

Fitzroy Village Management (2016) Limited - Fitzroy of Merivale

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: Fitzroy Village Management (2016) Limited

Premises audited: Fitzroy of Merivale

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 1 February 2017 End date: 1 February 2017

Proposed changes to current services (if any):

Total beds occupied across all premises included in the audit on the first day of the audit: 26

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

Fitzroy of Merivale provides rest home level care for up to 31 residents. On the day of the audit there were 26 residents living at the facility.

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

The facility manager is a registered nurse. She is appropriately qualified and experienced and is supported by a second registered nurse. Residents and family interviewed were complimentary of the service they receive.

There were no areas identified where improvements are required.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Information about the services provided is readily available to residents and families/whānau. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is available in the information presented to residents and their families during entry to the service. Policies are implemented to support rights such as privacy, dignity, abuse and neglect, culture, values and beliefs, complaints, advocacy and informed consent. Māori values and beliefs are understood and respected. Care planning accommodates individual choices of residents and/or their family/whānau. Informed consent processes are adhered to. Residents are encouraged to maintain links with their community. Complaints processes are implemented and complaints and concerns are managed appropriately.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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Services are planned, coordinated, and are appropriate to the needs of the residents. Quality and risk management processes are established. Quality goals are documented for the service. A risk management programme is in place, which includes a risk management plan, incident and accident reporting, and health and safety processes. Adverse, unplanned and untoward events are documented by staff. The health and safety programme meets current legislative requirements. Human resources are managed in accordance with good employment practice. An orientation programme and regular staff education and training are in place. Registered nursing cover is available twenty-four hours a day, seven days a week. There are adequate numbers of staff on duty to ensure residents are safe. The residents' files are appropriate to the service type.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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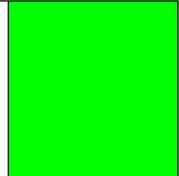
There is an admission package available prior to or on entry to the service. The two registered nurses are responsible for each stage of service provision. A registered nurse assesses and reviews each resident's needs, outcomes and goals at least six monthly. Care plans demonstrated service integration. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses and senior carers responsible for administration of medication complete annual education and medication competencies. The medicine charts had been reviewed by the general practitioner at least three monthly.

A diversional therapist implements the activity programme for the residents. The programme includes community visitors, outings and activities that meet the individual and group recreational preferences for the residents.

All meals and baking are provided by an off-site contractor. Residents' food preferences and dietary requirements are identified at admission and accommodated. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. The building holds a current warrant of fitness.

Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade. Resident bedrooms have ensembles and are spacious and personalised.

Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services. Linen is laundered off-site.

Systems and supplies are in place for essential, emergency and security services. There is a staff member on duty at all times with a current first aid certificate.

Restraint minimisation and safe practice

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

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The manager/registered nurse is the infection control coordinator and oversees infection control management for

the facility. The infection control coordinator has completed infection control education and coordinates education and training for staff. There is a suite of infection control policies and guidelines to support practice. Information obtained through surveillance is used to determine infection control activities and education needs within the facility. There has been one outbreak which was well managed.

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	45	0	0	0	0	0
Criteria	0	93	0	0	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is available in the information presented to residents and their families during entry to the service. Policy relating to the Code is implemented. The facility manager/registered nurse (RN) and three care staff interviewed (two caregivers, one diversional therapist (DT)) could describe how the Code is incorporated into their everyday delivery of care. Staff receive training about the Code during their induction to the service, which continues through the staff education and training programme.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>There are established informed consent policies/procedures and advanced directives. General written consents are obtained on admission. Specific consents are obtained for specific procedures such as influenza vaccine. Six resident rest home files (five rest home and one respite care) contained signed consents.</p> <p>Resuscitation status is included in the advance directive form which had been signed by the resident and general practitioner (GP) in all files reviewed. Copies of enduring power of attorney (EPOA) where available were in the residents' files.</p> <p>An informed consent policy is implemented. Systems are in place to ensure residents, and where</p>

