

Experion Care NZ Limited - Wensley House

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Experion Care NZ Limited

Premises audited: Wensley House

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 26 April 2017 End date: 27 April 2017

Proposed changes to current services (if any): This provisional audit was undertaken in preparation for a sale and purchase agreement which will result in a change in ownership.

Total beds occupied across all premises included in the audit on the first day of the audit: 25

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

General overview of the audit

Wensley House provides rest home level care for up to 30 residents. The service is operated by a couple and managed by the general manager who is a registered nurse. Residents and families spoke positively about the care provided.

This provisional 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 files, observations and interviews with residents, family, management, staff, and a general practitioner. The prospective provider was interviewed by telephone during the audit.

This audit has resulted in areas requiring improvements relating to training, staffing and the environment.

Consumer rights

Staff demonstrated good knowledge and practice in relation to respecting residents' rights in their day to day interactions. Staff have received ongoing education on the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code).

One resident at the facility identifies as Maori. Services are planned to respect the individual culture, values and beliefs of all residents, including those who identify a Maori.

Residents, families and external health providers interviewed, stated that communication is very good at this service. There was evidence that residents, families and other parties are provided with full and frank information in accordance with the principles of open disclosure. Appropriate written consents have been obtained.

There are processes in place to manage complaints that meet the requirements of the Code.

Organisational management

Business, quality and risk management plans include the mission, philosophy and goals of the organisation. Monitoring of the services provided is undertaken by the staff and the owner/general manager (GM) and is regular and effective. The GM is an experienced and suitably qualified person.

The quality and risk management system includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Staff are involved and feedback is sought from residents and families. Adverse events are documented with corrective actions implemented. Actual and potential risks, including health and safety risks, are identified and mitigated. Policies and procedures support service delivery and are current and reviewed regularly.

The appointment, orientation and management of staff is based on current good practice. A systematic approach to identify training supports safe service delivery, and includes regular individual performance review. Staffing levels and skill mix meet the changing needs of residents.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

The prospective provider has a transition plan to continue with the present levels of staffing and processes.

Continuum of service delivery

Entry criteria for the facility is documented and available for any person and referral agency. The general manager discusses any prospective referral with the referral agency to ensure admission is appropriate. If entry to the service is declined, a record is maintained.

Residents receive timely and appropriate services in order to meet their assessed needs and desired goals/outcomes. Each stage of service provision is undertaken by suitably qualified and experienced staff competent to perform the function.

The processes for assessment, planning, provision, review, and exit are provided within timeframes that safely meet the needs of the resident and contractual requirements. Care plans are detailed and individualised, based on a comprehensive range of clinical information and the interRAI assessment. Short term care plans are developed to manage any problems that might arise. All residents' files reviewed demonstrated that needs, goals and outcomes were identified and reviewed on a regular basis. Residents and families interviewed reported being well informed and involved in care planning and evaluation, and that the care provided is of a very high standard. Evaluation of care is consistently documented at least six monthly.

Residents are referred or transferred to other health services as required, with appropriate documented handovers.

The service provides an activities programme which reflects residents' preferences. The activities are planned and provided to develop and maintain skills and interests that are meaningful to the residents.

A medication management system is in place that meets all legislative and guideline requirements. Staff responsible for medicine management have been assessed as competent to perform the function for each stage they manage.

The menu has been reviewed by a dietitian as suitable for the older person living in long term care. Residents and family reported a high level of satisfaction with the meals and choices provided.

Safe and appropriate environment

The facility meets the needs of residents and overall is clean and appropriate. There is a current building warrant of fitness. Electrical equipment is tested as required. Communal and individual spaces are maintained at a comfortable temperature. External areas are accessible, safe and provide shade and seating.

Waste and hazardous substances are well managed. Staff use protective equipment. Chemicals, soiled linen and equipment are safely stored. Laundry is undertaken by an external company, with the exception of personal laundry, which is done onsite. No issues have been identified with the service.

Staff are trained in emergency procedures, use of emergency equipment and supplies. Fire evacuation procedures are regularly practised. Residents reported a timely staff response to call bells. Security is maintained.

