

Kapiti Vista Limited - Kapiti Rest Home

Introduction

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

The audit has been conducted by 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: Kapiti Vista Limited

Premises audited: Kapiti Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 7 February 2017 End date: 7 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: 30

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.

General overview of the audit

Kapiti Rest Home provides rest home level care for up to 30 residents. On the day of the audit there were 30 residents.

This provisional audit was completed to assess the suitability and preparedness of the prospective new owner. The provisional 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, general practitioner, staff and management.

The current owner is experienced in aged care management. She is supported by a manager who has been in the role 12 years and who is supported by two part-time registered nurses. Residents and family interviewed were very complimentary of the service they receive.

The prospective new owners currently own and manage another rest home within 5 kms of Kapiti rest home. The potential owners are both registered nurses with many years of management experience in aged care. The prospective owners report the current

policies, systems and majority of staff will remain in place following the purchase. The current owner will continue to provide support to the new owners for at least one month following purchase. The two owners will continue as facility manager and clinical manager across both facilities, sharing their time between the two facilities.

Areas identified for improvement at this provisional audit relate to surveys, reference checks, interventions and medication administration.

Consumer rights

Kapiti Rest Home provides care in a way that focuses on the individual resident. Cultural and spiritual assessment is undertaken on admission and during the review processes. Information about services provided is readily available to residents and families/whānau. The Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code) brochures are accessible to residents and their families. Information on informed consent is provided and discussed with residents and relatives. Staff interviewed are familiar with processes to ensure informed consent. Complaints policies and procedures meet requirements and residents and families are aware of the complaints process.

Organisational management

The manager has clinical, management and quality systems experience and is supported by two part-time RNs and long serving staff. The 2017 business plan has goals documented. Policies and procedures are appropriate to provide support and care to resident's rest home level needs. Quality data is collated for infections, accident/incidents, concerns and complaints and internal audits. Quality data is discussed at meetings and is documented in minutes. Adverse, unplanned and untoward events are documented by staff. There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation programme that provides new staff with relevant information for safe work practice. There is an education programme covering relevant aspects of care and external training is supported. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care.

Continuum of service delivery

There is an admission package available prior to or on entry to the service. The registered nurse is responsible for each stage of service provision. A registered nurse assesses and reviews each resident's needs, outcomes and goals at least six monthly. The interRAI assessment tool is being utilised. Care plans demonstrated service integration and 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.

An activity coordinator implements a varied and interesting activity programme for the residents. The programme includes community visitors, volunteers, outings and activities that meet the individual and group recreational preferences for the residents.

Residents' food preferences and dietary requirements are identified at admission. All meals and baking are cooked on site. Food, fluid, and nutritional needs of residents are provided in-line with recognised nutritional guidelines. Dislikes and special dietary requirement are met.

Safe and appropriate environment

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 are spacious and personalised. There are adequate communal shower/toilet facilities and some bedrooms with handbasins. 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. 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

The organisation actively minimises the use of restraint. All staff receive training on restraint minimisation and management of behaviours that challenge. There were no residents using enablers and no residents using restraint.

Infection prevention and control

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator/registered nurse has attended external 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.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	41	0	3	1	0	0
Criteria	0	89	0	3	1	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Discussions with staff (three caregivers, one registered nurse (RN) and one activities coordinator) confirm their familiarity with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Six residents and four family members interviewed, confirmed the services being provided are in-line with the Code. The prospective new owners understand the Consumer Rights, as they currently own another rest home within the area. They reported they will ensure the CORs information is provided as part of pre-admission information packs, including information on advocacy and complaints process.</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 including photos in newsletters, videos and Facebook. Specific consents are obtained for specific procedures such as influenza vaccine. All six resident files including the respite care resident contained signed consents.</p>

