

Teviot Valley Rest Home Limited - Teviot Valley Rest Home

Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Teviot Valley Rest Home Limited	
Premises audited:	Teviot Valley Rest Home	
Services audited:	Rest home care (excluding dementia care)	
Dates of audit:	Start date: 25 January 2017	End date: 25 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:	14	

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

Teviot Valley rest home provides rest home level care for up to 14 residents at rest home level care. The nurse manager is a registered nurse with management experience and has been with the service since the opening of the home. The nurse manager is supported by a board of trustees and another registered nurse.

The audit was conducted against the relevant Health and Disability standards and the contract with the district health board. The audit process included a review of policies and procedures, the review of residents' and staff files, observations and interviews with residents, relatives, staff and management. Residents, the GP and family interviewed praised the service for the support provided.

This audit has identified improvements required in relation to: annual resident/relative satisfaction survey, activities attendance records, wound assessments, medications administration and documentation of controlled medication.

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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The staff at Teviot Valley rest home ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. The service functions in a way that complies with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Discussions with families identified that they are fully informed of changes in their family members health status. Information about the Code and advocacy services is easily accessible to residents and families. Staff interviewed are familiar with processes to ensure informed consent. Complaints policies and procedures meet requirements and residents and families are aware of the complaints process.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some standards applicable to this service partially attained and of low risk.
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The service has a quality and risk management plan. The service has in place a range of policies and procedures to support service delivery that are reviewed every two years. This includes incidents/accidents, hazards, internal audits, infections, complaints and concerns. Corrective actions are implemented, documented and followed through to compliance. The service has a business plan and goals for 2017. The service has a documented quality and risk management system that reflects the organisation's values, mission and philosophy and provides goals for measurement of achievement against key areas of the business.

There are implemented health and safety policies that include hazard identification. The service has a documented skill mix policy for determining staffing levels and skill mixes for safe service delivery. There are job descriptions established and appropriate human resource policies/procedures in place for staff recruitment, training, and support. The annual training plan covers a wide range of subjects and exceeds eight hours annually. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. Resident records are integrated and support the effective provision of care services.

Continuum of service delivery

<p>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.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Residents are assessed prior to entry to the service and a baseline assessment is completed upon admission. The registered nurses are responsible for care plan development with input from residents and family. A review of a sample of resident files identified that assessments, interventions and evaluations reflected current care.

Planned activities are appropriate to the resident's assessed needs and abilities and residents advised satisfaction with the activities programme. Medication management policies and procedures are documented in line with legislation and current regulations.

Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met.

Safe and appropriate environment

<p>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.</p>		<p>Standards applicable to this service fully attained.</p>
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Teviot Valley rest home has documented processes for waste management. Chemical safety training has been provided to staff. The service has a current building WOF and reactive maintenance is completed. The home includes a large dining room and large lounge area, with two other smaller sitting areas. Resident rooms are single occupancy and are personalised. There is a mixture of own and shared toilet facilities as well as communal toilets and showers. The service has implemented policies and procedures for fire, civil defence and other emergencies. General living areas and resident rooms are appropriately heated and ventilated. Residents have access to communal areas for entertainment, recreation and dining. Residents are provided with safe and hygienic cleaning and laundry services.

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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A restraint policy is applicable to the service. There are currently no residents that require restraint or enablers. There is a restraint risk assessment tool available. Restraint minimisation and de-escalation of challenging behaviour is included in the in-service education programme and was last delivered in October 2016.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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Infections are reported by staff and residents and monitored through the infection control surveillance programme by the infection control officer (enrolled nurse). There are infection prevention and control policies, procedures and a monitoring system in place. Training of staff and information to residents is delivered regularly. Infections are monitored and evaluated for trends and discussed at management and staff meetings.