Restraint minimisation and safe practice

The organisation has implemented policies and procedures that support the minimisation of restraint. No enablers or restraints were in use at the time of audit. There are assessment, approval and monitoring processes for restraint available for use, if necessary. There is an understanding that enabler use is voluntary for the safety of residents. Staff demonstrated a knowledge and understanding of the restraint and enabler processes, should they be required.

Infection prevention and control

The general manager is responsible for infection prevention and control and has a defined role to manage the environment and minimise the risk of infection to residents, staff and visitors. The service has a clearly defined and documented infection control programme that is reviewed at least annually.

Staff files, observation and interviews verified initial and ongoing infection control education occurs.

Surveillance for infection is conducted and data collated monthly and annually and transferred to a data sheet. There is evidence of a continued reduction in urinary infections and a proactive approach to continue this trend.

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	42	0	2	1	0	0
Criteria	0	90	0	1	2	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>Wensley House has developed policies, procedures and processes to meet its obligations in relation to the Code of Health and Disability Services Consumers' Rights (the Code). Residents and family reported that they were provided with copies of the Code as part of the admission process.</p> <p>Staff interviewed understood the requirements of the Code and were observed demonstrating respectful communication, encouraging independence and providing options.</p> <p>Training on the Code is included as part of the orientation process for all staff employed and in ongoing training, as was 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>Files reviewed included appropriate written consents by the resident. Staff interviewed demonstrated good knowledge of consent processes. Families and residents interviewed verified appropriate consents occur as part of everyday practice, and this was observed during the audit.</p> <p>There was evidence in files of Enduring Power of Attorney (EPOA) input</p>

		for those who could not consent themselves.
<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>Residents and families interviewed reported that they were provided with information regarding access to advocacy services. Contact details for the Nationwide Health and Disability Advocacy Service was included in the admission package, with the brochure available at the entrance to the service.</p> <p>Education was conducted as part of the in-service education programme for staff. Staff demonstrated knowledge of advocacy processes.</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>Families reported that they are encouraged to visit at any time, and are always welcomed. Residents are supported and encouraged to access community services with visitors, or as part of the planned activities programme. There was evidence in residents' files that this occurs regularly.</p> <p>Staff were observed welcoming visitors and encouraging outings.</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. Information on the complaint process is provided to residents and families on admission and those interviewed knew how to do so. Forms were available to residents and family members at the entrance to the facility.</p> <p>The complaints register reviewed showed that no complaints have been received over the past year, there was one in 2016, and two in 2015. Review of the 2016 complaint showed that actions taken, through to an agreed resolution, were documented and completed within the required timeframes. The GM, who is responsible for the complaints process, spoke of how any actions required are follow up and improvements have been made where possible. All staff interviewed confirmed a sound understanding of the complaint process and what actions are required. There have been no complaints received from external sources since the previous audit</p>

<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>FA</p>	<p>Family and residents interviewed reported that the Code was explained to them on admission, was included as part of the admission pack, and time was allowed for them to understand the information.</p> <p>Nationwide Health and Disability Advocacy service information is also included in the admission pack with brochures available at the entrance and communal areas of the facility. Residents and families interviewed reported that they were aware of their right to access advocacy services but they had not needed to do so.</p> <p>The prospective provider is aware of the requirements to meet the Health and Disability Commissioner's Health Code of Health and Disability Services Consumers' Rights (the Code).</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	<p>FA</p>	<p>Residents and family interviewed reported that the residents are treated in a manner that shows regard for the resident's dignity, privacy and independence. Files reviewed indicate that residents received services that are responsive to their needs, values and beliefs.</p> <p>Residents, families, one general practitioner (GP), and one podiatrist interviewed did not express any concerns regarding abuse or neglect.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	<p>FA</p>	<p>There is a current Māori health plan developed with input from cultural advisers. There was one resident who identified as Māori at the time of audit. The resident reported that there were no barriers to Māori accessing the service.</p> <p>Staff interviewed demonstrated a good understanding of services that are commensurate with the needs of Māori.</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</p>	<p>FA</p>	<p>Residents' files reviewed demonstrated consultation with the resident and family on the resident's individual values and beliefs. Families reported they were consulted with the assessment and care plan development. The</p>

