

Kamo Home and Hospital Limited - Parahaki Court

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:	Kamo Home & Village Charitable Trust
Premises audited:	Parahaki Court
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 8 June 2017 End date: 9 June 2017
Proposed changes to current services (if any):	Proposed change of ownership.
Total beds occupied across all premises included in the audit on the first day of the audit:	24

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

Parahaki Court Rest Home is a 25-bed aged care facility for rest home level of care residents. The residents and family/whānau reported satisfaction with the care and services provided.

This provisional audit was undertaken to establish the prospective provider's preparedness to provide a health and disability service and the level of conformity with the required standards of the existing provider's services. The audit was conducted against the relevant Health and Disability Services Standards and the provider's contract with the district health board. The audit process included the sampling of policies, procedures and records, observations, and interviews. Interviews were conducted with residents, family/whānau, staff, a general practitioner, the current provider and the prospective provider's representative.

The prospective provider is a community trust, which already provides rest home, hospital and specialist dementia care in Whangarei. The prospective provider's transition plan provides a systematic approach to the ongoing management and service provision at Parahaki Court Rest Home.

There is one area for improvement identified related to medicine management.

Consumer rights

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

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

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

Open communication between staff, residents and families is promoted, and confirmed to be effective. There is access to formal interpreting services if required.

Parahaki Court Rest Home has strong linkages with a range of specialist health care providers, which contributes to ensuring services provided to residents are of an appropriate standard.

Parahaki Court Rest Home has a documented complaints management system implemented that complies with Right 10 of the Code. There is an ongoing complaint investigation at the time of audit, with actions to date included as part of this audit.

Organisational management

Parahaki Court Rest Home has a business and quality plan in place. Parahaki Court Rest Home's mission statement, vision, goals and philosophy identifies Parahaki Court Rest Home's business and strategic planning. The prospective provider is a charitable

trust and intends to transition the service to their philosophy, strategic planning and quality and risk management system. The prospective provider demonstrated commitment to ensuring residents' needs continue to be met.

The day to day operation of the facility is undertaken by staff that are appropriately experienced, educated and qualified.

The quality and risk system and processes support safe service delivery and include corrective actions. The quality and risk management system includes identification of hazards, staff education and training, an internal audit process, complaints management, data reporting of incidents/accidents and infections. Any adverse events are analysed and where shortfalls are identified, actions are implemented to make improvements to service delivery.

Policies and procedures are up to date and referenced to current legislation and best practice, the policies are developed by a contracted agency and personalised to reflect the services at Parahaki Court Rest Home.

There is an orientation and ongoing education programme that meets contractual requirements and the needs of the residents. Parahaki Court Rest Home implements the documented staffing levels and skill mix. Human resources management processes are implemented and identify good practice is observed. It is anticipated that all existing staff will be offered continued employment.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people. Up to date, legible and relevant residents' records are maintained using an integrated hard copy file.

Continuum of service delivery

Parahaki Court Rest Home works closely with the local Needs Assessment and Service Co-ordination Service, to ensure access to the facility is appropriate and efficiently managed. When a vacancy occurs, sufficient and relevant information is provided to the potential resident/family to facilitate the admission.

Residents' needs are assessed by the multidisciplinary team on admission within the required timeframes. Registered nurses are on duty Monday to Friday in the facility and are supported by care and allied health staff and a designated general practitioner. On call arrangements for support from RNs are in place. Shift handovers and diary notations guide continuity of care.

Care plans are individualised, based on a comprehensive and integrated range of clinical information. Short term care plans are developed to manage any new problems that might arise. All residents' files reviewed demonstrate 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 is of a high standard. Residents are referred or transferred to other health services as required, with appropriate verbal and written handovers.

The planned activities programme, overseen by an activity co-ordinator, provides residents with a variety of individual and group activities and maintains their links with the community. A facility van is available for outings.

Medicines are managed using a manual system. Medications are administered by registered nurses and care staff, all of whom have been assessed as competent to do so.

The food service meets the nutritional needs of the residents with special needs catered for. Policies guide food service delivery, supported by staff with food safety qualifications. The kitchen was well organised, clean and meets food safety standards. Residents verified satisfaction with meals.

Safe and appropriate environment

Services are provided in a clean, safe, secure environment that is appropriate to rest home level of care. There is a current building warrant of fitness and approved evacuation scheme.

