

Harbour View Rest Home (2005) Limited - Harbour View Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Harbour View Rest Home (2005) Limited
Premises audited:	Harbour View Rest Home
Services audited:	Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 18 September 2017 End date: 19 September 2017
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	42



Executive summary of the audit

Introduction

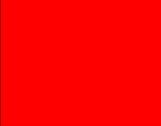
This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

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

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

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

General overview of the audit

Harbour View rest home is privately owned and operated. The owner is the designated manager. An administrator, registered nurses and care staff support the manager. The service is certified to provide rest home and dementia care for up to 45 residents with 42 residents on the days of audit

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

Harbour View has a quality and risk management system in place. Residents and families interviewed were complimentary of the care and support provided.

An improvement is required in relation to complaint documentation.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Some standards applicable to this service partially attained and of low risk.
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Staff at Harbour View strive to ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. The service functions in a way that complies with the Health and Disability Commissioner's Code of Consumers' Rights. Information about the code of rights and services is easily accessible to residents and families. Policies are implemented to support residents' rights. Information on informed consent is included in the admission agreement and discussed with residents and relatives. Staff interviewed were familiar with processes to ensure informed consent. Care plans accommodate the choices of residents and/or their family/whānau. Complaints and concerns policies are documented and the complaints process is known by residents and relatives.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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Harbour View is certified to provide rest home and dementia specific level of care. The manager (owner) has the responsibility of running the facility and she is supported by an administrator, six part-time registered nurses and care staff. The implemented quality and risk management programme includes service philosophy, goals and a quality planner. Quality activities are conducted and this generates improvements in practice and service delivery. Residents meetings have been held and residents and families have been surveyed. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents

are reported and managed. Staff files are maintained and annual appraisals have been conducted. A roster provides sufficient and appropriate coverage for the effective delivery of care and support.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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There is a comprehensive information package for residents/relatives on admission to the service. The registered nurses complete interRAI assessments, risk assessments, care plans and evaluations within the required timeframes. Care plans demonstrate service integration. Residents and family members interviewed confirmed they were involved in the care plan process and review. Care plans are updated when there are changes in health status. Resident files are integrated and include notes by the GP and allied health professionals. The general practitioner completes an admission assessment, visits and reviews the residents at least three-monthly.

A diversional therapist facilitates the activities programme. The programme is resident-focused and provides group and individual activities planned around everyday activities. Each resident has an individualised plan. Community activities are encouraged and van outings are arranged on a regular basis.

There are medicine management policies and procedures in place that reflect legislative requirements. Medication is managed using an electronic medication management system. The medication charts are reviewed by the GP three-monthly. All staff responsible for administration of medicines had completed education and medication competencies.

A dietitian has reviewed the menu. Individual and special dietary needs are accommodated. Residents interviewed responded favourably to the food provided.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The building has a current warrant of fitness. All bedrooms except two are single occupancy and there are sufficient bathroom facilities to meet the needs of residents. Internal and external areas are safe and easily accessible for residents and family members. The dementia unit is secure and has a pleasant, secure garden. Rest home residents can move freely around the facility.

The building, plant and equipment comply with legislation. There is a preventative maintenance schedule in place. There are waste management policies and procedures for the safe disposal of waste and hazardous substances including sharps. Chemicals are stored safely throughout the facility and there is appropriate protective equipment and clothing for staff.

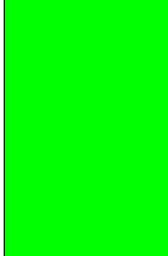
There are policies in place for emergency management. The facility has civil defence supplies. Staff interviews and files evidenced current training in relevant areas. Alternative energy and utility sources are maintained, an appropriate call-bell system is available and security systems are in place. There is a person on duty at all times with first aid training. Housekeeping staff maintain a clean and tidy environment and implement effective laundry processes.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Harbour View has restraint minimisation and safe practice policies and procedures in place. Staff receive training in restraint minimisation and challenging behaviour management. On the day of audit, there were no residents with restraint or enablers.