<p>respect their ethnic, cultural, spiritual values, and beliefs.</p>		<p>resident satisfaction survey confirmed that individual needs are being met. Staff interviewed demonstrated good knowledge on respecting each resident's culture, values and beliefs.</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>Staff employment documents had clear guidelines regarding professional boundaries. The induction process for staff includes education related to professional boundaries, expected behaviours and the Code of Conduct. Families and residents interviewed reported they were very happy with the care provided. They expressed no concerns regarding breaches in professional boundaries and all reported a very high satisfaction with the caring and professional manner of the staff.</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 evidence based policies, input from external specialist services and allied health professionals, for example, palliative care team, diabetes nurse specialist and mental health services for older persons. The general practitioner (GP) confirmed the service sought prompt and appropriate medical intervention when required and were responsive to medical requests. Staff reported they receive management support for external education and accessed their own professional networks to support contemporary 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>Staff demonstrated that they understand the principles of open disclosure. Residents, families and the GP confirmed they are kept informed of the resident's status, including details of events which may have affected the resident. Evidence of open disclosure was documented within each resident's file. All interviewees reported that communication was excellent. At the time of this audit there were no residents who required interpreter services to ensure effective communication. Both management and staff demonstrated their understanding of the organisation's processes for</p>

		obtaining these services should they be required.
<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>PA Moderate</p>	<p>One of the two present owners, oversees the environment and the other (the GM), the clinical management. They are onsite during normal working hours, with the GM, also, part of the on-call roster. The GM stated they are a Limited Liability Company with a Board of four shareholders who meet up to twice a year including the annual general meeting. There is a business plan, which is reviewed annually, outlines the mission, philosophy, Code of rights and responsibilities of the organisation. The documents described annual goals and the associated operational plans. A sample of monthly quality meeting reports showed adequate information to monitor performance is reported including issues and emerging risks.</p> <p>The GM is a registered nurse (RN), with a current annual practising certificate, and has 20 years' experience in residential care, 12 of which are at this present facility. Responsibilities and accountabilities are defined in a job description. The GM confirms knowledge of the sector, regulatory and reporting requirements and maintains currency through membership of the New Zealand Aged Care Association and the Retirement Village Association and attending conferences. They are also supported by an external accountant.</p> <p>The service holds contracts with the DHB, for Level 2 Rest Home and has 13 studio rooms with residents having 'right to occupy' agreements. There were 25 rest home residents during the audit. They also provide private day care for one person.</p> <p>The prospective provider, when interviewed via telephone, stated Wensley House will become part of his established company and that a Board of management will be set up, made up of himself, the manager and an accountant. He spoke of a transition plan, to commence ten days prior to settlement, which included meetings with residents and family members and another with staff. He has identified a manager, to take over on 1st June, who is a RN with 20 years' experience in various health related areas including management and hospice services. However, the prospective provider could not confirm that the person has had experience in care of the elderly. He stated that he would approach the present</p>

		<p>senior RN to take up the role of clinical manager. This approach is yet to occur, as the purchase has yet to be discussed with staff. The positions of manager and clinical manager require to be in place prior to the change in service. The prospective provider is aware of the requirements to meet the Health and Disability Standards and contractual arrangements with the DHB as he has had experience in purchasing a rest home in Napier two years ago. He stated he has yet to inform or contact the DHB related to the change of ownership and plans to do this when he arrives from overseas on the 20th May 2017.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>When the GM is absent, a senior RN carries out all the required duties under delegated authority. The RN has who is experienced in the sector and able to take responsibility for any clinical issues that may arise.</p> <p>The prospective provider stated that present delegation arrangements would continue, with the added support of himself and advisory staff, accountancy from Napier and human resources from Christchurch. When the clinical manager was temporarily absent, then another RN would be asked to step up to the role.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, a patient satisfaction survey, clinical incidents including infections.</p> <p>The Quality Advisory Group (QAG) meeting minutes sighted confirmed regular review and analysis of key quality components and that related information is reported and discussed at the staff meetings. Staff reported their involvement in quality and risk management activities through roles in health and safety and audit activities. Relevant corrective actions are developed and implemented to address any shortfalls. Areas for improvement identified at the last audit related to the internal audit system having lapsed and insufficient information on corrective action planning forms. Both of these areas have been addressed.</p> <p>Resident and family satisfaction surveys are completed annually. The most recent survey showed residents are very happy with the services</p>