There are appropriate amenities and furnishings to meet residents' needs and to facilitate independence. Residents, visitors and staff are protected from the harm of exposure to waste, infectious or hazardous substances generated during service delivery.

There are effective cleaning and laundry processes implemented. Most of the laundry services are conducted offsite, with the resident's personal items laundered onsite. There are sufficient toilets, showers, and bathing facilities. Residents have access to outside areas.

Planned and reactive maintenance is documented. Systems are in place for essential, emergency and security services, including a disaster and emergency management plan.

The prospective provider has no plans to make any immediate changes to the environment.

Restraint minimisation and safe practice

Policies and procedures on restraint and enabler use are current. At the time of the audit there were no residents using restraint and one enabler at the service. Staff interviewed demonstrated an understanding of restraint and enabler use and receive ongoing restraint education.

Infection prevention and control

The infection prevention and control programme led by an appropriately trained infection control coordinator, aims to prevent and manage infections. Specialist infection prevention and control advice can be accessed from the District Health Board and an external advisor if required. The programme is reviewed annually.

Staff demonstrated good principles and practice around infection control, which is guided by relevant policies and supported with regular education.

Aged care specific infection surveillance is undertaken, analysed and trended, and results reported at staff/quality meetings. Follow-up action is taken as and when required.

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	44	0	0	1	0	0
Criteria	0	92	0	0	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>Parahaki Court Rest Home has developed policies, procedures and processes to meet its obligations in relation to the Code of Health and Disability Services Consumers' Rights (the Code). Staff interviewed understood the requirements of the Code and were observed demonstrating respectful communication, encouraging independence, providing options and maintaining dignity and privacy. 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>Nursing and care staff interviewed understand the principles and practice of informed consent. Informed consent policies provide relevant guidance to staff. Clinical files reviewed show that informed consent has been gained appropriately using Parahaki Court Rest Home's standard consent form including consent for photographs, outings, names on doors and the collection and sharing of health information.</p> <p>Advance care planning, establishing and documenting enduring power</p>

		<p>of attorney requirements and processes for residents unable to consent is defined and documented where relevant in the resident's record. Staff demonstrated their understanding by being able to explain situations when this may occur.</p> <p>Staff were observed to gain consent for day to day care on an ongoing basis.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>During the admission process, residents are given a copy of the Code, which also includes information on the Advocacy Service. Posters related to the Advocacy Service were also displayed in the facility, and additional brochures were available at reception. Family members and residents spoken with were aware of the Advocacy Service, how to access this and their right to have support persons. Interviews verify a member of the Advocacy Service meets with residents yearly, this occurred last month.</p> <p>Staff are aware of how to access the Advocacy Service and examples of their involvement were discussed with the facility manager.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Residents are assisted to maximise their potential for self-help and to maintain links with their family and the community by attending a variety of organised outings, visits, shopping trips, activities, and entertainment. The facility is close to a local shopping area and residents are observed coming and going.</p> <p>The facility has unrestricted visiting hours and encourages visits from residents' family and friends. Family members interviewed stated they felt welcome when they visited and comfortable in their dealings with staff.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints policy and process complies with Right 10 of the Code. Complaints management is explained as part of the admission process and is included in the information given to new residents and family/whānau, as confirmed during interviews. Complaints</p>

		<p>management is included in new staff orientation and included in ongoing training. This is confirmed during staff interviews and in the orientation documentation sighted in staff files.</p> <p>Family/whānau confirmed that the manager and RN are approachable and make it easy to discuss concerns at any time.</p> <p>The complaints register contains the summary of the complaint, dates and actions taken. The register records written and verbal complaints/feedback. The complaint sampled complies with timeframes within Right 10 of the Code.</p> <p>There are currently several complaints from one complainant that are being investigated by the district health board. In documentation to date, the complaints raised relating to the quality of care have not been substantiated. Parahaki Court Rest Home has implemented improvements in the admission process as a result of this process, including ensuring that a relevant needs assessment is available at the time of admission and care plan documentation.</p> <p>The prospective owner understands the residents' right to make a complaint and how to manage complaints in a manner reflective of Right 10 of the Code.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>FA</p>	<p>Residents interviewed report being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) as part of the admission information provided, discussion with staff and representatives of the local advocacy service. The Code is displayed in communal areas together with information on advocacy services, how to make a complaint and feedback forms.</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 families confirmed that they receive services in a manner that has regard for their dignity, privacy, sexuality, spirituality and choices.</p> <p>Staff understood the need to maintain privacy and were observed doing so throughout the audit when attending to personal cares, ensuring resident information is held securely and privately, exchanging verbal</p>