Infection prevention and control

<p>Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.</p>		<p>Standards applicable to this service fully attained.</p>
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A registered nurse is the designated infection control coordinator and oversees the infection prevention and control programme. There is a documented job description for the infection control coordinator and the monthly management meeting is the infection control meeting. The infection control coordinator can contact the DHB infection control nurse specialist or GP at any time for advice and information. The infection prevention and control policies are comprehensive. Infections are collated monthly and trends are identified and used to identify education needs or generate improvement in practice. Staff have annual infection control training and there are implemented internal audits around the environment and cleanliness that ensures that infection control is monitored.

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	1	0	0	0
Criteria	0	92	0	1	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) policy and procedure is implemented. Discussions with staff (three healthcare assistants (one from the rest home, one from the dementia unit and one that works across both units), one activities coordinator, two registered nurses, one administrator and the manager) confirmed their familiarity with the Code. Interviews with seven rest home residents and four relatives (two dementia and two rest home) confirmed the services being provided are in line with the Code. Code of rights and advocacy training has been provided for staff.</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</p>	FA	<p>There is a policy in place for informed consent. Resident files sampled all had documented resuscitation status, advance directives and general consents signed. Residents and relatives could explain informed consent and feel the staff are supportive of this. Care staff reported gaining the consent of residents before undertaking cares. All resident files sampled in the dementia unit had an activated EPOA.</p>

consent.		
<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	An advocacy policy and procedure includes how staff can assist residents and families to access advocacy services. Contact numbers for advocacy services are included in the policy, in the resident information folder and in advocacy pamphlets that are available at reception. Residents' meetings include discussing previous meeting minutes and actions taken (if any) before addressing new items. Discussions with relatives identified that the service provides opportunities for the family/EPOA to be involved in decisions.
<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	Interviews with residents and relatives confirmed that visiting can occur at any time. Family members were seen visiting on the days of the audit. Key people involved in the resident's life are documented in the care plans. Discussions with residents and relatives verified that they are supported and encouraged to remain involved in the community. Harbour View staff support ongoing access to the community. Entertainers are invited to perform at the facility.
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	PA Low	A complaints policy and procedure is in place. Residents/family can lodge formal or informal complaints through verbal and written communication, resident meetings, and complaint forms. Information on the complaint's forms includes the contact details for the Health and Disability Advocacy Service. Complaints forms are available at reception. The complaints register does not include all complaints. Documentation had not been completed for complaints. A complaints procedure is provided to residents and family within the information pack at entry.
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	The service provides information to residents that includes the Code, complaints and advocacy information. Information is given to the family or the enduring power of attorney (EPOA) to read to and/or discuss with the resident. Interviews with residents and relatives identified they are well informed about the Code. Resident meetings have been held providing the opportunity to raise concerns in a group setting. Advocacy pamphlets, which include contact details, are included in the information pack and are available at reception. The service has an advocacy policy that includes a definition of advocacy services, objectives and process/procedure/guidelines.

<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>The service has policies, which align with the requirements of the Privacy Act and Health Information Privacy Code. Staff could describe the procedures for maintaining confidentiality of resident records and personal privacy for residents. There are two rooms certified as double rooms. There is a policy around the use and consent for occupants of double rooms. One double room was occupied by a married couple at the time of the audit and the other was occupied by a single resident. The manager stated this would only be used as a double room if required for a married couple. The service has a philosophy that promotes quality of life, involves residents in decisions about their care, respects their rights and maintains privacy and individuality. Church services are held weekly. Contact details of spiritual/religious advisors are available to staff. Residents and relatives interviewed confirmed the service is respectful and that they are given the right to make choices. Care plans reviewed identified specific individual likes and dislikes. Staff education and training on abuse and neglect has been provided.</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 Māori health plan and an individual's values and beliefs policy, which includes cultural safety and awareness. Discussions with staff confirmed their understanding of the diverse cultural needs of residents and their whānau.</p> <p>No current residents at Harbour View identify as Māori. There is information and websites provided within the Māori health plan to provide quick reference and links with local Māori. Interviews with staff confirmed they are aware of the need to respond appropriately to maintain cultural safety. Policies include guidelines about the importance of whānau. Cultural awareness training has been provided.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	<p>FA</p>	<p>Care planning includes consideration of spiritual, psychological and social needs. Residents interviewed indicated that they are asked to identify any spiritual, religious and/or cultural beliefs. Relatives report that they feel they are consulted and kept informed. Family involvement is encouraged. Care plans reviewed included the residents' social, spiritual, cultural and recreational needs.</p>