		<p>being provided.</p> <p>Policies reviewed cover all necessary aspects of the service and contractual requirements, including reference to the interRAI Long Term Care Facility (LTCF) assessment tool and process. Policies are based on best practice and were current. The document control system ensures a systematic and regular review process, referencing of relevant sources, approval, distribution and removal of obsolete documents.</p> <p>The care assistant, who has been elected as the health and safety officer, and the GM, described the processes for the identification, monitoring, review and reporting of risks and development of mitigation strategies. The GM is familiar with the and Health Safety at Work Act (2015) and has implemented requirements.</p> <p>The prospective provider stated he will review the present business plan and develop one based on this and how he wishes to move forward, over time. Present quality and risk structures, policies and procedures would remain in place until there was a reason to change these. He has experience in quality and risk management based on a similar rest home he owns and through this also has an awareness of the Health Safety at Work Act (2015) and requirements of the ARC contract.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>Staff document adverse and near miss events on an adverse/incident/unplanned event form. A review of forms, completed this year, showed these were substantially completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. Adverse event data is collated, analysed and reported to QAG.</p> <p>The GM is aware of essential notification reporting requirements, including for pressure injuries, to professional bodies and contractual requirements. They advised there have been no notifications of significant events made to the Ministry of Health, or other external body 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</p>	<p>PA Low</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting and validation of</p>

<p>requirements of legislation.</p>		<p>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 maintained. The GM and staff report on the whole a very stable workforce with low turnover of staff. All health professionals have current annual practising certificates, including the RNs, physiotherapist, podiatrist and GPs.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. Staff records reviewed show documentation of completed orientation. Performance review was an area for improvement identified at the last audit. All files reviewed and a list of dates for next review identified that all staff were current.</p> <p>Continuing education is planned on a six-monthly basis, including mandatory training requirements to meet the needs of the contract, however not all staff have completed this training. Care assistants have completed a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. The GM and the other two registered nurses are trained and maintaining their annual competency requirements to undertake interRAI assessments. Records reviewed demonstrated that not all staff have completed required training.</p> <p>The prospective provider stated that he will be meeting with staff ten days prior to the change of ownership. Staff would continue on the same terms and conditions presently. He has the services of a human resources consultant for advice on these matters.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week. The facility adjusts staffing levels to meet the changing needs of residents. An afterhours on call roster is in place, with staff reporting that good access to advice is available when needed. Care assistants reported there were adequate staff available to complete the work allocated to them. Residents and family interviewed supported this. Observations and review of a four-week roster confirmed adequate staff cover has been provided, with staff replaced in any unplanned</p>

		<p>absence. At least one staff member on duty has a current first aid certificate. There is RN coverage seven days a week, Monday to Friday 8.5 hours and on weekend five hours, plus there is a RN or the GM are on call after these times. This was confirmed by staff and sighted on the four-week roster reviewed.</p> <p>The prospective provider stated that the current policies on staffing levels and skill mix would continue. He has no plans to change this in the foreseeable future.</p>
<p>Standard 1.2.9: Consumer Information Management Systems Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	<p>FA</p>	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current and integrated with GP and allied health service provider notes. Records were legible with the name and designation of the person making the entry identifiable.</p> <p>Archived records are held securely on site and are readily retrievable using a cataloguing system.</p> <p>Residents' files 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 Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	<p>FA</p>	<p>The general manager logs enquiries and documents interview responses to gauge if the prospective resident is suitable for the facility. A documented record is kept. The residents are required to have an assessment for rest home level of care.</p> <p>The general manager reported that she communicates regularly with referring agencies to ensure admissions are appropriate for the facility.</p> <p>Family members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed contained completed demographic detail, assessments and signed admission agreements in accordance with</p>

