

New Zealand Lakeside Group Limited - Elizabeth Retirement 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 Audit (NZ) 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:	New Zealand Lakeside Group Limited
Premises audited:	Elizabeth Retirement Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 8 March 2017 End date: 9 March 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:	10

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

Elizabeth Retirement Home provides rest home level of care for up to 26 residents. The service is operated by New Zealand Lakeside Group Limited and a manager. The manager is assisted by a registered nurse and an enrolled nurse (clinical manager). Residents and families spoke positively about the care provided.

This certification audit was conducted against the Health and Disability Services Standards and the service`s contract with the district health board. The audit process included review of policies and procedures, review of residents` and staff records, observations and interviews with residents, family, management, staff and a general practitioner.

There are no areas identified as requiring improvement.

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 Health and Disability Commissioner`s Code of Health and Disability Services Consumers` Rights (the Code) is made available to residents on admission. Opportunities to discuss the Code, consent and availability of advocacy services is provided at the time of admission and thereafter as required.

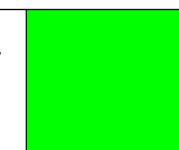
Services are provided that respect the choices, personal privacy, independence, individual needs and dignity of residents. Staff were noted to be interacting with residents in a respectful manner.

Residents who identify as Maori have their needs met in a manner that respects their cultural values and beliefs. Care is provided and guided by a Maori health plan and related policies. There was no evidence of abuse, neglect and/or discrimination and staff understood the implemented related policies. Professional boundaries are maintained.

Open communication between staff, residents and families is promoted, and confirmed to be effective. There is access to formal interpreting services if required. The service has strong linkages with a range of specialist health providers, which contributes to ensuring services provided to residents are of an appropriate standard.

The manager is responsible for complaints. A complaints register is maintained and demonstrated that complaints have been resolved promptly and effectively.

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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New Zealand Lakeside Group is the governing body and is responsible for the services provided at this facility. A business and quality and risk management plan is documented and includes the scope, direction, goals and values of the organisation. Systems are in place for monitoring the services provided, including regular monthly reporting by the manager to the governing body. The current manager commenced employment on the day of the audit. The appointed manager is experienced in the aged care sector and business management.

A quality and risk management system is in place which includes an annual calendar of internal audit activity, monitoring of complaints and incidents, health and safety, infection prevention and control, restraint minimisation and resident and family satisfaction surveys. Quality improvement data is occurring and any trends are reported to the quality and staff meetings.

Adverse events are documented and seen as opportunity for improvement. Corrective action plans are being developed, implemented, monitored and signed off. Formal and informal feedback from residents and families is used to improve services. Actual and potential risks are identified and mitigated and the hazard register is up to date.

A suite of policies and procedures cover the necessary areas, are current and reviewed regularly. The human resource management policy, based on current good practice, guides the system for recruitment and appointment of staff. An orientation and staff training programme ensures staff are competent to undertake their role. Performance reviews are maintained.

Staffing levels and skill mix meets contractual requirements and the changing needs of residents. Residents' information is accurately recorded, securely stored and not accessible to unauthorised people. Up to date, legible and relevant residents' records are maintained in using an integrated hard copy record.

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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Input for care plans is sought from staff and family members. Assessments and care plans are developed and evaluations completed within the required time frame.

Planned activities are appropriate to the resident's assessed needs and abilities. In interviews, family expressed satisfaction with the activities programme in place.

Medications are managed and administered in line with the sighted medication management policy, guidelines and legislative requirements. Medications are monitored and reviewed as required by the GP. The service uses a pre-packaged medication system in prescribing, dispensing and administration of medications. Staff involved in medication administration are assessed as competent.

Residents nutritional needs are provided in line with nutritional guidelines and residents with special dietary needs are catered for.

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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All building and plant complies with legislation and a current building warrant of fitness is displayed. A preventative and reactive maintenance programme is implemented.

The facility has all single rooms. All rooms are in close proximity to bathrooms and toilets. Some rooms have toilets and all rooms have a hand basin. All rooms are an adequate size to provide personal care. Communal areas are spacious and maintained at a comfortable temperature. Shaded external areas with seating are available.