		<p>appropriate their family/whānau, are provided with appropriate information to make informed choices and informed decisions. The caregivers interviewed demonstrated a good understanding in relation to informed consent and informed consent processes.</p> <p>Residents and families interviewed confirmed they have been made aware of and fully understand informed consent processes and that appropriate information had been provided.</p> <p>Five long-term resident files reviewed had signed admission agreements. The respite care resident had signed a short-term 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>	FA	<p>Health and Disability Commissioner (HDC) advocacy details are included in the information provided to new residents and their family/whānau during their entry to the service. Residents and family interviewed were aware of the role of advocacy services and their right to access support. The complaints process is linked to advocacy services. Staff receive regular education and training on the role of advocacy services, which begins during their induction to the service.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>The service has an open visiting policy. Residents may have visitors of their choice at any time. The service encourages residents to maintain their relationships with friends and community groups. Assistance is provided by the care staff to ensure that the residents participate in as much as they can safely and desire to do, as evidenced through interviews and observations.</p> <p>Community links are established with the local churches, Aged Concern and the local HDC advocacy services branch.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints procedure is provided to residents and families during the resident's entry to the service. Access to complaints forms are located at reception. The complaints process is linked to advocacy services.</p> <p>A record of complaints received is maintained by the facility manager using a complaints register. Six consumer complaints were received in 2016 and one in 2017 (year-to-date). Documentation evidenced that these complaints were managed in accordance with HDC guidelines. All complaints were documented as resolved.</p> <p>Discussions with residents and families/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had were addressed promptly.</p>

<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Details relating to the Code and the Health and Disability Advocacy Service are included in the resident information that is provided to new residents and their families. The facility manager/RN discusses aspects of the Code with residents and their family on admission. Discussions relating to the Code are also held during the two-monthly residents' meetings. All six residents and two family interviewed reported that the residents' rights were being upheld by the service.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>The residents' personal belongings are used to decorate their rooms. All residents' rooms include full ensuites.</p> <p>The caregivers interviewed reported that they knock on bedroom doors prior to entering rooms, ensure doors are shut when cares are being given and do not hold personal discussions in public areas. They reported that they promote the residents' independence by encouraging them to be as active as possible. Residents and families interviewed and observations during the audit, confirmed that the residents' privacy is respected.</p> <p>Guidelines on abuse and neglect are documented in policy. Staff receive education and training on abuse and neglect, which begins during their induction to the service.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>A Māori health policy is documented for the service. The care staff interviewed reported that they value and encourage active participation and input from the family/whānau in the day-to-day care of the residents. There were no residents living at the facility who identified as Māori.</p> <p>Education on cultural awareness begins during the new employee's induction to the service and continues as a regular education topic.</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>	FA	<p>The service identifies the residents' personal needs and desires from the time of admission. This is achieved in collaboration with the resident, family/whānau and/or their representative. The staff demonstrated through interviews and observations that they are committed to ensuring each resident remains a person, even in a state of decline. Beliefs and values are discussed and incorporated into the residents' care plans, evidenced in all six care plans reviewed. Residents and family/whānau interviewed confirmed they were involved in developing the resident's plan of care, which included the identification of individual values and beliefs.</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>Professional boundaries are discussed with each new employee during their induction to the service. Professional boundaries are described in job descriptions. Interviews with the care staff confirmed their understanding of professional boundaries including the boundaries of the caregivers' role and responsibilities. Professional boundaries are reconfirmed through education and training, staff meetings, and performance management if there is infringement with the person concerned.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>A registered nurse is onsite seven days a week. If not onsite, an RN is rostered on call. Residents are reviewed by a general practitioner (GP) every three months at a minimum. All resident rooms are of a high standard with full ensuites.</p> <p>Resident meetings are held regularly. Residents and family/whānau interviewed reported that they are very satisfied with the services received. A resident/family satisfaction survey is scheduled to be completed in February 2017.</p> <p>The service receives support from the district health board (DHB). They also receive and a specialist nursing service that is in close proximity to the property and also provides the residents' meals through a contracted provider. Physiotherapy services are provided as needed. A van is available for regular outings. A podiatrist is available on a monthly basis.</p> <p>The environment allows for close relationships between the staff and residents. A DT is onsite four days a week. Caregivers and one of the directors assist with activities in the DTs absence.</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 at all times. The care staff interviewed understood about open disclosure and providing appropriate information when required.</p> <p>Families interviewed confirmed they are kept informed of the resident's status, including any events adversely affecting the resident. Fifteen accident/incident forms reviewed reflected documented evidence of families being informed following an adverse event.</p> <p>An interpreter service is available and accessible if required through the district health board. Families and staff are utilised in the first instance.</p>