		contractual requirements.
<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>When admission is required to another provider (for example a higher level of care), the service completes a transfer form. The referral process documents any risks associated with each resident's transition, exit, discharge, or transfer. With the transfer form, the RN also provides a copy of any other relevant information, such as the medication chart. A file of the one resident reviewed with a recent transfer to another provider evidenced that the transfer was effectively managed.</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 aspects of medicine management are being undertaken according to medicine management policies and procedures, legislative requirements and the Ministry of Health guidelines for the management of medicines in aged care facilities.</p> <p>Most medicines are supplied by the pharmacy in a blister pack administration system. The medicines that are not pre-packed, such as liquid medicines, are individually supplied for each resident. The medicines and pre-packed medicine sheets are checked for accuracy by the general manager/RN when delivered. The pre-packed medicines and the signing sheets are compared against the medicine prescription. The GP conducts medicine reconciliation on admission to the service and when the resident has any changes made by other specialists.</p> <p>Safe medicine administration was observed at the time of audit. All records were accurately completed.</p> <p>The medicines and medicine trolley were securely stored. The fridge where medicines are stored was monitored for temperature, with the sighted temperatures within medicine storage guidelines. Any controlled drugs were stored in a locked safe in a secure room.</p> <p>All the medicine charts sighted had prescriptions that complied with legislation and aged care best practice guidelines. The medicine charts recorded the regular, short course and pro re nata (PRN – as required) medicines for each resident. When medicines were discontinued, these were crossed out and signed and dated by the GP. The medicine charts</p>

		<p>sighted had a current photo of the resident and recorded any medicine related allergies. Sample signature verification was recorded for all staff who administer medicines. All of the medicine charts were reviewed by the GP in the past three months.</p> <p>Medication competencies were sighted for all staff that assist with the medicine management; this included the RN.</p> <p>There were no residents self-administering medication, although the organisation did have policies and procedures in place should this occur.</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>A cook manages the kitchen. This person was unavailable for interview during the audit, however, the relieving cook, was interviewed. The current menu was reviewed by a dietitian as being suitable for the older person living in long term care. If there are changes to the menu these are recorded and referred to the dietitian at the next review. A note book recorded any changes. All residents and families interviewed were very satisfied with the food and food services.</p> <p>Residents are routinely weighed at least monthly, and more frequently when indicated. Residents with additional or modified nutritional needs or specific diets have these needs met.</p> <p>There is food available at any time for those who wish to snack at night.</p> <p>All aspects of food procurement, production, preparation, storage, delivery and disposal complied with current legislation and guidelines. Fridge and freezer recordings were undertaken daily and meet requirements. All foods sighted in the freezer were in their original packaging or labelled and dated if not in the original packaging. Evidence was seen of all kitchen staff having completed safe food handling certificates.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	<p>FA</p>	<p>The general manager reported that she has not declined entry to any potential residents who have an appropriate needs assessment prior to admission. She confirmed that if entry to the service was to be declined the referrer, potential resident and where appropriate their family, would be informed of the reason for this and of other options or alternative</p>

		<p>services.</p> <p>The facility's admission agreement contained information on the termination of the agreement. This documents that if a resident's needs changed and if the service can no longer provide a safe level of care to meet the needs of the resident, they would be reassessed for the appropriate level of care. The general manger reported and provided evidence of when this has occurred.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>The service has fully implemented the interRAI assessment tool for all residents, and all assessments are current. The registered nurse (RN) during interview demonstrated the links between interRAI, planning and reviews.</p> <p>Care plans sighted reflected the needs of the residents as identified in the interRAI assessment tool. All residents' physical, psycho-social, cultural and spiritual needs were fully documented as part of the assessment process. Goals are individual and consistent with meeting the outcome needs of the residents and the scores indicated in the interRAI.</p> <p>A GP during interview confirmed that assessments were always timely and appropriate.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Care plans sighted reflected the interRAI triggers and were comprehensive and up to date. Short term care plans were developed to manage any problems that might arise. All residents' files reviewed demonstrated that needs, goals and outcomes are identified and reviewed on a regular basis. Residents and families interviewed reported being well informed and involved in care planning and evaluation, and that the care provided was consistent across care staff.</p> <p>Integrated files had one main folder that contained the medical information, nursing assessment, care plan, routine observations, activities, therapies, family correspondence and specialist consultations.</p> <p>Staff interviewed confirmed they were well informed and care plans were very clear and they were involved in the review process.</p>