Implemented policies guide the management of waste and hazardous substances. Protective equipment and clothing is provided and used by staff. Chemicals, soiled linen and equipment are safely stored. All laundry is undertaken on site, with systems monitored to evaluate effectiveness.

Emergency procedures are documented and known to staff. Regular fire drills are completed and there is a sprinkler system and call points are installed in case of fire. Access to emergency power and lighting is available. Residents report a timely staff response to call bells. Staff ensure the facility is safe in the evenings and during the night with regular checks of the environment.

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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There are clear and detailed documented guidelines on the use of restraints, enablers and challenging behaviours. There were no residents using restraint or enablers at the time of the audit. Staff interviewed demonstrated a good understanding of restraint and enabler use and receive ongoing education in restraint, enablers and challenging behaviours.

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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Infection control management systems are in place to minimise the risk of infection to residents, visitors and other service providers. The infection control coordinator (RN) is responsible for coordinating education and training of staff. Documentation evidenced that relevant infection control education is provided as part of staff orientation and as part of the on-going educational programme. Infection data is collated monthly, analysed and reported during staff meetings. Surveillance for infection is carried out as specified in the infection control programme. The type of infection surveillance undertaken is appropriate to the size and type of the service. Results of the surveillance are acted upon, evaluated and reported in a timely manner.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	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>Elizabeth Retirement Home has developed policies, procedures and processes to meet its obligations in relation to the Code of Health and Disability Services Consumers' Rights (the Code). Staff interviewed understood the requirements of the Code and were observed demonstrating respectful communication, encouraging independence, providing options and maintaining dignity and privacy of residents. Training on the Code is included as part of the orientation process for all staff employed and in ongoing education training, as verified in training records.</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>The registered nurse and the enrolled nurse interviewed understand the principles and practice of informed consent. Informed consent policies and procedures provide relevant guidance to staff. Clinical records reviewed show that informed consent has been gained appropriately using the organisation's standard consent form including for photographs, outings, and treatments as required.</p> <p>Care planning, establishing and documenting enduring power of attorney (EPOA) requirements and processes for residents unable to</p>

		<p>consent is defined and documented where relevant in the resident's records. Staff demonstrated their understanding by being able to explain situations when this may occur. The manager interviewed is well informed and has worked in the aged care sector.</p> <p>Staff were observed to gain consent for day to day care on an ongoing basis.</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>During the admission process, residents are given a copy of the Code, which also includes information on the advocacy service. Posters related to the advocacy service were displayed in the facility, and additional brochures were available as required. Family members and residents spoken with were well aware of the advocacy service, how to access this and their right to have a support person as needed. The contact details are available on the reverse of the Code pamphlet.</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>Residents are assisted to maximise their potential and to maintain links with family/whanau and with the community by attending a variety of organised outings, visits, shopping trips, activities and entertainment.</p> <p>The facility has unrestricted visiting hours and encourages visits from residents' family and friends. Family members interviewed stated they felt welcome when they visited and comfortable in their dealings with staff.</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 policy and associated forms meet the requirements of Right 10 of the Code. The information is provided to residents on admission and there is complaints information and forms available in a number of areas around the facility.</p> <p>The complaints register reviewed showed that one district health board complaint had been received since the last audit. This was fully investigated by the DHB. Subsequent actions were completed and signed off by the DHB. There are no complaints that remain open. Timeframes are completed as specified in the Code. Action plans reviewed show any required follow-up and improvements have been made where possible.</p> <p>The manager is responsible for complaints management and follow up. All staff interviewed confirmed a sound understanding of the complaint</p>