<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>The staff employment process includes the signing of house rules and a Harbour View code of conduct. Job descriptions include responsibilities of the position and ethics, advocacy and legal issues. The orientation programme provided to staff on induction includes an emphasis on dignity and privacy and boundaries, evidenced in interview with staff and management. Interviews with staff confirmed their understanding of professional boundaries.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>The quality programme is designed to monitor contractual and standards compliance, and the quality of service delivery in the facility. Staffing policies include pre-employment, and the requirement to attend orientation and ongoing in-service training. The recent resident satisfaction survey reflects high levels of satisfaction with the services received. Policies and procedures have been updated by the external policy provider and are available to staff. Staff meetings and residents' meetings have been conducted. Residents and relatives interviewed spoke very positively about the care and support provided. Staff had a sound understanding of principles of aged care and state that they feel supported by the manager and registered nurses. There are implemented competencies for healthcare assistants. There are clear ethical and professional standards and boundaries within job descriptions.</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>Policies are in place relating to open disclosure. Residents and family members interviewed stated they were welcomed on entry and given time and explanations about the services and procedures. A sample of 11 incident reports reviewed and associated resident files evidenced recording of family notification. Care plans sampled documented resident or family involvement. Relatives interviewed advised that they are notified of any changes in their family member's health status. The manager and registered nurses could identify the processes in place to support family being kept informed. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. Residents and family are informed prior to entry of the scope of services and any items they have to pay for that are not covered by the agreement. The facility has an interpreter policy to guide staff in accessing interpreter services. Residents (and their family/whānau) are provided with this information at the point of entry.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures</p>	<p>FA</p>	<p>Harbour View is privately owned and operated. The owner is the manager and has owned and operated Harbour View for 15 years. The service is certified to provide rest home and dementia specific care to up to 45 residents (27 rest home and 18 dementia), with 42 residents (27 rest home and 15 dementia) on the days of audit. All residents are under the ARRC. There were no respite residents on the days of audit.</p>

<p>services are planned, coordinated, and appropriate to the needs of consumers.</p>		<p>Harbour View has clearly defined goals and objectives for business management, quality and risk management and resident service delivery. The mission statement, and vision and values of the services include promoting resident's independence, respecting cultural values and providing a caring homelike environment. An annual review of the quality and risk management programme is conducted.</p> <p>The manager has been in the role for 15 years, is an experienced health administrator, and has attended in excess of eight hour's professional development in the past 12 months. An administrator, registered nurses and care staff support the manager.</p> <p>The philosophy of the service also includes providing safe and therapeutic care for residents with dementia that enhances their quality of life and minimises risks associated with their confused states.</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>In the absence of the manager, the clinical coordinator (a senior registered nurse) would assume the role with support from the other registered nurses.</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 business plan, quality assurance, and risk management planning procedures describe Harbour View's quality improvement processes. The risk management plan describes objectives, management controls and assigned responsibility. Progress with the quality and risk management programme is monitored by the management team and discussed at management and staff meetings. Monthly reviews have been completed for all areas of service. Meeting minutes are maintained and staff are expected to read the minutes and sign off when read. Minutes for all meetings include actions to achieve compliance where relevant. Discussions with the registered nurses and healthcare assistants confirmed their involvement in the quality programme. Resident/relative meetings are held. Restraint and enabler use is reported within the management meetings (currently nil). Residents are surveyed to gather feedback on the service provided and the outcomes are communicated to residents, staff and families. Results from the March 2017 survey were overall very positive and results have been discussed with staff. Feedback to residents and families has been provided via the facility newsletter.</p> <p>Data is collected on complaints, accidents, incidents, infection control and restraint use. There is an</p>