		<p>information and enabling residents' choice in matters concerning them. All residents have a single room, with all except six having ensuites.</p> <p>Residents are encouraged to maintain their independence by being assisted to attend community activities, arranging their own visits to the doctor, participation in clubs of their choosing and freedom to walk to the shops due to the close location of the facility to the local shopping centre. Each plan included documentation related to the resident's abilities, and strategies to maximise independence.</p> <p>Records reviewed confirmed that each resident's individual cultural, religious and social needs, values and beliefs had been identified, documented and incorporated into their care plan.</p> <p>Staff understood Parahaki Court Rest Home's policy on abuse and neglect, including what to do should there be any signs. Education on abuse and neglect is part of the orientation programme for staff, and is then provided on an annual basis, as confirmed by staff and training.</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>Staff support the three residents in Parahaki Court Rest Home who identify as Māori to integrate their cultural values and beliefs. The principles of the Treaty of Waitangi are incorporated into day to day practice, as is the importance of whānau to Māori residents. There is a current Māori health plan developed, that is extensive in covering all the cultural aspects of these resident's care requirements (for example hygiene, nutrition, blessing of food, inappropriate and insensitive actions staff need to be aware of and enabling residents to use traditional healing practices). Current access to resources includes the contact details of local cultural advisers. Guidance on tikanga best practice is available and is supported by family/whanau and staff who identify as Māori in the facility. The one Māori resident interviewed reported that staff acknowledged and respected individual cultural needs.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p>	<p>FA</p>	<p>Residents verified that they were consulted on their individual culture, values and beliefs and that staff respect these. Resident's personal preferences, required interventions and special needs were included in</p>

<p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>		<p>all care plans reviewed. A resident satisfaction questionnaire includes evaluation of how well residents' cultural needs are met and this supported that individual needs are being met.</p>
<p>Standard 1.1.7: Discrimination Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>Residents and family members interviewed stated that residents were free from any type of discrimination, harassment or exploitation and felt safe. A general practitioner also expressed satisfaction with the standard of services provided to residents.</p> <p>The induction process for staff includes education related to professional boundaries and expected behaviours. All registered nurses have records of completion of the required training on professional boundaries. Staff are provided with a copy of the facilities 'house rules' as part of their employment agreement. Ongoing education is also provided on an annual basis, which was confirmed in staff training records. Staff are guided by policies and procedures and, when interviewed, demonstrated a clear understanding of what would constitute inappropriate behaviour and the processes they would follow should they suspect this was occurring.</p>
<p>Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>Parahaki Court Rest Home encourages and promotes good practice through evidence based policies, input from external specialist services and allied health professionals for example, hospice/palliative care team, diabetes nurse specialist, wound care specialist, community dieticians, services for older people, and education of staff. The general practitioner (GP) confirmed Parahaki Court Rest Home sought prompt and appropriate medical intervention when required and were responsive to medical requests.</p> <p>Staff reported they receive management support for internal and external education and access to on line training to support contemporary good practice.</p> <p>Other examples of good practice observed during the audit included comprehensive acknowledgement of resident's cultural needs.</p>

<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>Residents and family members stated they were kept well informed about any changes to their/their relative's status, were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in residents' records reviewed. There was also evidence of resident/family input into the care planning process. Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code.</p> <p>Interpreter services are able to be accessed via the interpreter services when required. Staff knew how to access the interpreter service, although reported this was rarely required due to all residents being able to speak English and the use of family members and staff for residents for whom English is not their first language.</p> <p>Staff were observed communicating effectively with residents and family. There was appropriate communication for the needs of all residents.</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>Parahaki Court Rest Home provides rest home level of care for up to 25 residents. There were 24 residents at the time of audit, all of whom were over the age of 65. The services are planned to meet the needs of the older residents at rest home level of care. Long term and respite services are provided. Potential residents require an assessment for rest home level of care. There are appropriate resources, equipment and staffing to meet the needs of residents at rest home level of care.</p> <p>There is a business plan that includes the goals and objectives of Parahaki Court Rest Home. The mission statement describes the aim to provide a quality and homelike environment to meet the needs of the individual residents. The business plan is reviewed annually, which was last conducted in November 2016. The goals of the business plan are also monitored informally through phone and email communication between the nurse manager and owners and at least monthly through the quality and risk management system. Parahaki Court Rest Home also documents specific aims and ambitions for 2017. The prospective provider is aware that the direction and goals of Parahaki Court Rest</p>