		process and what actions are required.
Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.	FA	Residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service as part of the admission process and discussion with staff. The Code is displayed along with information on advocacy and how to make a complaint.
Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.	FA	Residents confirmed that they receive services in a manner that has regard for their dignity, privacy, sexuality, spirituality and choices. Staff understood the need to maintain privacy and were observed doing so throughout the audit (eg, when attending to personal cares, ensuring resident information is held securely and privately). All residents have a private room. Residents are encouraged to maintain their independence as much as possible. Each individual care plan included documentation related to the resident's abilities, and strategies to maximise independence. Records reviewed confirmed that each resident's individual cultural, religious and social needs, values and beliefs had been identified, documented and incorporated into their care plan. Staff understood the service's policy on abuse and neglect is part of the orientation programme for staff, and is then provided on an annual basis, as confirmed in the training records.
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	Staff support the two residents in the service who identify as Maori to integrate their cultural values and beliefs. The principles of the Treaty of Waitangi are incorporated into day to day practice, as is the importance of whanau to Maori residents. There is a current health plan developed and implemented. Current access to resources includes the contact details of the cultural advisers available at the district health board. Guidance on tikanga best practice is available and is supported by the staff who identify as Maori in the facility. The residents interviewed reported that staff acknowledge and respect their individual cultural needs.
Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs	FA	Residents verified that they were consulted on their individual culture, values and beliefs and that staff respect these. Resident's personal preferences, required interventions and special needs were in the care

<p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>		<p>plans reviewed. Church visitors are welcome to visit individual residents as arranged to meet individual spiritual needs such as for holy- communion.</p>
<p>Standard 1.1.7: Discrimination Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>Residents and family members interviewed stated that residents were free from any type of discrimination, harassment or exploitation and felt safe. A general practitioner also expressed satisfaction with the standard of services provided to residents.</p> <p>The orientation/induction process for staff includes education related to professional boundaries and expected behaviours. The registered nurse interviewed has a record of completion of the required training on professional boundaries. Staff are provided with a Code of Conduct in both the staff orientation booklet and their individual employment contract and house rules. Ongoing education is also provided annually, which was confirmed in staff training records. Staff are guided by policies and procedures and, when interviewed, demonstrated a clear understanding of what would constitute inappropriate behaviour and the processes they would follow should they suspect this was occurring.</p>
<p>Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>The service encourages and promotes good practice through (eg, the policies and procedures, input from specialist and allied health professionals as required). The general practitioner (GP) confirmed the service sought prompt and appropriate medical intervention when required and were responsive to medical requests.</p> <p>Staff reported they receive management support for external education mostly provided by the district health board (DHB). The registered nurse ensures attendance at education sessions to meet registration requirements and has attended forums such as infection control to support good practice.</p>
<p>Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>Residents and family members stated they were kept well informed about any changes to their relatives health status, were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in residents' records reviewed. There was also evidence of resident/family input into the care planning process. The registered nurse and the</p>

		<p>newly appointed manager interviewed understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code.</p> <p>Interpreter services are able to be accessed via the DHB as required. The enrolled nurse and the registered nurse interviewed knew how to do so, though reported this was rarely required due to all residents being able to speak English and staff able to provide interpretation as and when needed.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>The 2017 business plan was reviewed. The plan is developed as a monthly plan from January to September 2017. Clear objectives are documented which outline the purpose, values and scope, direction and objectives of the organisation. The documents describe the planned objectives and the associated operational plans. The owner/director interviewed has already met objectives planned such as the facility has been re-painted and a new stove and range hood have been purchased for the kitchen. The plan reviewed shows adequate information is in place to monitor performance such as financial performance, emerging risks and issues.</p> <p>The service is from the day of the audit, managed by a manager who has a sound knowledge of the aged care sector, regulatory and reporting requirements. The manager is experienced in business management and has owner/director experience in aged care. The manager interviewed has responsibilities and accountabilities defined in a job description and individual employment agreement. HealthCERT have been notified of the new appointment.</p> <p>The service has been managed for the last six weeks by an experienced enrolled nurse (clinical manager) who has been working full time. The registered nurse works four days a week and is responsible for overseeing the enrolled nurse and clinical management of the residents. Families interviewed are pleased with the new appointment of a facility manager, though commented that the service has been managed efficiently in the absence of the previous manager.</p> <p>The service holds a contract with the DHB for rest home services and palliative care. There are 10 rest home level residents receiving services under the aged residential care contract. The registered nurse</p>