		<p>implemented internal audit schedule. Areas of non-compliance identified through quality activities are actioned for improvement. The service has a health and safety management system. The health and safety coordinator has had appropriate training and health and safety is discussed in all staff meetings. There is a current hazard register. There are implemented risk management, and health and safety policies and procedures in place including accident and hazard management. The service has policies/procedures to support service delivery. A document control policy outlines the system implemented whereby all policies and procedures are reviewed regularly. New policies reviewed and introduced have been forwarded to staff and discussed at staff meetings. Falls prevention strategies are implemented for individual residents and staff receive training to support falls prevention.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>There is an accidents and incidents reporting policy. Incidents are collated and analysed monthly. There is a discussion of incidents/accidents at staff meetings, including actions to minimise recurrence. A review of a sample of 11 incident and accident forms for September 2017 was conducted. Corresponding resident files were also reviewed. All forms were fully completed and included follow-up by registered nurses and completion of neurological observations where appropriate. Discussions with the manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been no notifications required since the previous audit.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>There are human resource management policies in place, including recruitment and staff selection process which requires relevant checks are completed to validate the individual's qualifications, experience and veracity. A copy of practising certificates including the registered nurse and general practitioners are kept. Six staff files were reviewed (the activities coordinator, a registered nurse, the cook and three healthcare assistants) evidenced that reference checks are completed before employment is offered, unless the applicant is well known to the manager or a senior staff member. The service has an orientation programme in place that provides new staff with relevant information for safe work practice.</p> <p>The manager, assistant manager and registered nurses can attend external training. Annual staff appraisals were evident in files reviewed for staff who had been employed for longer than one year. The education plan for 2017 was reviewed. All educational requirements have been provided.</p> <p>Eleven healthcare assistants work in the dementia unit – nine have completed the required dementia unit standards and two are in the process of completing. These two staff members have been employed in the last 12 months. The activities coordinator has completed the required dementia unit standards. Four of the six</p>

		registered nurses have completed the interRAI training.
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>The good employer policy includes staff rationale and skill mix. Sufficient staff are rostered on to manage the care requirements of the rest home and dementia residents. The manager and registered nurses share on-call after-hours and weekends. Advised that extra staff members can be called on for increased resident requirements. Interviews with staff, residents and family members identify that staffing is adequate to meet the needs of residents.</p> <p>Staffing is as follows:</p> <p>In the dementia unit (15 residents at the time of audit) there is registered nurse on duty from 9.00 am to 3.30 pm five days per week and a second registered nurse on duty from 9.00 am to 1.00 pm two days per week. One healthcare assistant works from 7.00 am to 3.00 pm, one from 8.00 am to 3.00 pm and one from 7.00 am to 1.00 pm. On afternoon shift one healthcare assistant works from 3.00 pm to 11.00 pm and one from 3.00 pm to 9.00 pm. There is one healthcare assistant overnight. Additionally, there is a healthcare assistant from 12-midday until 6.00 pm.</p> <p>In the rest home (27 residents) there is a registered nurse on duty from 9.00 am to 5.00 pm five days per week and a second registered nurse from 8.00 am to 1.00 pm on a Monday and Tuesday. On morning shift one healthcare assistant works from 7.00 am to 3.00 pm, one from 8.00 am to 3.00 pm and one from 7.00 am to 1.00 pm. On afternoon shift there is one healthcare assistant from 3.00 pm to 11.00 pm and one from 4.00 pm to 9.00 pm. There is one healthcare assistant overnight.</p> <p>The activities coordinator (a diversional therapist) works from Monday to Friday and an activities assistant works from 10.00 am to 1.00 pm on Mondays and Tuesdays.</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 files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Residents' files are protected from unauthorised access by being locked away in the nurses' stations. Informed consent to display photographs is obtained from residents/family/whānau on admission. Other residents or members of the public are unable to view sensitive resident information. Progress notes are entered onto an electronic record. Each staff member has a log-in and password and the staff member making the entry is automatically recorded against the progress notes entry. Paper-based notes evidenced full sign-off and dating of all documents. Individual resident files demonstrate service integration. This includes medical care interventions and records of the activities coordinator. Medication documentation is in an electronic system.</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>Entry processes are recorded and implemented. The service's philosophy is communicated to residents, family, relevant agencies and staff. The facility information pack is available for residents and their family and contains all relevant information for rest home residents. Specific information is available about the dementia unit.</p> <p>The resident's admission agreements evidence resident and/or family and facility representative sign off. The admission agreement defines the scope of the service and includes all contractual requirements. The needs assessments are completed for rest home and dementia level of care.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>Exit, discharge or transfer is managed in a planned and coordinated manner. At the time of transition, appropriate information is supplied to the person/facility responsible for the ongoing management of the resident.</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>The facility uses a computerised medication management system. The registered nurses reconcile the blister packed medication against the individual resident electronic medication charts on delivery. Fourteen medication chart signing sheets were reviewed (seven rest home and seven dementia) and reflected medications were administered as prescribed. Medications have been reviewed three-monthly with medical reviews by the attending GP. All 'as required' (PRN) medications had been administered as prescribed including reason for administration and efficacy documented. Resident photos and documented allergies or 'nil known' were documented on all 14 medication charts reviewed. An annual medication administration competency was completed for all staff administering medications and medication training had been conducted.</p> <p>There is a self-medicating resident's policy and procedures in place. There were currently no residents who self-administered medications.</p> <p>No Vaccines were stored on site.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And</p>	FA	<p>All meals at Harbour View are prepared and cooked on-site. There is a three-weekly rotating menu, which had been reviewed by a dietitian. Meals are prepared in the kitchen adjacent to the rest home dining room and served directly to rest home residents. The dementia unit residents have their own dining room and meals are</p>