<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Fitzroy of Merivale can provide rest home level care in for up to 31 residents in serviced units. Services are provided under the aged residential care agreement and the respite care agreement. On the day of the audit there were 26 residents including six subsidised residents. There was one respite resident. All but nine of the 29 units are licensed to occupy (LTO) including two double units.</p> <p>A philosophy, mission, vision and values are in place. The strategic plan (2016-2020) is regularly reviewed with the facility manager/owner, director/owner and an external consultant.</p> <p>The facility was purchased in April 2016. One owner/director is the facility manager/RN. She has 25 years of public health nursing experience and has maintained over eight hours of professional development relating to the management of an aged care facility. She is supported by the second owner/director (her spouse) who is responsible for maintenance and health and safety. A second (part-time) RN is rostered to support the facility manager.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>The staff RN is responsible in the absence of the facility manager/RN and director/maintenance.</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>A quality and risk management system is being maintained, which is understood and being implemented as confirmed during interviews with the facility manager, director, care staff, one kitchen hand, and one cleaner.</p> <p>Policies and procedures align with current good practice and meet legislative requirements. Policies have been updated to reflect processes around InterRAI and pressure injuries. They are regularly reviewed as per the document review schedule. New policies and updates to existing policies are discussed in staff meetings.</p> <p>Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control data collection and complaints management. Data is collected for a range of adverse event data (eg, skin tears, bruising, falls, infections) and is collated and analysed. An internal audit programme is being implemented. Quality data and outcomes are discussed with staff in the two monthly quality meetings. Where improvements are identified, corrective actions are documented, implemented and signed off by the facility manager.</p>

		<p>An external consultant is assisting the owners/directors.</p> <p>A risk management plan is in place. Health and safety policies have been updated to reflect new legislative requirements. Interviews were conducted with the health and safety officer who also is one of the directors. He has attended health and safety training through Worksafe NZ. Staff health and safety training begins during their induction to the service. Health and safety is a regular topic covered in the two-monthly quality/staff meetings. Actual and potential risks are documented on a hazard register, which identifies risk ratings and documents actions to eliminate or minimise the risk. Contractors are inducted into the facility's health and safety programme.</p> <p>Falls management strategies include sensor mats and the development of specific falls management plans to meet the needs of each resident who is at risk of falling.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>There is an incident reporting policy that includes definitions and outlines responsibilities. Individual reports are completed for each incident/accident with immediate action noted and any follow-up action(s) required. Incident/accident data is linked to the organisation's quality and risk management programme. Fifteen accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. Neurologic observations were conducted for suspected head injuries.</p> <p>The facility manager is aware of statutory responsibilities in regards to essential notification with examples provided. The DHB and public health authorities were notified during a norovirus outbreak in July 2016.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>Human resources policies are in place, including recruitment, selection, orientation and staff training and development. Five staff files reviewed (one RN, three caregivers, one diversional therapist) included evidence of the recruitment process including reference checking, signed employment contracts and job descriptions, and completed orientation programmes. The orientation programme provides new staff with relevant information for safe work practice. Competencies are completed specific to worker type. Staff interviewed stated that they believed new staff were adequately orientated to the service.</p> <p>A register of current practising certificates for health professionals is maintained. Both RNs have completed their InterRAI training.</p>