		is responsible for the individual interRAI assessment for all residents. These are completed and are current.
<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>When the manager is absent, the enrolled nurse (clinical manager) covers the manager's temporary absence. The registered nurse oversees the clinical management four days a week. The owner/director is available on call as necessary. The enrolled nurse is experienced in the sector and able to take responsibility with any clinical issues with the oversight of the general practitioner, if the registered nurse is on leave. Currently the resident numbers are low, the manager has only commenced in this role on the day of the audit. Further planning will be required when resident numbers increase.</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>	FA	<p>The organisation has a quality and risk system that reflects the principles of continuous improvement and is understood by staff. This includes management of incidents and complaints, audit activities, a resident/family survey annually, monitoring of outcomes, clinical incidents including infection prevention and control.</p> <p>The quality and risk management plan also states the philosophy of the service. Nursing objectives goals and objectives are outlined. The plan includes an environmental scan, opportunities and threats and the risk register, risk analysis process, risk exposure and controls in place. The quality and risk plan meets the domains of quality including efficiency, effectiveness, safety, responsiveness and accessibility. Business goals are set and objectives are in place for each goal.</p> <p>Regular review and analysis of quality indicators occurs and related information reported and discussed at the management meetings. Minutes reviewed include a set agenda to discuss pressure injuries, falls, restraints, incidents, infections, audit results and activities. Any relevant corrective actions are developed and implemented as necessary and demonstrated a continuous process of quality improvement is occurring.</p> <p>Policies reviewed cover all necessary aspects of service delivery and contractual requirements and are current. The document control system ensures a systematic and regular review process. A contracted quality consultant ensures all policies and procedures are current and up to date with all referencing of relevant sources, approval, distribution</p>

		and removal of obsolete documents. Staff are updated on new policies or changes to policies at the staff meetings.
<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>Staff document adverse and near miss events on the incident/accident form. A sample of incidents forms reviewed show these are fully completed, incidents are investigated, action plans developed and actions followed-up in a timely manner if/when required. Adverse event data is collated, analysed and reported to management and meeting minutes reviewed show discussion in relation to any trends identified, action plans and improvements made.</p> <p>Policy and procedures described essential notification reporting requirements (eg, pressure injuries, health and safety, human resources, infection control, the coroner, the DHB and HealthCERT), the manager and registered nurse interviewed advised there have been no notifications of significant events since the previous audit.</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>Policies and procedures, in line with good employment practice and relevant legislation, guide human resource management processes. Position descriptions reviewed were current and defined the key tasks and accountabilities for the various roles. The recruitment process includes: reference checks; police vetting and validation of qualifications and practising certificates (APCs), where required. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented and records are systemically maintained.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role and included support from a 'buddy' through their initial orientation period. The staff member undergoes an initial assessment six weeks after date of employment commenced.</p> <p>Continuing education is planned on an annual basis. Mandatory training requirements are defined and scheduled to occur over the course of the year. Care staff have either completed or commenced a New Zealand qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. The education programme is developed and implemented for 2017.</p>

		Staff reported that the annual performance appraisal process provides opportunity through the self-appraisal to identify areas of competence and areas for further training. The registered nurse and enrolled nurse interviewed can identify further training goals to meet the nursing competences for each discipline. The domestic and activity staff also complete a skills assessment. Records are maintained in each staff record reviewed and a staff appraisal calendar was sighted. Appraisals were current for all staff.
<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>There is a documented rationale for determining staffing levels and skill mixes in order to provide safe service delivery. The facility adjusts staffing levels to meet the changing needs of residents. An after-hours on call roster is in place, with staff reporting that good access to advice is available when needed. Care staff reported adequate staff were available and that they are able to complete work allocated to them. This was further supported by residents and family interviewed. Observations and review of the roster cycle sample during this audit confirmed adequate staff cover has been provided. The roster will be adjusted depending on the increased number of residents as currently there are only 10 residents. Full capacity is 26 residents. At least one staff member on duty has a current first aid certificate. A registered nurse works four days a week. The on call roster includes the registered nurse, the enrolled nurse and the general practitioner.</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 resident register is maintained with all required information such as: name; date of admission; national health index number (NHI); age and date of birth; contact details; date of Needs Assessment Service Coordination assessment and the needs level is documented. All necessary demographic, personal, clinical and health information was fully completed in the residents` integrated records reviewed. Clinical notes were current and integrated with general practitioner (GP) and allied health service provider notes. All records reviewed were legible with the name and designation of the person making the entry identifiable.</p> <p>The registered nurse has completed all interRAI assessments on all residents and a calendar was sighted for the six monthly interRAI reviews. A copy of each interRAI assessment is in all residents`</p>