		<p>Resuscitation status had been signed appropriately. Advance directives were signed for separately, identifying the resident's wishes for end of life care, including hospitalisation. Copies of enduring power of attorney (EPOA) where available were in the residents' files.</p> <p>The caregivers interviewed demonstrated a good understanding in relation to informed consent and informed consent processes.</p> <p>Family and residents 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 respite care 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>All residents have a documented advocate if they cannot self-advocate. Contact numbers for advocacy services are included in the resident information pack and in advocacy pamphlets that are available at the facility. Residents' meetings include actions taken (if any) before addressing new items. Discussions with relatives identified that the service provides opportunities for the family/enduring power of attorney (EPOA) to be involved in decisions.</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 and relatives confirmed that visiting could occur at any time. Key people involved in the resident's life have been documented in the resident files. Residents verified that they have been supported and encouraged to remain involved in the community, including being involved in regular community groups. Entertainers are regularly invited to perform at the facility.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>A complaints policy and procedure is in place. Residents/family can lodge formal or informal complaints through verbal and written communication, resident meetings and complaint forms. Interviews with residents and relatives confirm that they are familiar with the complaints</p>

		<p>procedure and state any concerns or issues are addressed. The complaints log/register includes the date of the complaint, complainant, summary of complaint, any follow-up actions taken and signature when the complaint is resolved. There were three complaints lodged in 2016. All complaints reviewed were resolved and signed off. Advised that resident meetings are an open forum for residents to discuss any concerns or issues which are then dealt with in a timely manner.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.</p>	FA	<p>The service provides information to residents that include the Code, complaints and advocacy. Information is given to the family or the enduring power of attorney (EPOA) to read to and/or discuss with the resident. Residents and relatives interviewed identified they are well informed about the Code. Resident meetings and surveys provide the opportunity to raise concerns. Advocacy and code of rights information is included in the information pack and is available at the service.</p>
<p>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.</p>	FA	<p>Staff interviewed were able to describe the procedures for maintaining confidentiality of resident records, resident's privacy and dignity. House rules are signed by staff at commencement of employment. Residents are supported to attend churches and church activities if they wish and regular church services are held at the facility. Residents and relatives interviewed reported that residents are able to choose to engage in activities and access community resources. There is an abuse and neglect policy and staff education around this has occurred.</p>
<p>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.</p>	FA	<p>The service has a Māori health plan and an individual's values and beliefs policy, which includes cultural safety and awareness. There were two residents that identify as Māori and cultural needs are addressed in care plans. Discussions with staff confirmed their understanding of the different cultural needs of residents and their whānau. The service has established links with local Māori and staff confirmed they are aware of the need to respond appropriately to maintain cultural safety. Staff have had training around cultural awareness.</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>Care planning and activities goal setting includes consideration of spiritual, psychological and social needs. Residents and family members interviewed indicated that they are asked to identify any spiritual, religious and/or cultural beliefs. Relatives reported that they feel they are consulted and kept informed and family involvement is encouraged.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>The staff employment process includes the signing of house rules. Job descriptions include responsibilities of the position and ethics, advocacy and legal issues. The orientation programme provided to staff on induction includes an emphasis on dignity and privacy and boundaries. The two RNs have completed training around professional boundaries.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>The quality programme is designed to monitor contractual and standards compliance and the quality of service delivery in the facility. Staffing policies include pre-employment, and the requirement to attend orientation and ongoing in-service training. The manager and RN share the responsibility of coordinating the internal audit programme. There is access to computer and internet resources. Policies and procedures are available on an intranet and in hard copy. There are monthly staff meetings and two monthly resident meetings.