<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>The staffing policy aligns with contractual requirements. One RN is onsite seven days a week.</p> <p>The facility manager is an experienced RN who works full time and shares weekend responsibilities with a second RN. She is supported by staff RN who covers weekends and assists during the weekdays on an 'as needed' basis. There are adequate numbers of caregivers available with one caregiver rostered during the night shift and three caregivers rostered on the am and pm shifts. Staffing is flexible to meet the acuity and needs of the residents.</p> <p>A separate cleaner is employed. Caregivers are responsible for laundry duties. Interviews with residents and families confirmed staffing overall was satisfactory.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	<p>FA</p>	<p>The residents' files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry. An initial support plan is also developed in this time. Information containing personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Archived records are secure in a separate locked area.</p> <p>Residents' files demonstrate service integration with information held in four separate folders. Entries are legible, dated, timed and signed by the relevant caregiver or RN, including designation.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	<p>FA</p>	<p>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for families and residents prior to admission. Admission agreements sighted aligned with all contractual requirements. Exclusions from the service are included in the admission agreement. A short-term agreement is signed for short-stay residents.</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>Planned exits, discharges or transfers are coordinated in collaboration with the resident and family to ensure continuity of care. There are documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families are involved for all exit or discharges to and from the service.</p>
<p>Standard 1.3.12: Medicine Management</p>	<p>FA</p>	<p>There are policies and procedures in place for safe medicine management that meet legislative</p>

<p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>requirements. The RNs and senior caregivers who administer medications complete annual medication competencies. Annual in-service education on medication is provided. Medications (blister packs) are checked on delivery against the medication chart and any discrepancies fed back to the pharmacy. All medications are stored safely. Standing orders are not used. Five self-medicating residents had a self-medication competency completed and authorised by the GP. The medication fridge is monitored daily. All eye drops were dated on opening.</p> <p>Twelve medication charts were reviewed. The GP generates handwritten medication charts. All medication charts had photo identification and an allergy status. The GP reviews the medication charts at least three monthly. The administration signing sheets reviewed identified medications had been administered as prescribed.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>Meals and baking are provided by an off-site contracted service. A dietitian approves the four-seasonal menu. The contractor receives resident dietary information including dislikes and food allergies. Meals are transported to the facility kitchenette and served by the morning and afternoon staff who are employed by the service. Any special dietary requirements are delivered in named containers. Residents and family members interviewed were very complimentary about the meals provided.</p> <p>Serving temperatures are checked on delivery and recorded. Fridge temperatures are monitored and recorded daily. All perishable goods were date labelled. A cleaning schedule is maintained.</p> <p>All staff and kitchenhands involved in the preparation of breakfasts and serving of meals have attended food safety training.</p> <p>On the day of audit the contractor and health and safety representative visited the service to monitor aspects of meal delivery, food safety standards and service satisfaction with the meals. The manager/RN provides regular written updates on resident dietary needs.</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>There is an admission information policy. The reasons for declining entry would be if the service is unable to provide the care required or there are no beds available. Management communicate directly with the referring agencies and family/whānau as appropriate if entry was declined.</p>

<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 RNs complete an initial assessment on admission including risk assessment tools as appropriate for all admissions, including respite care. An InterRAI assessment is undertaken within 21 days of admission and six monthly, or earlier due to health changes for long-term residents under the ARCC. Resident needs and supports are identified through the ongoing assessment process in consultation with the resident and significant others, and form the basis of the care plan. The long-term care plans reflect the outcome of the assessments.</p>
<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>Residents' long-term care plans reviewed were resident-focused and individualised. Care plans documented the required supports/needs to reflect the resident's current health status. Relatives interviewed confirmed they were involved in the care planning process. Long-term care plans evidenced resident and/or relative involvement in the development of care plans.</p> <p>Short-term care plans were sighted for short-term needs and these were either resolved or transferred to the long-term care plan. A short-term care plan is developed for respite care residents.</p> <p>There was evidence of allied health care professionals involved in the care of the resident including physiotherapist, dietitian, mental health services and speech language therapist.</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>When a resident's condition alters, the RN initiates a review and if required, GP or nurse specialist consultation. There is evidence that family members were notified of any changes to their relative's health including (but not limited to) accident/incidents, infections, health professional visits and changes in medications. Discussions with families and notifications are documented on the family/whānau contact form in the residents' files reviewed.</p> <p>Adequate dressing supplies were sighted. Wound management policies and procedures are in place. A wound assessment and treatment form and evaluation notes (includes dressing type) were in place for three residents with wounds. There were no pressure injuries. The service access wound nurse specialists and district nurses for advice on wound management.</p> <p>Continence products are available. The residents' files include a urinary continence assessment, bowel management plan, and continence products used.</p> <p>Monitoring occurs for blood pressure, weight, vital signs, blood glucose, pain, food and fluid and challenging behaviours.</p>