		<p>Home need to be reviewed regularly.</p> <p>Parahaki Court Rest Home is currently managed by a nurse manager (registered nurse with a current practicing certificate). They have managed the service for over 14 years. The nurse manager undertakes overall financial responsibilities and has a registered nurse employed for clinical oversight. The nurse manager has a background in aged care nursing. The nurse manager is a member of an aged care association and receives regular updates and ongoing education on issues related to the management of an aged care facility (over eight hours' education in the past 12 months). The nurse manager has current interRAI competency.</p> <p>A telephone interview was conducted with the general manager of Kamo Home & Village Charitable Trust (prospective provider). The prospective provider is a charitable trust, which has other aged care (rest home, hospital and specialist dementia care) and retirement village services in Whangarei. The prospective provider has been in operation since 1971. In 2016 the trust acquired and refurbished another 19-bed unoccupied facility in the Whangarei region.</p> <p>The transition plan/business plan sighted includes how the prospective providers will be transitioned into the running and management of Parahaki Court Rest Home. The trust has a senior management team, with clinical and non-clinical members, and plans to have a group manager located at Parahaki Rest Home. The prospective provider anticipates that the current nurse manager will take on this role. The restructured role of the group manager (current nurse manager if possible), will have reporting lines to the trust's general manager. The prospective provider understands their contractual obligations, including staffing numbers and skill mix.</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>Currently during a temporary absence of the manager, the RN undertakes the management duties. The current nurse manager reports confidence in the RN to take on the management role in their absence. The RN has managed aged care services previously. The prospective provider has a senior management team, in which suitably qualified people will take on the management roles during temporary</p>

		absence of the group manager/nurse manager role at Parahaki Court Rest Home. The prospective provider is aware of required staffing skill mix requirements and plans to ensure these are maintained.
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>Parahaki Court Rest Home has a business plan and quality and risk processes are in place which cover all aspects of service delivery. Quality planning identifies generalised goals and objectives and the measures used to identify how the controls are effective or responsive to resident needs. This includes quality data collection and analysis to identify any areas of deficit which are then addressed using corrective action processes. Quality data information is used to inform ongoing improvement planning of services. All findings are communicated through the staff meetings as identified in minutes sighted. As required, Individual training and competency reassessment can occur on a one to one basis with staff.</p> <p>When shortfalls and recommendations are identified through the internal audit system, the service implements a corrective action process. The corrective actions are captured on the audit action/quality improvement plans. The plans sampled evidenced the outcomes of the current and previous results, recommendation, reason for increase or decrease from the previous audit, actions to be taken and who is responsible for implementation. A re-audit occurs to verify the recommendations have been implemented.</p> <p>Policies and procedures are developed by an aged care consultant. The policies are reviewed in a two-year cycle or earlier if there is best practice or legislative changes. There are specific policies and resources related to the use of interRAI and pressure area management. The nurse manager has a process in place to ensure any changes or newly introduced policies are shared with staff at the monthly staff meetings. The staff have access to the most current version of documents, with an archiving system in place for obsolete documents.</p> <p>Staff confirmed that they understand and implement documented quality and risk processes. This includes the update of policies and procedures, regular internal audits, incident and accident reporting,</p>

		<p>health and safety reporting, infection control data collection and complaints management.</p> <p>Staff, resident and family/whānau interviews and results of satisfaction surveys confirmed services are provided to meet residents' needs.</p> <p>Actual and potential risks are identified and documented in the hazard register. The hazard register identifies all known hazards and shows the actions put in place to minimise, isolate or eliminate risks. Newly found hazards are communicated to staff and residents as appropriate. Staff confirmed that they understood and implemented documented hazard identification processes.</p> <p>The prospective owner has an established quality and risk management system and intends to transition their own quality, risk, policies and procedures at Parahaki Court Rest Home.</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>Policy states that all incidents and accidents and adverse events are recorded, investigated and analysed. This process was identified in documentation sighted.</p> <p>The nurse manager understands their obligations in relation to essential notification reporting and knows which regulatory bodies must be notified as identified in policy. This includes reporting stage three and above pressure injuries. As per policy requirements, staff interviewed stated they report and record all incidents and accidents. Incident and accident information is shared with all staff and any corrective actions that have been taken are evaluated.</p> <p>The prospective provider demonstrated understanding of health and safety requirements.</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>	<p>FA</p>	<p>Staff that require professional qualifications have them validated as part of the employment process and annually, as confirmed in documentation sighted.</p> <p>Human resources policies describe good employment practices that meet the requirements of legislation. Newly appointed staff employment</p>