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	41	0	3	1	0	0
Criteria	0	89	0	3	1	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>Policies and procedures are in place that meet with the requirements of the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and relevant legislation. An information pack is available to residents/families prior to admission and contains information of their rights. Discussions with three staff (one caregiver, one cook and one activities coordinator) confirmed their familiarity with the Code. Six residents and two family members interviewed confirmed the services being provided are in line with the Code.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>Informed consent processes are discussed with residents and families on admission. Five resident files sampled included written consents signed by the resident or EPOA. Advanced directives were signed for separately. There is evidence of discussion with the general practitioner and when a resident is not competent to complete resuscitation orders. Caregivers and the nurse manager interviewed confirmed verbal consent is obtained when delivering care. Discussion with family members identified that the service actively involves them in decisions that affect their relative's lives.</p> <p>Five of five resident files sampled had a signed admission agreement.</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>Client right to access advocacy and services is identified for residents. Advocacy leaflets are available in the service reception area. The information identifies who the resident can contact to access advocacy services. The information pack provided to residents prior to entry includes advocacy information. Staff were aware of the right for advocacy and how to access and provide advocate information to residents if needed. Residents and family members that were interviewed were aware of their access to advocacy services.</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>Residents and relatives confirmed that visiting could occur at any time. Key people involved in the resident's life have been documented in the resident files. Residents verified that they have been supported and encouraged to remain involved in the community, including being involved in regular community groups. Entertainers are regularly invited to perform at 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>A complaints policy and procedures have been implemented and residents and their family/whānau are provided with information on admission. There are complaint forms available at the entrance and in the information pack. Staff are aware of the complaints process and to whom they should direct complaints. Complaints information is provided at entry to the service and is readily available to residents in the service. There is a complaints register with follow-up documentation included. There have been no complaints received since the last audit. Residents and family members interviewed could all describe being aware of the complaints procedure.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>FA</p>	<p>The Code and advocacy pamphlets are located at the main entrance of the service. On admission the nurse manager discusses the information pack with the resident and the family/whānau. This includes the Code, complaints and advocacy information. The service provides an open-door policy for concerns/complaints. Information is given to the family or the enduring power of attorney (EPOA) to read to and/or discuss with the resident. Residents and relatives interviewed identified they are well informed about the Code.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And</p>	<p>FA</p>	<p>Staff interviewed were able to describe the procedures for maintaining confidentiality of resident records, resident's privacy and dignity. House rules are signed by staff at commencement of employment. Residents and relatives interviewed reported that residents are able to choose to engage in activities and</p>

Respect Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.		access community resources. There is an abuse and neglect policy in place.
Standard 1.1.4: Recognition Of Māori Values And Beliefs 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.	FA	There are current guidelines for the provision of culturally safe care for Māori residents. The district nurse belongs to Ngai Tahu and works from the same building and is able to offer advice and support if required. The service has linkages with Uru Whenua Health for support, advice and staff education. The service uses the "flip chart" produced by Southern District Health Board for quick reference and guidance. Discussions with staff confirm that they are aware of the need to respond with appropriate cultural safety.
Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.	FA	Care planning and activities goal setting includes consideration of spiritual, psychological and social needs. Residents and family members interviewed indicated that they are asked to identify any spiritual, religious and/or cultural beliefs. Relatives reported that they feel they are consulted and kept informed and family involvement is encouraged.
Standard 1.1.7: Discrimination Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.	FA	The staff employment process includes the signing of house rules. Job descriptions include responsibilities of the position and ethics, advocacy and legal issues. The orientation programme provided to staff on induction includes an emphasis on privacy and personal boundaries.
Standard 1.1.8: Good	FA	The service meets the individualised needs of residents relating to rest home level care. The quality