		The GP interviewed expressed a high level of satisfaction with the care provided, and noted the service looked after palliative residents particularly well. This was re-iterated during interview with the palliative care outreach nurse.
<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	<p>Services are being delivered according to information in resident's individualised care plans.</p> <p>Short term care plans are being developed for short term problems, such as skin tears, wounds, decreased mobility and infections. Progress notes reviewed demonstrated that care and support was consistent with the identified problems, personal goals and interventions, as described in the care plans.</p> <p>Staff informed that they report any concerns about a resident, such as a change in their condition, both in the progress records and to the general manager/RN, and this was confirmed in documentation reviewed and interviews with the general manager/RN.</p> <p>Families and residents spoke very highly of the level of care and support provided and consistently stated that all of their needs were being met. The GP interviewed confirmed that his interventions ordered were always implemented.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>On admission, a personal profile is completed for each resident. A detailed and individualised activity plan is developed and updated during review. A range of activities are planned for each month and copies of the monthly activity schedules showed that options were varied.</p> <p>Two diversional therapists implement the activities programme. During interview the activities person reported that options for group activities were discussed regularly with residents and family.</p> <p>Residents and families reported they were very happy with the activities available. They confirmed there is no compulsion to attend, or participate if they are in the lounge during activity time. Residents who wish are assisted to undertake activities on a one to one basis and a record of this</p>

		was retained.
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Evaluation of both short and long term care plans was occurring within recommended timeframes with detailed outcomes/goals included. Six monthly reviews of care plans were occurring. Both residents and family were consulted and informed when changes are identified. This was confirmed during interviews and via the family communication forms.</p> <p>Information was being included in progress notes and changes were being made to interventions on care plans when indicated. Staff interviewed stated they are consulted prior to evaluations.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>The GP arranges for any referral to specialist medical services when it is necessary. The residents' files reviewed had appropriate referrals to other health and diagnostic services. The RN confirmed that they utilise external services as much as possible. Referrals were sighted for consultations with general medicine, pathology, dietitian and mental health services. The GP interviewed reported that appropriate referrals to other health and disability services were well managed at 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>	FA	<p>Staff follow documented processes for the management of waste, including recycling, infectious and hazardous substances. In addition to recycling being removed by the local authority, a contracted company remove the general waste.</p> <p>An external company is contracted to supply and manage all chemicals and cleaning products and they also provide relevant training for staff, as was sighted in staff personnel files and confirmed by staff at interview. Material safety data sheets were available where chemicals are stored and staff interviewed knew what to do should any chemical spill occur.</p> <p>There is provision and availability of protective equipment and staff were observed using these.</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>PA Low</p>	<p>A current building warrant of fitness (expiry date May 2018) is publicly displayed.</p> <p>The testing and tagging of electrical equipment and calibration of bio medical equipment is current as confirmed in documentation reviewed, interviews with maintenance personnel and observation of the environment. There are some small sloping areas and stairs with efforts made to ensure that residents in these areas are not compromised by the slope. Residents' safety is seen as being paramount and independence is promoted.</p> <p>Reactive systems are in place to manage any repairs brought to the attention of the owner and handyman, example sighted was management of the local problem with ants. There is no proactive maintenance, replacement plan in place and some areas were seen to be in need of replacement or repair.</p> <p>External areas are safely maintained and are appropriate to the resident groups and setting.</p> <p>Staff and residents confirmed they know the processes they should follow if any repairs or maintenance is required, any requests are appropriately actioned and that they are happy with the environment.</p> <p>The prospective provider stated that they have no plans presently to change the environment.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. This includes toilets between shared rooms, ensuite and additional toilets. Separate staff and visitors' toilets are also provided.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>Adequate 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 and wheel chairs. Staff and residents</p>

