff knew them all very well and had no concerns with the care they received.</p> <p>The service has adequate dressing and continence supplies to meet the</p>

		<p>needs of the residents. The care plans reviewed recorded interventions that are consistent with the resident's assessed needs and desired goals. The registered nurses and health care assistants interviewed reported they have input into residents' care plans on a regular basis and state that the care plans are accurate and kept up to date to reflect the resident's needs.</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>The activities programme uses a framework to empower the residents to have the opportunity to be valued and respected. The residents are provided with opportunities that are of interest to them from the past and present and are encouraged and supported to maintain their community networking and friendships allowing for ongoing socialisation and developing new interests. The activities coordinator adapts activities to meet the needs and choices of the resident.</p> <p>The facility has one activities co-ordinator (unavailable at the time of audit) who covers a Monday to Sunday (40 hour week) dependent on the activities organised. The weekly activities plan/calendar sighted was developed based on the residents' needs and interests and can be easily adapted and changed depending on the residents' interest and reaction at the time. The activity coordinator advertises the upcoming activities on the notice boards daily through the facility and a monthly calendar of upcoming events is available. Health care assistants while supporting residents with personal cares remind and encourage residents to attend the activities. Regular activities include church services, regular visiting entertainment and includes trips to other events occurring in the community. For residents that wish to remain in their rooms, activities and one to one interaction is offered and supported by staff. The registered nurses and healthcare staff interviewed state that they have access to activities to support residents after hours and on the weekends.</p> <p>The outside environment provides easy access to outside garden areas that enable residents to come and go safely. There are seating arrangements and different areas of focus.</p> <p>The residents' files reviewed have activities and social assessments that identify the resident's individual diversional, motivational and</p>

		recreational requirements over a 24-hour period. Daily activities attendance sheet records are maintained for each resident and is assessed and reviewed based on the enjoyment and interest of the resident. The goals are updated and evaluated in each resident's file six monthly.
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>The residents' files reviewed had a documented evaluation that was conducted within the last six months. Evaluations are resident focused and document achievements or response to supports/interventions and progress towards meeting the desired outcome/goal.</p> <p>Residents' changing needs are clearly documented in the care plans reviewed. Residents whose health status changes, and/or is not responding to the services/interventions being delivered, are discussed with their GP and family/whanau. Short term care plans are sighted for wound care, infections, and changes in mobility, changes in food and fluid intake and skin care. The medical and nursing assessments of these short-term care plans are documented in the residents' progress notes. The health care assistants interviewed demonstrated good knowledge of short term care plans and reported that they are discussed at handover; this was also evidenced at time of the audit.</p> <p>Family/whanau interviewed stated that they can consult with staff at any time if they have concerns or there are changes in the resident's condition.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>There are two GPs who both visit the residents at the facility twice weekly. The facility is also supported by a 24-hour GP on call after hours' service. The RN or the GP arrange for any referrals required to specialist medical services when necessary. Records of progress are recorded in the resident's file and were observed. These referrals and consultations included mental health services, general medicine services, and referrals to a psychiatrist, radiology, geriatrician, podiatry, dietitian, and speech language therapist. The GP and an allied health specialist interviewed reported that referrals to requested services are well managed from the facility and no concerns are noted.</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>	<p>FA</p>	<p>Documented processes for the management of waste and hazardous substances are in place, including segregation of waste, recycling and detailing procedures for blood and bodily fluids management and disposal.</p> <p>Chemicals were seen stored in locked areas around the facility. Appropriate staff have undertaken training in chemical management.</p> <p>An external company is contracted to supply and manage chemicals used for cleaning the laundry. The company provides relevant training for staff and a monthly report, a sample of which was sighted. Material data sheets were available for the chemicals provided by the external company and these are stored and labelled safely. Staff interviewed knew what to do should any chemical spills occur and state they would report any incidents in a timely manner.</p> <p>There is provision and availability of protective clothing and equipment and staff were observed using this, including gloves, masks, face shields and gowns.</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>	<p>FA</p>	<p>A current building warrant of fitness expires 30 June 2017 and is displayed in the reception area. There is a proactive maintenance programme. The testing and tagging of equipment is undertaken annually. The calibration of biomedical equipment was renewed in 2016. A private company is engaged to check the hoists and a related analysis sheet was sighted dated November 2016.</p> <p>Appropriate systems are in place to ensure the residents` physical environment and facilities are fit for their purpose and this was observed during the audit. The director undertakes regular monitoring of the hot water temperature which shows this is being maintained at the required temperature for residents` safety.</p> <p>External areas are safely maintained and are appropriate for the resident groups and setting. The environment is conducive to the range of activities undertaken. All efforts are made to ensure the environment is hazard free and that safety is promoted. Staff interviewed confirmed</p>