		<p>records reviewed.</p> <p>Archived records are held securely on site and are readily retrievable. Residents' records are held for the required period before being destroyed. No personal or private resident information was on public display during the audit.</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>	FA	<p>The entry to service policy has all the required aspects on the management of enquiries and entry. Elizabeth Retirement Home's welcome pack contains all the information about entry to the service. Assessment and entry screening processes are documented and clearly communicated to family/whanau of choice where appropriate, local communities and referral agencies.</p> <p>Admission requirements are conducted within the required time frames and are signed on entry. The admission agreement clearly outlines services provided as part of the agreement to entry. Family/whanau interviewed confirmed that they received sufficient information regarding the services at the retirement home.</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>	FA	<p>The standard transfer form notification from the district health board is utilised when residents are required to be transferred to the public hospital or another service. Residents and their families are involved in all exit or discharges to and from the service and sufficient evidence in the resident's records to confirm this was sighted.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>All medications files sampled confirmed that they are reviewed as required and discontinued medications are signed and dated by the GP. Allergies are documented, identification photos are present and three monthly reviews are completed. Medication charts are legibly written. The clinical manager was observed administering medication correctly. Medications and medication charts are stored safely and securely and medication reconciliation is conducted by the RN when the resident is transferred back to service.</p> <p>The service uses pharmacy pre-packed sachets that are checked by the RN on delivery. The controlled drug register is current and correct. Weekly and six monthly stock takes are conducted and all medications are stored appropriately. There were two residents self-administering medication at the time of the audit and were assessed as competent.</p>

		An annual medication competency is completed for all staff administering medications and medication training records were sighted. The medicines management system comply with legislation, protocols and guidelines.
<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>	FA	<p>Meals are prepared on site and served in the respective dining area. The menu has been reviewed by a dietitian. The kitchen staff have current food handling certificates. Diets are modified as required and the cook confirmed awareness of dietary needs of the residents. The nutritional needs are provided in line with recognised nutritional guidelines appropriate to the residents at the service. The residents have a nutritional profile developed on admission which identifies dietary requirements, likes and dislikes. The resident's weight is monitored regularly and supplements are provided to residents with identified weight loss issues.</p> <p>The kitchen and pantry were observed to be clean, tidy and stocked. Labels and dates are on all containers and records of temperature monitoring on fridges, freezers and chiller are maintained. Regular cleaning is undertaken and all services comply with current legislation and guidelines. All decanted food had records of use by dates recorded on the containers and no expired items were sighted.</p> <p>The residents and family/whanau interviewed indicated satisfaction with the food service. The food satisfaction survey in December 2016, indicated that residents/family are happy with 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>	FA	The clinical manager (enrolled nurse) reported that a declined entry register is in place and when a resident is declined family/whanau are informed of the reason for this and other options or alternative services available. The resident is referred to the referral agency to ensure that the resident will be admitted to the appropriate service provider.
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	The initial assessments are completed within the required time frame on admission while care plans and interRAI assessment are completed within three weeks of resident's admission, as per policy. Assessments and care plans are detailed and include input from the family/whanau and other health team members as appropriate. The clinical manager (EN) utilises standardised risk assessment tools on admission with