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>The service provides full information on entry to services. Residents interviewed stated they were welcomed on entry and given time and explanation about the services and procedures. A sample of twelve incident reports reviewed, evidenced recording of family notification. Relatives interviewed confirm they are notified of any changes in their family member's health status. The manager and RN interviewed could describe the processes that are in place to support family being kept informed.</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>Kapiti Rest Home provides rest home level care for up to 30 residents. On the day of audit there were 30 residents including one resident on respite care. All other residents were on the aged related residential care contract. The philosophy of care includes a mission statement and vision. The mission statement is included in the information booklet, which is given to each resident and family on admission.</p> <p>The business is privately owned with one of the two owners currently providing accounting and payroll support to the manager. The manager (previously a RN in South Africa) has been in the role for twelve years and has previous clinical, management and quality systems experience. The manager is not a NZ registered nurse but is supported by two part-time RNs. The manager reports to the owners on a weekly basis. The manager has maintained at least eight hours of professional development activities related to managing an aged care facility.</p> <p>The prospective provider is experienced in managing a rest home level facility. A transition plan has been instigated and is in progress, including determining the organisational structure and ensuring adequate staffing after the change of ownership, communicating with residents and their families, and existing suppliers to ensure a smooth transition. The existing Director and Manager will be leaving the facility upon ownership change. However, the Director will provide a total of three months support to assist the transition. In addition, the new owners have employed a full-time operations manager to pick up the administrative functions.</p> <p>The two directors successfully run a similar facility nearby, which they have owned for 20.5 years. The current and prospective owner have met with the DHB. The two new directors will take on the roles of Facility Manager and Clinical Manager (both are registered nurses). They will both share their time between both sites. They have also employed a full time RN who will work between the two sites as well. Current policies and procedures, developed by an external contracted quality advisor, will remain unchanged initially. There are no plans for the prospective new owner to change the existing environment within Kapiti Rest Home.</p>
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<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>The manager reported that in the event of her temporary absence the RN fills her role with support from other staff. The prospective owners will oversee each other's leave supported by another registered nurse.</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>PA Low</p>	<p>Policies and procedures are stored in hard copy files at the facility or are available for staff to access via computer. Each policy includes a review date. Policies are reviewed two-yearly or earlier for changes to practice. Key components of service delivery are linked to the quality and risk management programmes. Incident/accident data is linked to the quality and risk management programme and is used for comparative purposes.</p> <p>The service has a business plan for 2017 and a continuous quality improvement (CQI) plan for 2016. The business plan includes goals, which relate to effective communication, financial management, capital expenditure on buildings and maintenance, and development of streamlined data. The CQI plan includes a risk management plan and goals, which align with the health and disability service standards. Dates for completion are documented with evidence of ongoing monitoring. The manager is responsible for the quality management system at Kapiti Rest Home with support from the RNs. The prospective provider will continue with the existing quality plan and quality management systems and continue to provide a quality service.</p> <p>The internal audit programme regularly assesses service performance and this is also discussed at staff/quality management meetings. The manager and RN are responsible for ensuring all internal audits are completed. Tasks are delegated to the staff where appropriate. Corrective actions have been generated and completed for any audit outcomes less than 100%. There is documented evidence of discussion around quality data and quality activities at the staff and quality meetings. Opportunities for improvement are identified through the various quality activities. Meeting minutes for all meetings are posted in the staff room. Resident/relative satisfaction surveys are scheduled to be completed annually.</p> <p>Hazards are identified and documented on the hazard register. The manager is currently the designated health and safety officer and has completed training relating to this role. Health and safety issues are</p>