<p>Practice</p> <p>Consumers receive services of an appropriate standard.</p>		<p>programme has been designed to monitor contractual and standards compliance and the quality of service delivery in the facility. Staffing policies include pre-employment, the requirement to attend orientation and ongoing in-service training. The nurse manager is responsible for coordinating the internal audit programme. Staff/quality meetings and residents meetings are conducted. Residents and relatives interviewed spoke positively about the care and support provided. Staff interviewed had a sound understanding of principles of aged care and stated that they feel supported by the nurse manager. Caregivers' complete competencies relevant to their practice including all aspects of caregiving and these are updated annually.</p> <p>The service shares a building/site with the local medical centre and is an integral part of the small community in which it is situated.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Residents and family interviewed stated they were welcomed on entry and were given time and explanation about services and procedures. Communication with family members is recorded on the sample of incident and accident report forms reviewed and in the resident daily progress notes. Residents and family members interviewed confirmed they are informed of changes in health status and incidents/accidents. The service has policies and procedures available for access to interpreter services and residents (and their family/whānau). If residents or family/whānau have difficulty with written or spoken English then interpreter services are made available.</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>	FA	<p>Teviot Valley rest home provides residential services for up to 14 residents requiring rest home level care (one of which is used to provide respite care). On the day of the audit, there were 14 residents. One resident was on a respite contract. The remainder of the residents were under the age related residential care contract. The organisation is overseen by an experienced and qualified nurse manager, who is a registered nurse. The nurse manager has nursing and management experience/qualifications and has been with the service since the opening of the rest home. She is also PRIME trained (Primary Response in Medical Emergency) and undertakes on-call duties with the attached medical centre. The nurse manager is supported by a Board of Trustees and another registered nurse who works 16 hours per fortnight.</p> <p>The service has a business plan and goals for 2017. The service has a documented quality and risk management system that reflects the organisation's values, mission and philosophy and provides goals for measurement of achievement against key areas of the business. The nurse manager has maintained at least eight hours annually of professional development training.</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>	FA	<p>The nurse manager reported that in the event of her temporary absence the registered nurse fills her role with support from other staff.</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>	PA Low	<p>The service has an established quality and risk system that includes analysis of incidents, infections and complaints, internal audits and feedback from the residents. The service has policies and procedures and associated systems to provide a level of service that is meeting accepted good practice and adhering to relevant standards, including those standards relating to the Health and Disability Services (Safety) Act 2001. Teviot Valley monitors progress with the quality and risk management plan through monthly staff/quality meetings. There is an internal audit schedule, which has been completed for 2016 and is being implemented for 2017. Areas of non-compliance identified through quality activities are documented as corrective actions, implemented and reviewed for effectiveness. A resident/relative survey is scheduled to be completed annually but has not been completed annually.</p> <p>The service has a health and safety management system. There are implemented risk management, and health and safety policies and procedures in place including accident and hazard management. The service has comprehensive policies/procedures to support service delivery, which have been reviewed. Policies and procedures align with the resident care plans. Policies were reviewed in September 2016. A document control policy outlines the system implemented whereby all policies and procedures are reviewed regularly. Falls prevention strategies are implemented for individual residents, and staff receive training to support falls prevention. The service collects information on resident incidents and accidents as well as staff incidents/accidents and provides follow-up where required.</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</p>	FA	<p>Incident and accident data is collected and analysed. A sample of ten resident related incident reports for July to December 2016 and January 2017 were reviewed and evidence that all adverse events are documented to manage risk. All reports and corresponding resident files reviewed evidence that appropriate and timely clinical care by a registered nurse has been provided following an incident. Reports were completed and family notified as appropriate. Incidents and accident data is communicated to staff, as evidenced in staff/quality meeting minutes reviewed. The nurse manager is aware of her responsibilities to notify appropriate authorities when required.</p>