<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>A diversional therapist (DT) is employed for 3.5 days per week and has been in the role four years. She has a current first aid certificate and attends on-site in-services. One director (maintenance/health and safety officer) coordinates and implements activities on Fridays. The activities are provided from 10.30am to 5.30pm and involve a variety of recreational activities such as news reading, word games, crafts, quizzes, exercises, manicures and movies. There are weekly entertainers and community visitors including pastoral visitors and students. There are monthly church services. Residents are encouraged to maintain links in the community including outings for lunch, cafes, shopping attending concerts and garden visits. There are weekly outings and/or mystery drives. Activities offered are meaningful and meet the residents' recreational preferences.</p> <p>A resident profile is completed soon after admission. Each resident has an individual activity plan which is reviewed at least six monthly. The service receives feedback on activities through one-on-one feedback, residents' meetings and surveys.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>All initial care plans reviewed were evaluated by the RN within three weeks of admission and a long-term care plan developed. Care plans had been evaluated six monthly for four of five long-term resident files reviewed. One resident has not been at the service six months. Written evaluations identified if the desired goals had been met or unmet. The GP reviews the residents at least three monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the progress notes.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	<p>FA</p>	<p>Referral to other health and disability services is evident in the residents' files sampled. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on residents' files.</p> <p>There are documented policies and procedures in relation to exit, transfer or transition of residents. The residents and the families are kept informed of the referrals made by the service. There was documented evidence of re-assessments from respite care to rest home level of care in two of five long-term resident files reviewed.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service</p>	<p>FA</p>	<p>Documented processes for the management of waste and hazardous substances are in place to ensure incidents are reported in a timely manner. Safety datasheets and products charts are readily accessible for staff. Chemical bottles sighted have correct manufacturer labels.</p>

<p>providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>		<p>Chemicals are stored in a locked cupboard. Personal protective clothing is available for staff and was observed being worn by staff carrying out their duties on the day of audit. Staff have attended chemical safety training.</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>The building has a current building warrant of fitness that expires 1 August 2017.</p> <p>The director/health and safety officer has responsibility for the maintenance and repairs of the facility. Maintenance requests are written into a log book and addressed on a daily basis. Essential contractors are available 24 hours. There is a planned maintenance schedule in place. Electrical testing is completed annually. Clinical equipment has been calibrated. Environmental improvements include the refurbishment of two resident rooms, landscaping of gardens, improved storage areas and purchase of new appliances.</p> <p>The interior of the facility provides a boutique style environment including lighting and furnishings. There is sufficient space for residents to safely mobilise using mobility aids and communal areas are easily accessible. There is safe access to the well maintained landscaped outdoor areas and award winning gardens. Seating and shade is provided.</p> <p>The caregivers interviewed stated they have sufficient equipment including mobility aids, wheelchairs, sensor mats and pressure injury resources (if required) to safely deliver the cares as outlined in the residents' care plans.</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>	<p>FA</p>	<p>All resident rooms have shower, toilet and hand basin ensembles. All ensuite surfaces are of materials that meet infection control practice and allow for ease of cleaning. Residents confirm staff respect their privacy while attending to their hygiene cares. There is a communal/visitor disabled toilet near the communal areas.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate</p>	<p>FA</p>	<p>There are 29 large single rooms. There is adequate room for residents to safely manoeuvre using mobility aids. Residents and families are encouraged to personalise their rooms as viewed on the day of audit.</p>