		discussed at the monthly staff/continuous improvement meeting with action plans documented to address issues raised.
<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 including immediate action, reporting, monitoring, corrective action to minimise future events and debriefing. Individual reports are completed for each incident/accident with immediate action noted including any follow-up action(s) required. Twelve accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and timely follow-up by a RN. The manager and RN are aware of their responsibility to notify relevant authorities in relation to essential notifications.</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>	PA Low	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Six staff files sampled show appropriate employment practices and documentation. The recruitment policy specifies a recruitment process that includes interviewing, reference checking, police vetting and an offer of employment, which is then followed by an employment agreement. A minimum of two referees had been contacted in three of six staff files reviewed. Current annual practicing certificates are kept on file.</p> <p>The orientation programme provides new staff with relevant information for safe work practice. Staff interviewed stated that they believed new staff were adequately orientated to the service. There is an annual training plan in place and implemented that has included all required training. All staff files sampled contained a current annual performance appraisal. Residents and families stated that staff are knowledgeable and skilled.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>A recruitment policy is in place that includes a documented rationale for staffing the service. Staffing rosters were sighted. There are two part-time RNs who are on duty Monday to Friday and share the on call. The manager works full time Monday to Friday. Care staff interviewed</p>

		<p>advised that they are well supported by manager and RNs. Roster includes a mix of short and long shifts on each morning and afternoon duty and one caregiver on duty overnight with one person on call. Part-time staff fill casual shifts. Staff turnover is reported by the manager as low. Staffing levels are altered according to resident numbers and acuity. Residents and relatives confirm that there are sufficient staff on duty.</p> <p>Interview with prospective owner identified the current provider has a well-established staff skill mix, which will continue after the change of ownership, taking into account contractual obligations.</p> <p>The prospective owner also confirmed on interview that one of the current registered nurses will be leaving the facility. However with the change of owners, there will be a total of three registered nurses working between both of the facilities after ownership change (the two directors plus an additional full time registered nurse). The only other planned changes will result in an increase in the number of staff available to work at the facility – by allowing staff at our existing facility to work at the new facility, and vice versa. This will only occur after established orientation procedures have been completed. There is an intention to increase caregiver hours on morning and night shift (including having two caregivers on site overnight).</p>
<p>Standard 1.2.9: Consumer Information Management Systems Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Residents' files are protected from unauthorised access by being locked away in the nurses' stations. Informed consent to display photographs is obtained from residents/family/whānau on admission. Information containing sensitive resident information is not displayed in a way that can be viewed by other residents or members of the public.</p>
<p>Standard 1.3.1: Entry To Services Consumers' entry into services is facilitated in a competent,</p>	FA	<p>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for</p>

<p>equitable, timely, and respectful manner, when their need for services has been identified.</p>		<p>families and residents prior to admission. Five long-term admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement. One respite care admission agreement included the service provided and a schedule of charges.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer 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 Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. The RNs and senior caregivers who administer medications complete annual medication administration and insulin competencies. Annual in-service education on medication is provided. Medication is dispensed in weekly nimrod packs or monthly nomad packs. The RN checks the medication against the medication charts and any discrepancies fed back to the pharmacy. All medications are stored safely. The GPs have signed standing orders for their individual residents. The standing order format meets legislative requirements. One self-medicating resident had a self-medication competency completed and authorised by the GP. Refrigerated medications are stored in the top shelf of the kitchen fridge. Temperatures are 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. One administration signing sheet reviewed did not correspond with the instructions on the medication chart.</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>All meals and home baking is prepared and cooked on site by cooks. They are supported by a kitchen assistant in the morning and an afternoon tea person. All staff have completed food safety training. There is a four-weekly seasonal menu which had been reviewed by a dietitian. The cook receives a dietary profile for new residents and is informed of any changes to resident's dietary needs. Dislikes were known and alternative meals provided. Additional or modified foods such as soft foods, vegetarian and diabetic desserts are provided. Residents and family members interviewed were very complimentary about the meals provided. The kitchen is adjacent to the dining room and meals are served directly to the residents.</p> <p>Fridge, freezer and dishwasher temperatures are monitored and recorded daily. End cooked temperatures are taken and recorded daily. Chilled goods temperatures are taken on delivery. All containers of food stored in the pantry are labelled and dated. All perishable goods are date labelled. A cleaning schedule is maintained.</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 nursing assessment on admission including risk assessment tools as appropriate. 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>Acute care plans were sighted for short-term needs (link 1.3.6.1) and these were either resolved or transferred to the long-term care plan.</p> <p>There was documented evidence of allied health care professionals involved in the care of the resident.</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>PA Low</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 in the resident progress notes on the family 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 form and monitoring progress notes were in place for three residents with skin tears. There were no chronic wounds or pressure injuries on the day of audit. There is access to the DHB wound nurse specialist for advice for wound management as required.</p> <p>Continence products are available. The residents' files include a urinary continence assessment, bowel management plan, and continence products used. Monitoring occurs for changes to resident's health however a shortfall was identified around fall preventions strategies for one resident.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a</p>	<p>FA</p>	<p>An activity coordinator is employed 35 hours per week Monday to Friday. She is progressing through Careerforce units and has a current first aid</p>