<p>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>served via a lockable servery hatch. Kitchen staff are trained in safe food handling and food safety procedures are adhered to. Diets are modified as required. Resident dietary profiles and likes and dislikes are known to food services staff and any changes are communicated to the kitchen, via the registered nurses. Supplements are provided to residents with identified weight loss issues. Weights are monitored monthly or more frequently if required and as directed by a GP/dietitian. Resident meetings and surveys allow for the opportunity for resident feedback on the meals and food services generally. Residents and family members interviewed indicated satisfaction with the food service. The cook meets with the speech and language therapist to discuss options for residents with swallowing difficulties. The cook is part of the combined quality, health and safety and infections control meetings. Fridge and freezer temperatures are monitored and recorded daily.</p> <p>There are snacks available in the dementia unit at all times.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>A process to inform residents and family, in an appropriate manner, of the reasons why the service had been declined would be implemented, if required. The prospective residents would be declined entry if not within the scope of the service or if a bed was not available.</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>In the sample of seven resident files reviewed, risk assessments were evidenced to be completed on admission and reviewed six monthly or sooner if there was a change in resident condition. Outcomes from risk assessments which included: interRAI assessment, falls risk, pain assessments, pressure injury prevention, nutritional and behavioural assessments completed were reflected in the long-term care plans reviewed.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused,</p>	FA	<p>Seven resident files sampled demonstrated that care plan interventions were comprehensive and demonstrated service integration and input from allied health. The goals of the care plan were resident-centred with measurable goals. Care needs were documented and reflect the needs of the resident.</p> <p>Activity plans reviewed for four dementia residents included distraction and de-escalation techniques that could</p>