		reported the adequacy of bedrooms.
<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 and lounge areas are spacious and enable easy access for residents and staff. Residents can access areas for privacy, if required. Furniture is appropriate to the setting and residents' needs</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>Bedding and towels are laundered off site by a contracted provider. Residents' personnel laundry and tea towels are done onsite in two small dedicated laundry rooms. Care assistants undertake the laundry following documented instructions. Staff demonstrated a sound knowledge of the laundry processes, dirty/clean flow and handling of soiled linen. Residents interviewed reported the laundry is managed well and their clothes are returned in a timely manner.</p> <p>There is a designated cleaner who has received appropriate training, including chemical training, who has been employed for some years. Chemicals were stored in a lockable cupboard and were in appropriately labelled containers. Night staff also undertaken cleaning and require to complete training related to this see CAR 1.2.7.5.</p> <p>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 described the procedures to be followed in the event of a fire or other emergency. The current fire evacuation plan was approved by the New Zealand Fire Service on the May 2003. A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service; the list of attendance of the last three were reviewed (see CAR 1.2.7.5). The orientation programme includes fire and security training. Staff confirmed their awareness of the emergency procedures.</p>

		<p>Adequate supplies for use in the event of a civil defence emergency, including food, water, gas heaters, mobile phones and gas cooking, were sighted and meet the requirements for the 30 residents. Water storage is in bottles located in the handyman's shed, and there is a generator on site. Emergency lighting is regularly tested.</p> <p>Call bells alert staff to residents requiring assistance. Call response is reviewed if an issue is highlighted as seen in one complaint last year. On the whole, residents stated that staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place. Doors and windows are locked at dusk, and a security company checks the premises at night.</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>	<p>FA</p>	<p>All residents' rooms and communal areas are heated and ventilated appropriately. Rooms have natural light, some with external opening doors onto a veranda. Heating is provided by heaters, and some areas have heat pumps. Temperature of the various areas are monitored and show the temperature being around 20 degrees Celsius, or at a temperature requested by the resident. Areas were warm and well ventilated throughout the audit and residents and families confirmed the facilities are maintained at a comfortable temperature.</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>	<p>FA</p>	<p>The general manager/registered nurse is the designated IPC coordinator, whose role and responsibilities are defined in a job description. There are clear lines of accountability for infection control matters at the service through the staff meetings. The general manager attends these meetings and provides a report to all other meetings on infection control matters.</p> <p>The annual review of the infection control programme has been conducted within the past 12 months.</p> <p>The service has policies about staff, residents and visitors suffering from, or exposed to and susceptible to, infectious diseases. Staff reported that they do not come to work if they are unwell. Notices are placed at entrances to ask visitors not to visit if they are unwell, or have been exposed to others who are unwell. There was sanitising hand gel throughout the service for residents, visitors and staff.</p>

<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The general manager attends ongoing education. She reported that the facility can access external advice from the hospital's IC consultant, the GP, DHB and Ministry of Health services as required. Infection control is discussed at the staff and quality meetings and staff education occurs annually and randomly as part of the on-site audit process and as required at handover meetings.</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 general manager/RN has appropriate skills, knowledge and qualifications for the role, and has been in this role for 12 years. She has undertaken training in infection prevention and control and has attended relevant study days, as verified in training records sighted. Additional support and information is accessed from the infection control team at the DHB, the community laboratory and the GP as required. The coordinator has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections.</p> <p>The IPC coordinator confirmed the availability of resources to support the programme and any outbreak of an infection.</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 prevention and control policies reflect the requirements of the infection prevention and control standard and current accepted good practice. Policies were last reviewed in March 2017 and include appropriate referencing.</p> <p>Care delivery, cleaning, laundry and kitchen staff were observed following organisational policies, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing and sanitiser dispensers are readily available around the facility. Staff interviewed verified knowledge of infection control policies and practices.</p>
<p>Standard 3.5: Surveillance</p>	FA	<p>Surveillance is appropriate to that recommended for long term care facilities and includes infections of the urinary tract, soft tissue, fungal,</p>