<p>consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>		<p>certificate.</p> <p>Activities provided meet the resident recreational preferences. Activities are meaningful and include (but are not limited to); reading and discussions, quizzes, walks, ball games, baking, arts and crafts. All festivities and birthdays are celebrated. The service hires a taxi van for outings into the community such as sing-a-longs with other rest home residents at the senior citizens, cafes, shopping and movies. There are weekly entertainers and fortnightly church services. The “gym boys” from a local gym take exercises twice weekly. A music therapist/Tai Chi instructor and Buddhist Monk (for sitting yoga sessions) visit the home. A new initiative has been to involve residents in impromptu theatre readings. A volunteer/resident advocate coordinates a variety of activities on Sundays.</p> <p>A resident activity assessment is completed on admission. Each resident has an individual activity plan which is reviewed six monthly. The service receives feedback on activities through one-on-one feedback, residents’ meetings and surveys (link 1.2.3.6).</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 for long-term residents had been evaluated by RNs within three weeks of admission. Long-term care plans had been evaluated at least six monthly by the multidisciplinary review team. 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.</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 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. Chemicals are stored in a locked cupboard. Personal protective clothing is available for staff and was observed being worn by staff they were carrying out their duties on the day of audit. Staff have completed 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 28 August 2017. A maintenance person is employed to complete planned and reactive maintenance. A maintenance log is maintained and requests signed off as they are addressed. Essential contractors are available 24-hours. Annual calibration, functional checks and electrical testing and tagging of equipment is completed by an external contractor. Monthly hot water temperature checks on resident bathrooms are taken and recorded and maintained below 45 degrees Celsius. Two hot water cylinders have been replaced.</p> <p>There is an annual 2017 building and maintenance plan which includes internal and external buildings and resident equipment and mobility aids. There have been ongoing environmental improvements under the current owner that include; exterior painting, complete refurbishment of seven resident rooms, reconfiguration of laundry space, realignment of front fence for safety, purchase of additional outdoor chairs and installation of new nurse call-bell system.</p> <p>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 outdoor areas and courtyard. Seating and shade is provided.</p> <p>The caregivers interviewed stated they have sufficient equipment including mobility aids, wheelchairs and pressure injury resources (if required) to safely deliver the cares as outlined in the residents' care plans.</p>

		The prospective owner confirmed on telephone interview there are no environmental changes planned in the short to medium term plan, apart from ongoing maintenance.
<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	Nineteen of the rooms have hand basins. Some of the remaining rooms have hand basins. There are adequate numbers of shower rooms and toilets. A new disability toilet has been installed and one shower room is currently being upgraded and safely cordoned off on the day of audit. There are privacy locks on the doors. Residents confirmed staff respect their privacy while attending to their hygiene cares.
<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	All rooms are single. There is adequate space for residents to safely manoeuvre using mobility aids within the bedrooms. Residents and families are encouraged to personalise their rooms as viewed on the day of audit.
<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	Communal areas within the facility includes a spacious dining area and a separate main lounge. There are two separate seating alcoves within the facility. All furniture is safe and suitable for the residents. Communal areas are easily accessible to residents.
<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	There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. All linen and sheets are laundered off-site by a commercial laundry with twice weekly deliveries of clean linen. All personal clothing is completed on-site by a dedicated housekeeper. The laundry is located in the basement and has been reconfigured for ease of workflow. Dirty linen and clothing is delivered to the laundry by a dumb-waiter. Two replacement commercial washing machines have been purchased. The effectiveness of the cleaning and laundry processes are monitored through internal audits, resident meetings and surveys (link 1.2.3.6). Residents and relatives interviewed were satisfied with the laundry service and cleanliness of the

		communal areas and their bedrooms.
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>Emergency management plans are in place to ensure health, civil defence and other emergencies are covered. Fire and evacuation training has been provided. Fire drills are conducted six monthly. The last fire drill occurred on 19 September 2016. Appropriate training, information, and equipment for responding to emergencies has been part of the orientation of new staff. External providers conduct system checks on alarms, sprinklers, and extinguishers. There is a staff member on duty across 24/7 with current first aid certificates. First aid supplies are available.</p> <p>Emergency lighting is provided, as well as alternative heating and cooking. Extra blankets, torches and supplies are available. There is sufficient food in the kitchen to last for three days in an emergency and there are sufficient emergency supplies of stored water available. Call bells were adequately situated in all communal areas. Each bedroom has a call bell in the bedroom and in the bathroom and light up outside each room and on two display panels. Access by visitors and others is limited to the main entrance. Door checks are made by staff on afternoon and night shifts.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>Residents are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. Each resident room has an Econoheat panel that can be individually adjusted. All bedrooms have adequate natural light.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>A registered nurse is the infection control coordinator and oversees infection control for the service. The responsibility for infection control is described in the job description. The infection control programme is reviewed annually. Infection control is reported to the monthly clinical meeting (manager and RNs) and at the monthly staff meetings.</p> <p>Visitors are asked not to visit if unwell. Hand sanitisers are appropriately</p>