		<p>processes include that referees are checked and job descriptions and duties lists clearly describe staff responsibilities. Staff complete an orientation/induction programme with specific competencies for their roles, such as medicine management, as confirmed in the staff files sampled. The nurse manager (RN) has current interRAI competency, with the other RN still to complete this training.</p> <p>Education records sighted identify that staff education includes on-site planned education with topics being presented by the gerontology nurse specialist, aged care consultant and off-site seminars and training days. Topics covered allow staff to ensure safe, effective service provision is offered to residents, including specific education on pressure injury management, infection prevention and control and restraint minimisation.</p> <p>Resident and family/whānau members interviewed, along with the 2017 resident/relative satisfaction survey results, identified that residents' needs are met by Parahaki Court Rest Home. No negative comments were voiced during interviews on the days of audit, with residents and family expressing high praise for the quality of the staff.</p> <p>The prospective provider has an established education programme, which is anticipated to be implemented at Parahaki Court Rest Home. The prospective provider understands the need and importance for ongoing education for all staff.</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 rosters sampled have staffing levels and skill mix that exceed the contractual requirements. The facility adjusts staffing levels to meet the changing needs of residents. The RN or manager are on call after hours, with staff reporting that good access to advice is available when needed. Care and support staff reported there were adequate staff available to complete the work allocated to them, including any laundry and cleaning duties. Residents and family reported satisfaction with the numbers and skill of the staff.</p> <p>Observations and a sampling of rosters confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence. At</p>

		<p>least one staff member on duty each shift has a current first aid qualification.</p> <p>The prospective provider has a staffing skill mix and staffing ratio process based on best practice standards, which they intend to transition to Parahaki Court Rest Home.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The resident's name, date of birth and National Health Index (NHI) number are used as the unique identifier on all residents' information sighted. 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</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>Residents enter Parahaki Court Rest Home when their required level of care has been assessed and confirmed by the local NASC Service. Prospective residents and/or their families are encouraged to visit the facility prior to admission and meet with facility manager. They are also provided with written information about Parahaki Court Rest Home and the admission process.</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 apart from one file (being attended to) signed admission agreements in accordance with contractual requirements.</p>

<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>Exit, discharge or transfer is managed in a planned and co-ordinated manner, with an escort as appropriate. Parahaki Court Rest Home uses the DHB's 'yellow envelope' system to facilitate transfer of residents to and from acute care services. There is open communication between all services, the resident and the family. At the time of transition between services, appropriate information, including medication records, residents advanced directive, care plan and recent progress notations is provided for the ongoing management of the resident. All referrals are documented in the progress notes. An example reviewed of a patient recently transferred to the local acute care facility showed a planned and co-ordinated process in place. Family of the resident reported being kept well informed during the transfer of their relative.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>The medication management policy is current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>A safe system for medicine management was not observed on the day of audit, in regards to some documentation and prescribing (refer to 1.3.12.6). The staff observed, demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. These medications are checked by an RN against the prescription. All medications sighted were within current use by dates. Clinical pharmacist input is provided on request.</p> <p>Controlled drugs are not in use at the time of audit, however secure storage facilities are provided in accordance with requirements. Controlled drugs are checked by two staff for accuracy in administration. The controlled drug register provided evidence of weekly and six monthly stock checks and accurate entries.</p> <p>The records of temperatures for the medicine fridge and the medication room reviewed were within the recommended range.</p>