<p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>		<p>eye, gastro-intestinal, the upper and lower respiratory tract and skin infections. The general manager/RN reviews all reported infections and these are documented. New infections and any required management plan are discussed at handover, to ensure early intervention occurs.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff via regular staff meetings and at staff handovers. Graphs are produced that identify trends for the current year and comparisons against previous years, and this is reported to the quality group and staff.</p> <p>A report for an increase in urinary tract infections (UTI's) in 2015 was reviewed and demonstrated a thorough process for investigation and implementing strategies to minimise infections. A marked reduction of UTI's in the 2016 year has seen the strategies incorporated into everyday practice.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>Policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of both restraints and enablers. The GM provides support and oversight for enabler and restraint management in the facility. On the day of audit, no resident were using restraints or enablers.</p> <p>A review of the policies, procedures and forms show a similar process is followed for the use of enablers as is used for restraints, should this be required. Restraint is used as a last resort when all alternatives have been explored. Staff interviewed were aware of policies and the difference between enabler and restraint.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.1.3</p> <p>The organisation is managed by a suitably qualified and/or experienced person with authority, accountability, and responsibility for the provision of services.</p>	<p>PA</p> <p>Moderate</p>	<p>The sale and purchase of the organisation has been going on for some time and has not been discussed with the present staff, residents and family members. The prospective purchaser stated that he has engaged with a RN, who has 20 years' experience, has an MBA, and has worked in management roles in various organisations. She has been manager of a hospice for four years. She is not based in the Nelson area, but is happy to relocate. The prospective owner stated that he would offer the role of clinical manager to the present senior RN. This would meet the requirements of the Age Related Residential Care Service Agreement (ARC).</p>	<p>The prospective owner has engaged with a senior RN who does not have care of older people as per the ARC contract. He intends to approach the present senior RN to take on the role of clinical manager. However, he is not in the country until mid-May and wishes to take over the ownership from first June.</p>	<p>The role of manager and clinical manager require to be confirmed and in place prior to the change of ownership.</p> <p>Prior to occupancy days</p>

<p>Criterion 1.2.7.5</p> <p>A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.</p>	<p>PA Moderate</p>	<p>The GM develops a six-monthly training plan, based on the requirements of the standard and contract requirements. These are supplemented with training undertaken as part of the two monthly staff meetings. A review of ten staff files, attendance records for training, and attendance at staff meetings showed that not all staff are undertaking required training.</p>	<p>Areas of compulsory training have not been completed by all staff, in the last 12 months, as identified by the attendance record; examples noted were:</p> <p>Fire drill, 23 out of 35 staff identified on the attendance record have attended this training.</p> <p>Manual handling 9 out of 37 staff identified on the attendance record have attended this training.</p> <p>Infection control 21 out of 37 have attended training.</p> <p>Training on chemical use has been undertaken by cleaners, most kitchen staff (one kitchen assistant has yet to undertake the training) and 'handyman'. However, cleaning is also undertaken by night duty care assistants who have not all completed chemical training.</p>	<p>All staff complete mandatory training as required related to their work areas.</p> <p>90 days</p>
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	<p>PA Low</p>	<p>The majority of the home is in good condition, specifically the chairs, carpet, drapes and the residents' rooms. The owner spoke of maintenance, painting and re-carpeting occurring when the rooms are vacated. One example was sighted which had recently been vacated where this is about to be carried out. However, there is some chipping of wooden surrounds and doors. There were three toilets/shower, toilets, and the main laundry where the wall integrity is broken and paint is not in</p>	<p>There are some wooden corners and walls in the passage way where the paint is chipping diminishing the integrity of the surface for cleaning.</p> <p>Three toilets/shower rooms have surfaces which have been chipped or broken and are showing the walls and paint work is not in good order. In two instances there was mould forming. The laundry walls are chipped making it difficult for cleaning.</p>	<p>The integrity of all surfaces are intact to allow for cleaning. Hot water cylinder storage is kept over 60 degrees Celsius, and the temperature at the residents' taps at 45 degrees or less Celsius.</p> <p>180 days</p>

		<p>good order. Wooden surfaces, windowsills and a cupboard in toilet/shower rooms, are splitting and in need of repair and painting.</p> <p>Hot water cylinders are used in some areas. The temperature of the cylinders is not monitored. Monitoring occurs on a regular basis at the taps. Two patient areas, have recording of the temperature being over 45 degrees Celsius. The owner who oversees the environment has contacted a plumber to look at the water issues.</p>	<p>Hot water temperature in cylinders is not being recorded to ensure it is stored over 60 degrees Celsius. In two residents' rooms water temperatures have been recorded over 45 degrees Celsius.</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.