<p>integrated, and promote continuity of service delivery.</p>		<p>be used to prevent, minimise or manage behaviours over a 24-hour period. There was evidence of resident (where able) and family consultation in the care planning process.</p> <p>Care plans detailed care and care for behaviours that challenge. Short-term care plans were in use for changes in health status and were evaluated on a regular basis and signed off as resolved or transferred to the long-term care plan. Care plans reflected recent changes to residents' health and reflect the degree of risk from the assessments completed.</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>If external nursing or allied health advice is required, the RNs will initiate a referral. Caregivers follow the care plans and report progress against the care plan each shift. Staff have access to sufficient medical supplies including dressings. Sufficient continence products are available and resident files sampled included a continence assessment and plan. Specialist continence advice is available as needed and this could be described.</p> <p>Monitoring forms are in place for vital signs including weight, wounds, behaviour management, food and fluid balance charts and pain management.</p> <p>Wound documentation is available and includes assessments, management plans, progress and evaluations. All wound documentation reviewed was fully completed and wound care was evidenced to be occurring within the prescribed timeframes. Photos have been taken to show progression or decline of wounds.</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>There is an activity coordinator (diversional therapist employed who works 35 hours per week, Monday – Friday, with a part-time activities coordinator working six hours a week. The activities person also takes some of the dementia residents to join in the rest home activities programme. Activities are provided for each morning and afternoon from Monday to Friday.</p> <p>The dementia residents are supervised when attending rest home activities. The care staff deliver the activity programme at the weekends and in the dementia unit when the activities staff are not present. The programme is developed monthly. There is one activities programme for the rest home and one for the dementia unit, which include regular exercises, newspaper reading, reminiscing, celebrating special events and spontaneous activities such as extra outings. Each resident has an individual activities assessment on admission and from this information, an individual activities plan has been developed by the activities staff for the resident files sampled. A review of dementia resident files evidenced that activities 24-hour care plans are completed. The activities programme reflects the residents' cognitive and physical abilities. Group activities reflect ordinary patterns of life and include planned visits to the community. There are monthly happy hours where local entertainers visit and entertain residents. Residents and families interviewed commented that activities meet resident needs. During the audit, residents in the rest home area were viewed listening to a fellow resident</p>

		playing the piano and residents in the dementia unit were engaged in activities with care staff. There are six-weekly resident meetings, where residents are part of planning activities for the next month. Church services are provided on a regular basis. Communion is held monthly.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	All initial care plans are evaluated by the registered nurses within three weeks of admission. The long-term care plan is reviewed at least six-monthly or earlier if there is a change in health status. Evaluations document progress toward goals. There is at least a three-monthly review by the GP. Changes in health status are documented and followed up. Care plan reviews are signed by an RN. Short-term care plans are initiated at the first sign of a change on status. Short-term care plans were in place for infections, wound cares, recent transfer from hospital, and decline in health status. All are either resolved or transferred to long-term care plans. Where progress is different from expected, the service responds by initiating changes to the care plan.
Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.	FA	If the need for other non-urgent services is indicated or requested, the GP sends a referral to seek specialist service provider assistance. Acute/urgent referrals are attended to immediately, sending the resident by ambulance if the circumstances dictate. Residents are supported to access or seek referral to other health and/or disability service providers. Following discussion with the GP, RNs refer to dietitian, speech language therapist, and mental health nurse practitioner.
Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances,	FA	Documented processes are in place for the management of waste and hazardous substances. Interview with the maintenance person confirmed there is safe storage and safe use of chemicals. Sluice facilities are provided for the disposal of waste. There was evidence that chemicals are correctly labelled and securely stored. Material safety datasheets are available and accessible for staff. Protective clothing and equipment that is appropriate to the recognised risks associated with waste or hazardous substance being handled is available. Staff were using protective clothing and equipment on audit days. Cleaners keep chemicals with them at all times when in use.

generated during service delivery.		
<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>	FA	The building has a current warrant of fitness. All hoists, medical equipment and weigh scales have been recently calibrated, tagged and tested. There is a preventative maintenance schedule in place. Hot water temperatures are checked monthly and are within safe parameters. If there are concerns, corrective actions are implemented. There is a secure area for residents in the dementia unit to enjoy the outdoors in a safe environment. Outdoor areas are easily accessible for rest home residents.
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	There are a number of ensuite rooms in the rest home and the dementia unit. The fixtures, fittings, floors and wall surfaces are constructed from materials that can be easily cleaned. There are an adequate number of accessible showers, toilets and hand basins for residents. Bathrooms have appropriately secured and approved handrails, along with other equipment/accessories that are required to promote resident independence. Toilets and showers are of an appropriate design with adequate space for mobility aids. Residents interviewed reported their privacy is respected at all times.
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	All resident rooms are personalised to individual taste. Each room is spacious with adequate room for residents to move around freely with mobility aids. There is a shared room which is currently occupied by a married couple.
Standard 1.4.5: Communal Areas For	FA	Adequate access is provided to lounges and dining areas in each unit. Residents were observed moving freely within these areas. There are quiet seating areas for residents to use with family. The furniture is appropriate