		<p>they know the processes they should follow if any repairs or maintenance is required, and that any requests are actioned as soon as possible. Family members interviewed are happy with the environment.</p> <p>The prospective provider has no plans to make changes to the present environment of this facility.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>There is a mix of toilet and shower facilities. This includes rooms with shared bathrooms and communal toilets and showers. An adequate number of accessible bathrooms and toilets are identified throughout the facility. Staff and visitor toilets are available and are separate from the residents' toilets. Appropriately secured and approved handrails are provided in the toilet/shower areas, and other equipment/accessories are available to promote resident independence. Privacy is maintained by staff at all times.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>All rooms are single and were observed to be personalised for each resident by family and staff. Some have their own furnishings, photos and other personal items displayed. Rooms are of a size which allows for ease of movement and adequate personal space is provided to allow residents and staff to move around within the bedrooms safely including with the use of mobility aids.</p> <p>There are areas for the safe storage of mobility aids such as walking frames, hoists and wheelchairs. Staff reported adequacy of bedrooms.</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>A number of communal areas are available in each wing for residents to engage in activities. The dining and lounge areas are spacious and enable easy access for residents and staff. Furniture is appropriate to the setting and resident needs. It is arranged in a manner which enables residents to mobilise freely.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p>	FA	<p>All laundry is undertaken on site in a dedicated laundry, this includes</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>		<p>resident's personal items. Some family members undertake some of their relative's laundry and this is facilitated by staff. Family members interviewed reported the laundry is managed well by the staff. The laundry is managed by the health care assistants on each shift. The processes were observed and seen to meet good practice. The staff understood and demonstrated that they follow procedures on washing and drying cycles, handling of soiled linen and have been given training on chemical management.</p> <p>A contracted cleaning service provides this service supported by one employed cleaner each day. Laundry and cleaning processes are monitored through the internal audit programme and by the chemical company representatives. Chemicals are stored in the sluice room and on the cleaning trolleys which cleaning staff do not leave out of their sight. All containers checked were labelled with the manufacturers labels.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>Policies and procedures for emergency planning, preparation and response are displayed and known to staff. Disaster and civil defence planning guides direct the facility in their preparation for disasters and describe the procedure to be followed in the event of a fire or other emergencies. The facility has a good working relationship with the DHB including for emergency preparedness.</p> <p>The current fire evacuation plan was verified by the company responsible for the checking of all fire compliance and feedback on fire trial evacuations six monthly was provided. The last fire drill was held on the 25 August 2016. An education session was held prior to and after the trial evacuation drill. The approved evacuation scheme was verified and was last updated on the 6 November 2006. Full orientation for all newly employed staff includes fire and security training. Staff confirmed their awareness of the emergency procedures.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including food, water, blankets, torches, mobile phones and gas barbecues, are available and meet the requirements for the number of residents. Additional blankets and linen can be accessed from the linen rooms in all wings.</p>

		<p>Call bells alert staff to residents requiring assistance. The response time can be audited if an issue is identified.</p> <p>The facility is checked in the afternoon and night shift by staff. External lighting is in place around the facility, and staff parking is close to the facility for the later shifts. If staff have any concerns they are to call the police.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>All residents` rooms and communal areas have opening external windows. The lounge downstairs has large doors that can open in the summer months and to access the courtyard. An adequate temperature is maintained throughout the facility and this was comfortable for all residents and family spoken to on the day of the audit.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The service has a documented infection control programme. The infection control programme minimises and reduces the risk of infections to residents, staff and visitors to the facility.</p> <p>The infection control coordinator is the registered nurse. This person was not available for interview at the time of audit. The infection control coordinator holds accountability and responsibility for following the programme in the infection control manual. The infection control coordinator monitors for infections, by using standardised definitions to identify infections, surveillance activity, changes in behaviours, monitoring of organisms related to antibiotic use and the monthly surveillance record. Infection control is discussed at staff meetings. If there is an infectious outbreak this is reported immediately to staff, management and where required to the DHB and public health departments.</p> <p>The nurse manager reported that staff have good assessment skills in the early identification of suspected infections. Residents with suspected and/or confirmed infections are reported to staff at handover and short term care plans implemented, and this is documented in the progress notes. Staff interviewed state that they are alerted to any concerns and are included in the management of reducing and minimising risk of infection through staff meetings, the staff</p>

		<p>communication book, one to one, at shift handover, in short term care plans and in resident's documented progress notes.</p> <p>A process is identified in policy for the prevention of exposing providers, residents and visitors from infections. Staff and visitors suffering from infectious diseases are advised not to enter the facility. When outbreaks are identified in the community, specific notices are placed at the entrance saying not to visit the service if the visitor has come in contact with people or services that have outbreaks identified. Sanitising hand gel is available and there are adequate hand washing facilities for staff, visitors and residents with hand washing signs noted throughout the facility. Gloves and gowns are easily accessible to staff. Residents who have infections are encouraged to stay in their rooms if required.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The registered nurse has the role of infection prevention and control coordinator. Infection control issues are discussed at staff meetings. The facility has the support of a clinical specialist nurse who is available for advice on infection prevention. Advice can also be sought from different external sources including the laboratory diagnostic services and GP. The infection control coordinator/registered nurse is newly appointed to the role of infection control and is booked into attend the next available course in infection control. The registered nurse is supported by the nurse manager, who is also new to her role, and is currently supported by supervision and mentoring from an external source specialising in infection control. The registered nurses and health care assistants interviewed demonstrated good knowledge of infection prevention and control. On several occasions throughout the audit good hand washing technique was observed.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service</p>	FA	<p>An infection control policy sets out the expectations the facilities uses to minimise infections. This is supported by an infection control manual and policies and procedures that support specific areas, including antibiotic use, MRSA screening, wound management, blood and body spills, cleaning, disinfection and sterilisation, laundry and standard precautions. Staff were observed demonstrating safe and appropriate</p>