		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	<p>The infection control coordinator has attended external infection control and prevention education including an eight-hour infection control study day at the DHB in May 2016.</p> <p>There is access to infection control expertise within the DHB, wound nurse specialist, public health, and laboratory. The GPs monitor the use of antibiotics.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>The infection control 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 last reviewed March 2016.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The 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 last provided September 2016.</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 is discussed at the clinical and staff meetings. The service completes monthly and annual comparisons of infection rates for types of infections. Systems in place are appropriate to the size and complexity of the facility.</p> <p>There has been one outbreak in October 2016. Relevant authorities were notified. A letter sighted from the public health confirmed the</p>

		outbreak was well managed.
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The service philosophy includes that restraint is only used as a last resort. There were no residents at the time of the audit using restraint or enablers. Staff have received ongoing training around managing behaviours that challenge, including individual training about specific residents.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.3.6</p> <p>Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.</p>	PA Low	<p>Incident/accident data is linked to the quality and risk management programme and is used for comparative purposes. The internal audit programme regularly assesses service performance and this is also discussed at staff/quality management meetings. Corrective actions have been generated and completed for any audit outcomes less than 100%. There is documented evidence of discussion around quality data and quality activities at the staff and quality meetings. Opportunities for improvement are identified through the various quality activities. Resident/relative satisfaction surveys are scheduled to be completed annually.</p>	<p>There was no documented evidence that the resident/relative survey has been completed in 2016 as per the schedule. Since the draft report the service has advised that a 2017 survey has been circulated, and they have 16 replies so far. An independent person is set up to analyse them.</p>	<p>Ensure that the resident/relative survey is completed annually as per the schedule.</p> <p>90 days</p>

<p>Criterion 1.2.7.2</p> <p>Professional qualifications are validated, including evidence of registration and scope of practice for service providers.</p>	<p>PA Low</p>	<p>The recruitment policy specifies a recruitment process that includes two referees are contacted, interviewing, police vetting and an offer of employment which is then followed by an employment agreement. Six staff files were reviewed. Three of six staff files reviewed did not have documented evidence of reference checks being completed.</p>	<p>Three of six staff files reviewed did not have documented evidence of reference checks being completed.</p>	<p>Ensure that all staff have two reference checks completed as per the recruitment policy.</p> <p>90 days</p>
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	<p>PA Moderate</p>	<p>Twelve signing sheets were reviewed for compliance of administration against the prescribed medications. Eleven signing sheets corresponded with the medication charts. 'As required' medications administered were timed and dated on the signing sheet.</p>	<p>The evening dose of insulin had been changed on the medication chart for one resident but the previous insulin dose had been administered on four consecutive days. The risk is reduced from high to moderate due to twice daily blood sugar monitoring.</p>	<p>Ensure the medication chart is checked for insulin dose prior to administration.</p> <p>30 days</p>
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>	<p>PA Low</p>	<p>Monitoring occurs for changes to health including blood pressure, weight, vital signs, blood glucose, pain and challenging behaviours however there were no documented interventions for falls prevention for one resident with frequent falls.</p>	<p>Falls risk assessments are completed as part of the admission assessment and six monthly review. Long-term care plans include a mobility focus with appropriate falls prevention in four of five long-term care plans reviewed. There were no documented interventions or fall prevention strategies for one rest home resident who has had frequent falls in the last three months.</p>	<p>Ensure there are documented interventions and falls prevention strategies for residents who fall.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.