where appropriate their family/whānau of choice in an open manner.		
<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>	FA	<p>The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. A copy of practising certificates is kept. There are human resources policies in place including recruitment, selection, orientation and staff training and development. Five staff files were reviewed (one cook, two caregivers, one nurse manager and one activities coordinator/cleaner) and included all appropriate documentation.</p> <p>The service has an orientation programme that provides new staff with relevant information for safe work practice. Staff interviewed were able to describe the orientation process and stated that they believed new staff were adequately orientated to the service. Annual appraisals have been conducted for all staff. There is a completed in-service calendar for 2016, which exceeds eight hours annually. The nurse manager and registered nurse have attended external training including conferences, seminars and sessions provided by the local DHB.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>Teviot Valley rest home has a four weekly roster in place, which ensures that there is at least one staff member on duty at all times and one registered nurse on-call. The nurse manager works full time and provides after hours on-call cover from Monday to Friday. Another registered nurse works in the weekends and shares the weekend on-call with another PRIME trained nurse from the medical centre. Caregivers and residents interviewed, advise that sufficient staff are rostered on for each shift. All care staff are trained in first aid. Residents and families interviewed advised that there is sufficient staff on duty to provide the care and support required.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The service retains relevant and appropriate information to identify residents and track records. This includes information gathered at admission with the involvement of the family. Staff can describe the procedures for maintaining confidentiality of resident records and sign confidentiality statements. Resident records are integrated and support the effective provision of care services. Files and relevant care and support information for residents is able to be referenced and retrieved in a timely manner.</p>
Standard 1.3.1: Entry To	FA	The service has admission policies and processes in place. Residents and family members receive an

<p>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>information pack outlining services able to be provided, the admission process and entry to the service. The nurse manager screens all potential residents prior to entry and records all admission enquiries. Residents and relatives interviewed confirmed they received information prior to admission and had the opportunity to discuss the admission agreement with the team leader. The admission agreement form in use aligns with the requirements of the ARRC contract, where applicable. Exclusions from the service are included in the admission agreement. The information provided at entry includes examples of how services can be accessed that are not included in the agreement.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>There are policies in place to ensure the discharge of residents occurs correctly. Residents who require emergency admissions to hospital are managed appropriately and relevant information is communicated to the DHB. The service ensures appropriate transfer of information occurs. Relatives interviewed confirmed they were kept well informed about all matters pertaining to residents, especially if there is a change in the resident's condition. Respite residents are supported to transition back home when ready. Communication with families is well documented around exit.</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>PA Moderate</p>	<p>The medication management policies and procedures comply with medication legislation and guidelines. Medicines are appropriately stored in accordance with relevant guidelines and legislation. The medication charting reviewed did not always meet legislative requirements. All 'as required' medications had an 'indication for use'. Medication is appropriately stored and expired medication is disposed of as per policy. Medication reconciliation occurs on admission. All 10 medication records reviewed evidenced that medication has been administered as prescribed. Two charts had paracetamol that had not been prescribed, signed as administered. Caregivers are responsible for the administration of medications. Staff who administer medication have been assessed as competent. The facility uses a blister pack medication management system for the packaging of all tablets. The nurse manager reconciles the delivery of the packs from the pharmacy. Medication charts are written by the GP and there was documented evidence of three monthly reviews. There were two residents self-administering and both had current competency assessments around this. The secure treatment room includes a medication fridge. The temperature of the fridge is monitored.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food,</p>	<p>FA</p>	<p>The food service policies and procedures include the principles of food safety, ordering, storage, cooking, reheating and food handling. There are two cooks at the service who work a four on, four off roster. They prepare and cook all meals on site. Both have completed food safety training. Evening meals are served by caregivers. The summer and winter menu have been reviewed by a dietitian, last in November 2015.</p>