		<p>Good prescribing practices noted included the prescriber's signature and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines met. The required three monthly GP review is consistently recorded on the medicine chart.</p> <p>There are two residents who self-administer medications at the time of audit. Appropriate processes are in place to ensure this is managed in a safe manner.</p> <p>Medication errors are reported to facility manager and recorded on an accident/incident form. The resident and/or the designated representative are advised. There is a process for comprehensive analysis of any medication errors, and compliance with this process is verified.</p> <p>Standing orders are not used.</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>The food service is provided on site by a cook and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and has been reviewed by a qualified dietitian within the last two years. Recommendations made at that time have been implemented.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. Food temperatures, including for high risk items, are monitored appropriately and recorded as part of the plan. The food services manager has undertaken a safe food handling qualification, with kitchen assistants completing relevant food handling training.</p> <p>A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets, cultural requirements and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan.</p> <p>Evidence of resident satisfaction with meals is verified by resident and family interviews, audits and satisfaction surveys. Residents were seen to be given sufficient time to eat their meal in an unhurried fashion and</p>

		those requiring assistance had this provided. There is sufficient staff on duty in the dining rooms at meal times to ensure appropriate assistance is available to residents as needed.
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>If a referral is received but the prospective resident does not meet the entry criteria or there is currently no vacancy, the local NASC is advised to ensure the prospective resident and family are supported to find an appropriate care alternative. If the needs of a resident change and they are no longer suitable for the services offered, a referral for reassessment to the NASC is made and a new placement found, in consultation with the resident and whānau/family. Examples of this occurring were discussed with the facility manager. There is a clause in the access agreement related to when a resident's placement can be terminated.</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>Information is documented using validated nursing assessment tools such as pain scale, falls risk, skin integrity and nutritional screening as a means to identify any deficits and to inform care planning. The sample of care plans reviewed had an integrated range of resident-related information. All residents have current interRAI assessments completed by one trained interRAI assessor on site.</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>Plans reviewed reflected the support needs of residents, and the outcomes of the integrated assessment process and other relevant clinical information. In particular, the needs identified by interRAI assessments are reflected in the care plans reviewed.</p> <p>Care plans evidence service integration with progress notes, activities notes, medical and allied health professional's notations clearly written, informative and relevant. Any change in care required is documented and verbally passed on to relevant staff. Residents and families reported participation in the development and ongoing evaluation of care plans.</p>

<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>Documentation, observations and interviews verified the provision of care provided to residents was consistent with their needs, goals and the plan of care. The attention to meeting a diverse range of resident's individualised needs was evident in all areas of service provision. The GP interviewed reported that medical input is sought in a timely manner, that medical orders are followed, and care is "of a high standard". Care staff confirmed that care was provided as outlined in the documentation. A range of equipment and resources was available, suited to the level of care provided and in accordance with the residents' needs.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The activities programme is provided by an activity co-ordinator who is waiting for verification of compliance with diversional therapy training standards.</p> <p>A social assessment and history is undertaken on admission to ascertain residents' needs, interests, abilities and social requirements. Activities assessments are regularly reviewed to help formulate an activities programme that is meaningful to the residents. The resident's activity needs are evaluated as needs change and as part of the formal six monthly care plan review.</p> <p>The planned monthly activities programme sighted matches the skills, likes, dislikes and interests identified in assessment data. Activities reflect residents' goals, ordinary patterns of life and include normal community activities. Individual, group activities and regular events are offered. Examples include the cooking of mussels on a day where seafood was the focus, outings in the van as requested by relatives and attendance at local events. The activities programme is discussed daily while activities are being carried out, to ensure input is sought and responded to. Previous dissatisfaction with the activities programme is evidenced in an internal audit in February. This has been addressed and recent audits and interviews demonstrated satisfaction with the programme.</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>Resident care is evaluated on each shift and reported in the progress notes. If any change is noted, it is reported to the RN.</p> <p>Formal care plan evaluations, occur every six months in conjunction with the six-monthly interRAI reassessment or as residents' needs change. Evaluations are documented by the RN. Where progress is different from expected, the service responds by initiating changes to the plan of care. Short term care plans were consistently reviewed for and progress evaluated as clinically indicated and according to the degree of risk noted during the assessment process. Other plans, such as wound management plans were evaluated each time the dressing was changed. Residents and families/whānau interviewed provided examples of involvement in evaluation of progress and any resulting changes.</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>Residents are supported to access or seek referral to other health and/or disability service providers. Although the service has a main medical provider, residents may choose to use another medical practitioner. If the need for other non-urgent services are indicated or requested, the GP or RN sends a referral to seek specialist input. Copies of referrals were sighted in residents' files. Referrals are followed up on a regular basis by the registered nurse or the GP. The resident and the family are kept informed of the referral process, as verified by documentation and interviews. Any acute/urgent referrals are attended to immediately, such as sending the resident to accident and emergency in an ambulance if the circumstances dictate.</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>The policies for the safe storage and disposal of waste and other hazardous/infectious waste are appropriately implemented. Staff confirmed that they can access personal protective clothing and equipment at any time. As observed, disposable gloves and gowns are worn when required. Waste management meets legislative requirements.</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 facility has a current warrant of fitness displayed.</p> <p>Maintenance is undertaken by both internal maintenance and external contractors. Electrical safety test tags and clinical equipment is tested and where required calibrated at least annually or when required.</p> <p>The physical environment minimises the risk of falls and promotes safe mobility by ensuring the walking areas are not cluttered. If any areas of concern are identified in the environmental audit the issue is placed in the hazard register if it cannot be eliminated. This identifies how the hazard is to be managed. The business plan and ongoing maintenance plan recorded the ongoing maintenance, renovation and upkeep of the service. The prospected provider reported that they will continue with the ongoing maintenance of the building and does not plan to make any immediate changes to the environment.</p> <p>Parahaki Court Rest Home conducts planned annual maintenance and is undertaking a systematic upgrade of equipment and furnishings. There are easily accessed shaded outdoor areas for residents' use. Residents were sighted moving around safely both indoors and outdoors on the day of audit.</p> <p>Residents and family/whānau members confirmed the environment is suitable to meet their needs.</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>Residents' shower and toilet areas are centrally located. Most rooms have an ensuite with toilet and basins. There are toilet/shower/bathing facilities in shared areas in each of the wings. The doors have privacy signage. There is a designated staff/visitor toilet. The residents reported satisfaction with the amenities.</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>All bedrooms are of a size which allows enough space for residents to mobilise with or without assistance in a safe manner. Bedrooms are personalised to meet resident's wants and needs and have appropriate areas for residents to place personal belongings. All rooms are single occupancy. Results from the resident/relative satisfaction survey and interviews with residents and family did not identify any concerns</p>