to the consumer group and setting.		
<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>Communal areas within the facility include an open plan dining area and main lounge with a piano and computer station with internet access. The second lounge has a library and Sky TV available. There are seating alcoves near the main entrance. Doors from the second lounge open out onto a patio area. Communal areas are easily accessible to residents.</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 provided.</p>	FA	<p>There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. All linen is laundered off-site and collected daily. There were adequate linen supplies sighted on the day of audit. The facility has a laundry with a defined clean/dirty area. Personal clothing is laundered on-site. The laundry has a commercial washing machine. Laundry processes are monitored by the chemical provider, through internal audits and resident meetings and surveys. There is a dedicated cleaner Monday to Friday. A cleaning schedule is maintained. The cleaner's trolley is kept in a locked area when not in use.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>Emergency and disaster policies and procedures and a civil defence plan are documented for the service. Fire drills occur every six months (at a minimum). The orientation programme and annual education and training programme include fire and security training. Staff interviewed confirmed their understanding of emergency procedures. Required fire equipment was sighted on the day of audit. Fire equipment has been checked within required timeframes.</p> <p>A civil defence plan is documented for the service. There are adequate supplies available in the event of a civil defence emergency including food, water and blankets. A gas barbeque is available.</p> <p>A call bell system is in place. Residents were observed in their rooms with their call bell alarms in close proximity. Call bells are checked regularly by maintenance.</p> <p>There is a minimum of one staff available 24 hours a day, seven days a week with a current first aid/CPR certificate.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate</p>	FA	<p>Residents are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. All bedrooms have adequate natural light.</p>

natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.		
<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	The infection control coordinator (manager/RN) oversees infection control for the facility and is responsible for the collation of infection events. She is supported by the part-time RN. The infection control programme is reviewed annually. Infection control discussion is an agenda item at the two monthly quality meetings. Visitors are asked not to visit if unwell. Hand sanitisers are appropriately placed throughout the facility.
<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	The infection control coordinator has completed on-line MoH infection control training (November 2016). There is access to infection control expertise within the DHB, wound nurse specialist, gerontology nurse specialist, public health, and laboratory personnel.
<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	The infection control policies include a comprehensive range of standards and guidelines including defined roles and responsibilities for the prevention of infection; and training and education of staff. Infection control procedures developed in respect of the kitchen, laundry and housekeeping incorporate the principles of infection control. The policies have been developed by an aged care consultant.
<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 infection control coordinator is responsible for coordinating/providing education and training to staff. Training on infection control is included in orientation and as part of the annual training schedule. A refresher was provided on outbreak management in August 2016 following an outbreak. Hand hygiene competencies are completed during orientation and annually (by "shoulder tap" audits). The chemical provider provides education on chemical safety and food

		<p>safety.</p> <p>Resident education is expected to occur as part of providing daily cares.</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>	FA	<p>There is a policy describing surveillance methodology for monitoring of infections. The infection control coordinator collates information obtained through surveillance to determine infection control activities and education needs in the facility. Infection control data, including trends, analysis and audit outcomes are discussed at the quality meetings. The service completes monthly and annual comparisons of infection rates for types of infections. Trends are identified, analysed and preventative measures put in place. The GPs monitor the use of antibiotics.</p> <p>Systems in place are appropriate to the size and complexity of the facility.</p> <p>There was one outbreak in July 2016. Relevant authorities were notified. Documentation sighted included an outbreak log and staff debrief.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>There are policies around restraint minimisation. No residents were using restraints or enablers. The facility manager is the designated restraint coordinator. She is knowledgeable regarding this role.</p> <p>Staff receive training on restraint minimisation. The caregivers interviewed were able to describe the difference between an enabler and a restraint.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

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.