<p>fluids and nutritional needs are met where this service is a component of service delivery.</p>		<p>Residents are provided with meals that meet their food, fluids and nutritional needs. The registered nurse completes the dietary requirement forms on admission and provides a copy to the kitchen. Additional or modified foods are also provided by the service if required (none are currently required).</p> <p>Chiller, freezer and food temperatures are monitored and recorded daily. Cooked meals are plated from the kitchen directly to the dining room. The residents confirmed that they are provided with alternative meals as per request. All residents are weighed regularly. Residents with low weight or weight loss are provided with food supplements.</p> <p>Residents and family members interviewed spoke positively about the meals provided.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	<p>FA</p>	<p>The service records the reason for declining service entry to residents, should this occur and communicates this decision to residents/family/whānau. Anyone declined entry is referred back to the referring agency for appropriate placement and advice.</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 nurse manager utilises standardised risk assessment tools on admission and the InterRAI assessment tool. InterRAI assessments, assessment notes and summary were in place for all four long-term resident files reviewed. The long-term care plans reviewed reflected the outcome of the assessments and goals were identified.</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 long-term care plans reviewed described areas of the support required to meet the resident's goals, needs, and identified allied health involvement under a range of individualised headings. Care plans evidenced regular evaluations (possible link). Residents and their family/whānau were documented as involved in the care planning and review process. Short-term care plans (STCP) are in use for changes in health status. Short-term care plans have been regularly reviewed and signed off when resolved.</p>
<p>Standard 1.3.6: Service</p>	<p>PA Low</p>	<p>Caregivers and the nurse manager follow the care plan and report progress against the care plan each day.</p>

<p>Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>		<p>If external nursing or allied health advice is required, the nurse manager will initiate a referral (eg, physiotherapist and dietitian). If external medical advice is required, this will be actioned by the GP. Staff have access to sufficient medical supplies (eg, dressings). Continence products are available and resident files include a continence assessment (as part of InterRAI) and plans (within the care plan). Specialist continence advice is available as needed and this could be described. Monitoring charts are available and the nurse manager described when these have been used. Weights, observations and blood sugar monitoring were completed as per care plan interventions. Residents with weight loss were identified (this is rare and there were none at the time of the audit).</p> <p>There were no current pressure injuries. Two residents had current wounds. One minor wound is being managed by the facility and a vascular ulcer is being managed by the district nurse. Both had a short-term care plan that described the type of wound (but not a comprehensive assessment), a wound management plan and regular wound evaluation. Short-term care plans have been used for previous wounds.</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>PA Low</p>	<p>An activities coordinator supports an activities plan three to four hours per day, five days per week. A basic weekly plan that carries over from week to week is developed but this plan is a last resort as given the ability and small number of residents, the programme is flexible depending on what is requested by residents on any given day. This process was confirmed by staff, residents and family and residents and family find this responsive and positive. Records are not kept of the actual activities provided or attendees. Activities include (but not limited to) newspaper reading, housie, happy hour, outings, church services, quizzes, baking, and games. Interviews with residents identified that activities provided were appropriate to the needs, age and culture of the residents. The activities are physically and mentally stimulating.</p> <p>Each resident has an individual activities assessment as part of the admission assessment and from this information an activities section is developed within the care plan and reviewed at each care plan review. Some, but not all activities attendance is documented in progress notes.</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>Care plan evaluations were sighted in resident files reviewed. These have been completed at least six monthly and when there is a change in condition or care requirements. There is at least a three monthly review by the GP. The files reviewed included examples where changes in health status had been documented and followed up. Short-term care plans reviewed had been evaluated and closed out or added to the long-term care plan where the problem was ongoing.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability</p>	<p>FA</p>	<p>The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. The nurse manager initiates referrals to nurse specialists and allied health</p>