		related to personal bed space or privacy.
<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	Residents are provided with safe, adequate areas to meet their relaxation, activity and dining needs. There are central dining and lounge areas, which are separated from each other through furniture layout. These areas are appropriately furnished to meet residents' needs. Residents and family/whānau voiced their satisfaction with the homely environment. As observed, activities are undertaken in the lounge area.
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>There are dedicated storage areas for cleaning chemicals and cleaning equipment. All but one chemical bottles were clearly labelled and safety data sheets were available. There was one chemical bottle where the label had deteriorated, with a new label actioned at the time of audit. The satisfaction survey, cleaning and safety internal audits and reports from the chemical supplier are all used to monitor the effectiveness of the cleaning and laundry processes. The residents and family/whānau confirmed satisfaction with the cleaning and laundry services.</p> <p>The cleaning is conducted by the support staff, with the caregivers assisting with the resident's personal laundry. All other laundry is conducted offsite by an external company. A daily task list of cleaning and laundry duties was sighted. The staff report they have sufficient time to attend to the care and housekeeping duties.</p> <p>The laundry is equipped with washing and drying equipment. The laundry room is a small space, in which the staff report they can adequately maintain a dirty to clean flow.</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	Emergency management policies and procedures implemented at the facility guide staff actions in the event of an emergency. There is an emergency plan which includes the approved evacuation scheme. Emergency education and training for staff includes six monthly trial evacuations. All resident areas have smoke alarms and a sprinkler

		<p>system to meet building code requirements.</p> <p>Emergency supplies and equipment include food and water. Alternative energy and utility sources are available in the event of the main supplies failing and include a civil defence kit, emergency lighting, torches, blankets and gas cooking facilities. The staff can also use the call bell system to alert other staff that they need emergency assistance.</p> <p>Call bells are in resident's rooms, ensuites, bathrooms and common areas. The residents reported that the call bells are answered in an appropriate amount of time.</p> <p>Staff are required to ensure all doors and windows are secured after hours. Staff and residents interviewed confirmed they feel safe always.</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>The facility is kept at a suitable temperature throughout the year via gas and electric heating and the opening of doors or windows for ventilation. All resident areas have at least one opening window to provide adequate natural light. The facility was at a comfortable temperature on the day of audit. The residents and family/whānau report satisfaction with the comfort of the facility throughout the different seasons.</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>Parahaki Court Rest Home provides a managed environment that minimises the risk of infection to residents, staff and visitors by the implementation of an appropriate infection prevention and control (IPC) programme. Infection control management is guided by a comprehensive and current infection control manual, developed at organisational level with input from an external advisor. The IPC programme and manual are reviewed annually.</p> <p>The facility manager is the designated IPC nurse, whose role and responsibilities are defined in a job description. Infection control matters, including surveillance results, are reported bi-monthly and tabled at the staff/quality meeting. The facility owner is informed of any infection control concerns.</p>