		oversight from the RN. In interviews, the resident/ family/whanau expressed satisfaction with the support provided.
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	Long term care plans are resident focussed, integrated and provide continuity of service delivery. The assessed information is used to generate long term care plans and short term care plans for short term problems. Goals are appropriate, congruent and achievable and interventions are detailed to address the desired goals/outcomes identified during the assessment process. The resident/family/whanau interviewed confirmed care delivery and support is consistent with their expectations and plan of care.
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	The documented interventions in short term care plans and long term care plans are sufficient to address the residents' assessed needs and desired goals/outcomes. Significant changes are reported in a timely manner and prescribed orders carried out satisfactorily as confirmed by the GP. Progress notes are completed on every shift. Monthly observations are completed and are up to date. Adequate clinical supplies were observed and the staff confirmed they have access to enough supplies. Residents and family/whanau members interviewed reported satisfaction with the care and support they are receiving.
<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>	FA	The planned activities are meaningful to the residents' needs and abilities. The activities programme covers physical, social, recreational, emotional and cultural needs of the residents. The temporary activities coordinators reported that they ascertain the residents' response and interests during activities and modify activities accordingly with oversight from the clinical manager and RN. The activities are modified according to the capability and cognitive abilities of the residents. The activities coordinators develop an activity planner which is posted on the notice boards and the residents' rooms. Residents' files have a documented activity plan that reflects their preferred activities of choice. Over the course of the audit residents were observed engaging in a variety of activities. The residents and family/whanau reported general satisfaction with the level and variety of activities provided.
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a</p>	FA	Residents' long term care plans, interRAI assessments and activity plans are evaluated at least six monthly and updated when there are

<p>comprehensive and timely manner.</p>		<p>any changes. Resident/family/whanau and staff input is sought in all aspects of care. The evaluations record how the resident is progressing towards meeting their goals and responses to interventions. Short term care plans are developed when needed and signed, dated and closed out when the short term problem has resolved. The required evaluations were sighted in all resident records sampled.</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>There is a documented process for the management of all referrals. The service utilise a standard referral form when referring residents to other service providers. The GP confirmed that processes are in place to ensure that all referrals are followed up accordingly. Resident and family are kept informed of the referrals made by the service. All internal referrals are facilitated by the clinical manager and the registered nurse.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>Documented processes for the management of waste and hazardous substances are in place. All containers containing chemicals are secured and labelled. Appropriate signage is used when necessary. Health and safety training is provided at time of orientation for all new staff. An external company is contracted to supply and manage all chemicals and cleaning/laundry products and they also provided relevant training for staff. Material safety data sheets are available where chemicals are stored and staff interviewed knew what to do should any chemical spill occur. Any related incidents are reported in a timely manner to management or to the registered nurse.</p> <p>There is provision and availability of protective clothing and equipment and staff were observed using this including gloves, hats and aprons.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>A current building warrant of fitness expires 30 September 2017 is publically displayed. Appropriate systems are in place to ensure the residents` physical environment and facilities are fit for their purpose. There is a proactive and reactive maintenance programme and buildings, plant and equipment are maintained to an adequate standard. The testing and tagging of equipment and calibration of bio-medical equipment is current and confirmed in documentation reviewed, interviews with the registered nurse and observation of the environment.</p>

		External areas are safely maintained and are appropriate to the resident group and setting. The environment is conducive to the range of activities undertaken in the areas. Efforts are made to ensure the environment is hazard free and that residents are safe. Residents interviewed confirmed they know the processes they should follow if any repairs or maintenance is required, any requests are appropriately actioned and they are happy with the environment.
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>There are twenty rooms that have their own toilet and hand basin. There are six rooms that have a hand basin only. Toilets and showers are in close proximity to all rooms. There is an additional toilets for staff and visitors and a toilet is located near to both lounges if activities for residents are taking place. There are adequate numbers of accessible bathrooms and toilets throughout the facility. Appropriately secured and approved handrails are provided in the toilet/shower areas, and other equipment/accessories are available to promote resident independence.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>Approved personal space is provided to allow residents and staff to move around within their bedrooms safely. All bedrooms provide single accommodation. Rooms are personalised with furnishings, photos and other personal items displayed.</p> <p>There is room to store mobility aids, walking frames and wheel chairs. Staff and residents reported adequacy of bedrooms.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>Communal areas are available for residents to engage in activities. The dining room and two lounge areas are spacious and enable easy access for residents and staff. Residents are able to access areas for privacy, if required. Furniture is appropriate to the setting and resident's needs. It is arranged in a manner which enables residents to mobilise freely.</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>All laundry is undertaken on site in a dedicated laundry by staff. Commercial equipment and resources are available. Resident's personal items are laundered on site or by family members if requested. Residents/family interviewed reported the laundry is managed well and their clothes are returned in a timely manner. The laundry is currently washed by care staff who demonstrated a sound</p>