<p>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>		<p>services. Other specialist referrals are made by the GPs. Referrals and options for care were discussed with the family as evidenced in interviews. The nurse manager provided examples of where a resident's condition had changed and the resident was reassessed.</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>Waste management procedures are addressed in the safe environment and health and safety manuals. The staff orientation process includes chemical usage, hazard management and the use of material safety datasheets. All hazardous chemicals are stored in secured areas. Appropriate sharps bins are available. The sluice and laundry includes protective equipment including gloves, eye protection and aprons. Hats are worn by food service staff.</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>Teviot Valley rest home is a part of the medical centre building and originally was the Roxburgh hospital. It is spacious, on a single level and all rooms are fully furnished and personalised. Fixtures and fittings are appropriate and meet the needs of the residents. There is a current building WOF which expires 28 June 2017. The outside areas are landscaped, with pathways and garden beds and a large deck area. Hot water temperatures are checked monthly and are below 45 degrees Celsius.</p> <p>There is adequate equipment available. Medical equipment including scales has been checked and calibrated in June 2016. Testing and tagging of electrical equipment has been conducted.</p> <p>Flooring surfaces are made of non-slip materials. A maintenance person is available (a volunteer) to attend to all maintenance and repairs. Preventative and reactive maintenance issues have been addressed.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p>	FA	<p>Teviot Valley rest home has 14 single resident rooms. Two rooms have a toilet ensuite. There are also sufficient communal toilets and communal showers. Bathrooms are large enough to ensure that residents who require assistance are managed safely. There is a staff/visitor toilet.</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>		
<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>	<p>FA</p>	<p>The 14 resident rooms are of sufficient size to cater for residents' needs. All rooms are spacious enough to allow residents to safely move about the furnishings with their mobility aids. Residents have personalised their rooms. All rooms are fully furnished.</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>	<p>FA</p>	<p>Teviot Valley rest home has a large dining room and a large lounge. Activities occur in these areas. Residents are free to use alternate areas if they do not want to participate in communal activities that are being run in one of these areas. There is adequate space to store mobility aids while residents are having their meals. Seating and space is arranged to allow both individual and group activities to occur. Residents interviewed confirmed satisfaction with the communal areas.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being</p>	<p>FA</p>	<p>The service has in place, policies and procedures for management of laundry and cleaning practices. Product user charts, chemical safety datasheets for chemicals used in the facility, cleaning manuals and task sheets were reviewed. A part time cleaner is employed to attend to cleaning and laundry is completed by care staff. Residents and relatives interviewed confirmed the facility is kept clean and tidy and there were no concerns around the laundry service.</p> <p>The laundry has a dirty to clean flow. Chemicals are stored in a locked cleaning cupboard. The cleaner's cupboard was locked. Cleaning and laundry audits are included in the annual audit schedule.</p>

provided.		
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>Emergency management plans are in place to ensure health, civil defence and other emergencies are covered. Fire and evacuation training has been provided. Fire drills are conducted six monthly. Civil defence resources are available. Appropriate training, information, and equipment for responding to emergencies has been part of the orientation of new staff. There is an emergency management manual, and a fire and evacuation manual. External providers conduct system checks on alarms, sprinklers, and extinguishers. First aid supplies are available. There is a staff member on duty across 24/7 with current first aid certificates.</p> <p>There is an approved fire evacuation scheme dated April 1995.</p> <p>Emergency lighting is provided, as well as alternative heating and cooking. Extra blankets, torches and supplies are available. There is sufficient food in the kitchen to last for three days in an emergency and there are sufficient emergency supplies of stored water available. Call bells were adequately situated in all communal areas. Each bedroom has a call bell in the bedroom and in the bathroom and light up outside each room and on two display panels.</p> <p>Access by visitors and others is limited to the main entrance. Door checks are made by staff on afternoon and night shifts.</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>General living areas and bedrooms are appropriately heated and ventilated. There is heating in every bedroom – which consists of panel heaters. Room temperatures can be individually adjusted. Residents have access to natural light in their rooms and there is adequate external light in communal areas.</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</p>	FA	<p>Teviot Valley rest home has an established infection control (IC) programme. The infection control programme is appropriate for the size, complexity and degree of risk associated with the service. The nurse manager is the designated infection control person with support from all staff. Infection control matters are discussed at all staff meetings. Education has been provided for staff. The infection control programme has been reviewed annually.</p>

shall be appropriate to the size and scope of the service.		
<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>There are adequate resources to implement the infection control programme at Teviot Valley rest home. The infection control (IC) person has maintained her practice by attending external updates through the DHB (last in November 2015). The infection control team is all staff through the staff meeting. External resources and support are available when required. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes roles, responsibilities, procedures, the infection control team and training and education of staff. The policies are reviewed and updated as required, at least two yearly.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The staff orientation programme includes infection control education. The infection control person has completed external updates and provides staff in-service education which has occurred in 2016. Education is provided to residents in the course of daily support with all residents interviewed able to describe infection prevention practice that is safe and suitable for the setting.</p>