provided.		infection prevention and control practices.
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	The registered nurses and health care assistants interviewed could demonstrate good infection prevention and control techniques and awareness of standard precautions, such as hand washing. Hand washing of staff is reviewed regularly by the nurse manager. Infection control in-service education/tool box sessions are held and resident education is provided, as and when appropriate.
<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	All staff are required to take responsibility for surveillance activities as shown in policy. Monitoring is discussed in meetings to reduce and minimise risk and ensure residents' safety. The nurse manager completes a monthly surveillance report. The service monitors respiratory tract infections, wounds, skin, ear nose and throat, urinary tract infections and gastroenteritis. The monthly analysis of the infections includes comparison with the previous month, reason for increase or decrease, trends and actions taken to reduce infections. This information is fed back and discussed in staff meetings, and where appropriate, family meetings. An external contractor benchmarks surveillance data quarterly with other facilities. Overall monthly statistics remain low for the facility. Three residents were identified as requiring antibiotics due to frequent infections. Short and long term care plans were evidenced to document interventions to reduce and minimise the risk of infections and regular evaluations.
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	The service restraint minimisation and safe practice policy meets the standards. The definition of an enabler is congruent with the definition in the standard. On the day of the audit there are no restraints or enablers in use. There have been no restraint/enablers used for the last three years. The nurse manager stated that all staff are trained and have attended education and completed the restraint competency test. All new staff are provided with information about the restraint policy, philosophy and approach during their orientation. Resident safety is

		promoted at all times.
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.7.3</p> <p>The appointment of appropriate service providers to safely meet the needs of consumers.</p>	PA Negligible	<p>Six registered nurses have been employed to replace the same number of registered nurses who had resigned in August 2016. Three of these registered nurses were interRAI trained. One registered nurse and the nurse manager (both recently employed) are undergoing interRAI training at present, but are unable to complete the interRAI assessments until their training is signed off. Three registered nurses are awaiting the course date to commence their interRAI training. One experienced bureau registered nurse has been contracted for three months up until December 2016, to assist with the interRAI assessments. This contract has been changed now to one day a week.</p> <p>The current situation is as follows: three</p>	<p>Five of 23 residents' interRAI assessments are overdue. This is due to the resignation of three trained interRAI assessors which the provider has taken steps to replace. However, the scheduling of training for the new staff is beyond the control of the provider and this has led to a delay in the carrying out of the interRAI assessments.</p>	<p>To ensure that staff as the training becomes available for interRAI.</p> <p>180 days</p>

		residents are awaiting their prior assessments to be transferred from the DHB; one resident is short term respite care so does not require an interRAI assessment; eight interRAI assessments are in draft form (not documented as completed); five interRAI assessments are overdue and not commenced at the time of this audit, five are fully completed and one is not applicable (as still within the 21 days of admission).		
<p>Criterion 1.2.7.4</p> <p>New service providers receive an orientation/induction programme that covers the essential components of the service provided.</p>	PA Low	<p>Personal staff records were reviewed. There is an orientation programme for registered nurses and enrolled nurses and a separate orientation programme for health care assistants and domestic staff. The programme includes the essential components of service delivery such as responsibilities, confidentiality, incidents/accidents, health and safety, infection prevention and control, staff health, the Code of Ethics and other topics. The orientation checklists for the registered nurses have been signed off by the nurse manager but not the individual registered nurses to verify that all topics have been completed and were fully comprehended.</p>	<p>It is not able to be validated that all new employees (registered nurses in particular), have been fully orientated as per the staff interviews and documentation reviewed.</p>	<p>Ensure all newly employed registered nurses have completed the full orientation programme and that all documents and competencies are signed off by both the nurse manager and the staff member to evidence completion.</p> <p>180 days</p>
<p>Criterion 1.2.7.5</p> <p>A system to identify, plan, facilitate, and record ongoing education for service providers to provide</p>	PA Low	<p>The training schedule was sighted for 2016 and 2017. Month to month education is documented for staff to attend. The nurse manager has a training planner which includes the date,</p>	<p>There is no evidence of individual training records for each staff member being maintained.</p>	<p>Ensure each staff member has a current individual record of all education/training completed.</p>

<p>safe and effective services to consumers.</p>		<p>topic and co-ordinator or presenter and the number of staff attending each education session. There is no evidence in the staff records reviewed, of individual education being attended by staff. The registered nurses interviewed stated they have only been working at the facility for three months and did not feel fully confident with all aspects and responsibilities despite receiving orientation. The staff reported that they have had to get to know the residents, implement the requirements of the DHB in response to a recent complaint and complete the interRAI training requirements. This was discussed at audit with the nurse manager who will follow this up with additional training.</p>		<p>180 days</p>
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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.