		<p>knowledge of the laundry processes, dirty/clean flow and handling of soiled linen.</p> <p>There is a small designated cleaning staff who have received appropriate training. The cleaner interviewed has completed training in chemical management and the cleaning trolley is stored in a locked room when not in use. Cleaning and laundry processes are monitored through the internal audit programme.</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>Policies and guidelines for emergency planning, preparation and response are displayed and known to staff. Disaster and civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of fire or other emergency. The current evacuation plan was approved by the New Zealand Fire Service on the 27 June 2014. A trial evacuation takes place six monthly with a copy sent to the New Zealand Fire Service, the most recent being the 14 December 2016. The orientation programme includes fire and security training. Staff confirmed their awareness of the emergency procedures and emergency boxes in the downstairs storeroom.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including: water; food; blankets; mobile phones and gas BBQ's were sighted and meet the requirements for the maximum number of 26 residents at this facility. There is emergency lighting and emergency power available and both are regularly tested and this was validated.</p> <p>Call bells alert staff to residents requiring assistance. Call system audits are completed as part of the internal audit system. Appropriate security arrangements are in place. Doors and windows are locked and the facility is checked by the afternoon and night care staff for safety.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>All resident's rooms and communal areas have opening external windows. Electric heating is provided with radiators in all rooms and bathrooms. The communal areas were warm and well ventilated throughout the audit and residents and families confirmed that facility is maintained at a comfortable temperature.</p>
<p>Standard 3.1: Infection control management</p>	FA	<p>Elizabeth Retirement Home provides an environment that minimises the risk of infection to residents, staff and visitors by implementing an</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>		<p>appropriate infection prevention and control programme. The registered nurse is the infection control coordinator (ICC) and has access to external specialist advice from the GPs' and district health board infection control specialists when required. The infection control programme at Elizabeth Retirement Home allows for a systematic, coordinated and continuous approach.</p> <p>The infection control programme is reviewed annually and is incorporated in the monthly meetings and review of the education programme. Staff are made aware of new infections through daily handovers on each shift and progress notes. The infection control programme is appropriate for the size and complexity of the service. Infection control practices are guided by infection control policies and procedures. Interview with the ICC indicated that all infections are monitored through a surveillance system in accordance with the infection control programme. There are processes in place to isolate infectious residents when required.</p> <p>A documented job description for the ICC including role and responsibilities is in place. Hand sanitisers and gels are available for staff and visitors to use. There have been no outbreaks documented and infection control guidelines are adhered to. Staff interviewed demonstrated an understanding of the infection prevention and control programme.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	<p>FA</p>	<p>The ICC is responsible for implementing the infection control programme and indicated adequate human, physical, and information resources to implement the infection control programme. Infection control reports are discussed at the management and monthly staff meetings, or as when necessary. The ICC has access to all relevant resident data to undertake surveillance, internal audits and investigations respectively. The last infection control audit was done on the 12/10/2016.</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</p>	<p>FA</p>	<p>Elizabeth Retirement Home has documented policies and procedures in place and reflect current best practice. Staff were observed to be following the infection control standards which are according to relevant legislation and current good practice. Staff demonstrated knowledge on the requirements of standard precautions and able to locate policies</p>

procedures are practical, safe, and appropriate/suitable for the type of service provided.		and procedures. The ICC is responsible for monitoring and implementing the infection control programme.
<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 ICC is a registered nurse and annual infection control education is provided. Training is conducted by the ICC, record of attendance is maintained and was sighted. The training education information pack is detailed and meets required legislative and current regulations. External contact resources included GP, laboratories and local district health board.
<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	The infection surveillance programme is appropriate for the size and complexity of the organisation. Infection data is collected, monitored and reviewed monthly. The data is collated and analysed to identify any significant trends or common possible causative factors. All results of surveillance and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated and reported to relevant personnel and management in a timely manner. Staff interviewed reported that they are informed of infection rates at monthly staff meetings and through compiled reports.
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	The restraint minimisation policy provides consistent definitions for restraints and enablers. There were no residents on restraint or using enablers on the day of the audit at Elizabeth Retirement Home. All staff receive education regarding restraint minimisation and challenging behaviour. Staff interviewed are aware of the difference between a restraint and an enabler.

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.