<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>Infection surveillance and monitoring is an integral part of the infection control programme and is described in policy. The nurse manager is the designated infection control person. Monthly infection data is collected for all infections based on signs and symptoms of infection. Surveillance of all infections is entered onto a monthly summary, and then analysed and reported to staff meetings. The infection rate is very low with five months reported with one infection and seven months with nil in 2016.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>There is a restraint minimisation and safe practice policy that is applicable to the service. The definition of restraint and enablers is congruent with the definition in NZ8134.0. The service is restraint free. Restraint training was provided to staff in October 2016. The service has audited restraint minimisation in April 2016.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.3.6</p> <p>Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.</p>	PA Low	A resident/relative survey is scheduled to be completed annually. The last documented survey was completed in 2014.	There was no documented evidence that the resident/relative survey has been completed in 2015 and 2016 as per the schedule.	<p>Ensure that the resident/relative survey is completed annually as per the schedule.</p> <p>90 days</p>
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and</p>	PA Moderate	The service works with the medical centre on the same site and all medications are prescribed and reviewed by these general practitioners. All 10 medication charts sampled had been reviewed three monthly by a GP but not all had start and stop dates documented or all	<p>(i) One medication chart sampled did not have stop dates documented for discontinued medications.</p> <p>(ii) One medication chart for a</p>	<p>(i) and (ii)</p> <p>Ensure medication prescribing meets</p>

<p>appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>		<p>prescribed medications on the chart. The caregivers have been assessed as competent to administer medications. All administration records had a corresponding signature demonstrating administration for all prescribed medications. Two charts had paracetamol administered (on one occasion only) that had not been prescribed.</p>	<p>current antibiotic did not have a start dose or a duration for the course documented.</p> <p>(iii) One resident with a prescribed medication (confirmed by a recent label from the pharmacy) did not have this medication documented on the medication chart.</p> <p>(iv) One resident had been given two paracetamol (on one occasion) for a headache that was not prescribed.</p> <p>(v) One resident with regular BD paracetamol charted has had PRN paracetamol (which is not on the medication chart) administered on several occasions. One recent occasion (over the past six weeks) had a regular dose and a PRN dose documented as administered within four hours of each other. There were no occasions where the resident had been administered more than four doses in 24 hours.</p>	<p>legislative guidelines.</p> <p>(iii) Ensure all prescribed medications are documented on the medication chart.</p> <p>(iv) and (v) Ensure only prescribed medications are administered.</p> <p>60 days</p>
<p>Criterion 1.3.6.1 The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and</p>	<p>PA Low</p>	<p>When a resident develops a wound the nurse manager documents a short-term care plan. The short-term care plan documents the type of wound but not an assessment including size and depth of the wound. A plan was documented for each of the two wounds, one of which was recently referred to the district nurse with whom the nurse manager has a strong link and this wound is now entirely managed by the district nurse. Both wounds show regular evaluation, with the district nurse now reviewing</p>	<p>Two of two current wounds did not have a comprehensive assessment documented.</p>	<p>Ensure all wounds have a comprehensive assessment documented.</p> <p>90 days</p>

desired outcomes.		the second of the wounds. All wounds are managed by the nurse manager who therefore is aware of the assessment of every wound. Therefore the risk is assessed as low.		
<p>Criterion 1.3.7.1</p> <p>Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>	PA Low	The activities plan consists of weekly activities for each day that are a 'fall back' option if residents do not have a preferred activity (including outings) that they request for that day. Residents (and families) report that the flexible programme meets their needs and is a very positive feature of Teviot Valley rest home. Records are not kept of the activities actually provided each day, or attendance, except occasional references in progress notes.	The service does not have a record of the actual activities programme provided or records of attendance at activities.	<p>Ensure a record of the activity provided and who attended is kept for each activity.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.