		Signage at the main entrance to the facility requests anyone who is, or has been unwell in the past 48 hours not to enter the facility. The infection control manual provides guidance for staff about how long they must stay away from work if they have been unwell. Staff interviewed understood these related responsibilities.
<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 IPC nurse has appropriate skills, knowledge and qualifications for the role. She has undertaken training in infection prevention and control and attended relevant study days, as verified in training records sighted. Well-established local networks with the infection control team at the DHB are available and expert advice from an external advisor is available if additional support/information is required. The nurse 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 3.3: 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 IPC policies reflect the requirements of the IPC standard and current accepted good practice. Policies were last reviewed in 2016 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, as appropriate to the setting. Hand washing and sanitiser dispensers are readily available around the facility. Staff interviewed verified knowledge of IPC policies and practices.</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>Priorities for staff education are outlined in the IPC annual plan. Interviews, observation and documentation verified staff have received education in infection prevention and control at orientation and ongoing education sessions. Education is provided by suitably qualified personnel, and the infection control nurse. Content of the training is documented and evaluated to ensure it is relevant, current and</p>

		<p>understood. A record of attendance is maintained. When an infection outbreak or an increase in infection incidence has occurred, there is evidence that additional staff education has been provided in response. An example of this occurred when there was an increase in urinary tract infections.</p> <p>Education with residents is generally on a one-to-one basis and has included reminders about handwashing, advice about remaining in their room if they are unwell, increasing fluids during hot weather and the benefits of flu vaccinations.</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>Surveillance is appropriate to that recommended for long term care facilities, with infection definitions reflecting a focus on symptoms rather than laboratory results. These include urinary tract, soft tissue, fungal, eye, gastro-intestinal, the upper and lower respiratory tract and scabies. When an infection is identified, a record of this and management is documented in the residents' clinical records and on infection reporting form. New infections and any required management plan are discussed at handover, to ensure early intervention occurs. The IPC nurse reviews all reported infections. Monthly surveillance data is collated, recorded and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff via staff meetings and at resident handovers as confirmed in meeting minutes sighted and interviews with staff.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The restraint minimisation policy provides consistent definitions for restraints and enablers. There was no restraint and one half length bed rail used as an enabler on the day of the audit. The enabler use is voluntary and assists the resident's mobility and movement in and out of bed. The resident reported voluntary use and demonstrated this to the auditors.</p> <p>All staff receive education regarding restraint minimisation and challenging behaviours. Staff interviewed were aware of the difference between a restraint and an enabler.</p>

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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 1.3.12.6</p> <p>Medicine management information is recorded to a level of detail, and communicated to consumers at a frequency and detail to comply with legislation and guidelines.</p>	<p>PA</p> <p>Moderate</p>	<p>Good prescribing practices included the prescriber's signature and date recorded on the commencement and discontinuation of medicines and all requirements for PRN medicines met; however, a safe system for medicine management in regards to some documentation and prescribing of medications was not observed on the day of audit. The required three monthly GP review is consistently recorded on the medicine chart, however seven of ten medication charts in use for medication administration are faxed copies and not the originals. Interview verifies there is no system to ensure the original medication chart remains in use and continually updated.</p> <p>Two residents on Warfarin have no prescription to authorise what time the Warfarin is to be given. It is being given at 6pm. The prescriber's instructions note “as per INR”, however there is no documentation by the prescriber instructing the administrator of the required dose to be given after</p>	<p>Medicine management information is not consistently compliant with regulations.</p>	<p>Original medications charts to be used for medication administration. All elements of prescribing regulations are met before medications are administered.</p> <p>30 days</p>

		each INR. The instructions on dosage are from the GP's nurse and transcribed by the RN. The instructions are not signed by the prescriber. Nurses are administering medications when guidelines are not being met.		
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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.