<p>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>		<p>to the setting and arranged in a manner that enables residents to mobilise freely.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>Care staff manage the laundry duties. A laundry person is employed in the afternoons and is responsible for the overall management of the laundry, including the transportation, sorting, storage, laundering, and the return of clean laundry to the residents. There is a designated dirty to clean flow. There is a designated washing machine specifically for kitchen linen. Staff cleaning and laundry policies and procedures are available. Cleaners undertake the cleaning requirements. The effectiveness of the cleaning and laundry services is audited via the internal audit programme. Chemicals are stored and labelled according to legislation.</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>	<p>FA</p>	<p>There are emergency and disaster plans in place to guide staff in managing emergencies and disasters. Emergencies, first aid and CPR are included in the mandatory in-service programme. There is staff on duty with a current first aid certificate at all times. The facility has an approved fire evacuation plan and fire drills occur six-monthly. Smoke alarms, sprinkler system and exit signs were in place. Emergency lighting and cooking is available in the event of a power failure. There are civil defence supplies in the facility and sufficient stored water. Call bells are evident in resident's rooms, lounge areas and toilets/bathrooms. Not all residents are able to use call bells so regular checks of residents also occur. Residents who can use the call bell had these within reach when randomly checked during the audit. The facility is secured 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</p>	<p>FA</p>	<p>Most resident rooms have external windows. For those that don't, windows open onto a glass corridor and provide views of the harbour and natural light. The environment is maintained at a safe and comfortable temperature.</p>

comfortable temperature.		
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>Harbour View rest home has an established infection control programme. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. It is linked into the incident reporting system. A registered nurse is the designated infection control nurse, with support from the clinical coordinator, manager and staff (infection control team). Minutes are available for staff. Audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation. The infection control programme has been reviewed annually.</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>A registered nurse at Harbour View is the infection control nurse. There are adequate resources to implement the infection control programme for the size and complexity of the organisation. The IC nurse uses online sources such as 'Bug Control' for guidance on best practice. There is also external support available through the DHB. The infection control team is representative of the facility. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.</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</p>	FA	<p>Infection control policy and procedures are appropriate for the size and complexity of the service. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. The policies were originally developed by an external provider and have been reviewed and updated annually by the manager and registered nurses.</p>

<p>policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>		
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The infection control nurse attended the bug control seminar last year and regularly completes online training. The infection control nurse provides training for staff at meetings. There is a glo bug kit, which is used to promote the importance of handwashing to staff. Residents and visitors are alerted if there are infections and areas they should not enter.</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>Infection surveillance is an integral part of the infection control programme and is described in Harbour View's infection control manual. Monthly infection data is collected for all infections based on signs and symptoms of infection. A monthly infection summary for rest home and dementia residents is completed which includes signs and symptoms of infection, treatment, follow-up, review and resolution. Surveillance of all infections is entered onto a monthly infection summary. This data is monitored and evaluated monthly and annually. Outcomes and actions are discussed at staff meetings. If there is an emergent issue, it is acted upon in a timely manner. Reports are easily accessible to the manager. No outbreaks have been reported in the past six years.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The service has documented systems in place to ensure the use of restraint is actively minimised. The facility was not utilising restraint on audit day and no residents had an enabler. Staff interviews and staff records evidenced guidance has been given on restraint minimisation, enabler usage and prevention and/or de-escalation techniques. Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0. Staff education on restraint and enabler use has been provided. Restraint use audits have been conducted and restraint has been discussed as part of staff and management meetings. A registered nurse is the designated restraint coordinator.</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 1.1.13.3</p> <p>An up-to-date complaints register is maintained that includes all complaints, dates, and actions taken.</p>	PA Low	The service has a complaint’s register that had no complaints documented for 2016 or 2017. Review of meeting minutes showed one complaint which had been resolved and a relative interview identified another complaint, also resolved, but not documented.	Two complaints identified did not have any supporting documentation and were not on the complaints register.	<p>Ensure all complaint processes are followed and documented and that all complaints are documented on the complaints register.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.