

Kamo Home and Village Charitable Trust - Mountain View

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 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:	Mountain View	
Services audited:	Rest home care (excluding dementia care)	
Dates of audit:	Start date: 5 December 2017	End date: 6 December 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:	15	

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

Mountain View provides rest home level care for up to 19 residents. The service is operated by Kamo Home and Village Charitable Trust. Management is shared by a group of managers from a nearby facility owned by the same Trust. Overall service delivery is the responsibility of the general manager who is supported by a services manager, group care manager, resident lifestyle manager and business support manager. On a day to day basis, the management of the facility is over seen by a registered nurse who is the clinical charge nurse (CCN). Residents and families spoke positively about the care provided.

This certification audit was conducted against the Health and Disability Services Standards and the service's contract with the district health board. The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, managers, staff, a visiting nurse from mental health services, the contracted physiotherapist and a general practitioner.

This audit has identified no areas requiring improvement.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Staff interviewed demonstrated good knowledge and were observed to respect residents` rights in their day to day interactions. The registered nurse and care staff were fully informed of the obligations of the Health and Disability Commissioner`s (HDC) Code of Health and Disability Services Consumers` Rights (the Code). Education is provided to staff at orientation and this is ongoing. Advocacy services are readily available and contact numbers are accessible.

Open communication between staff, residents and families is promoted and was confirmed to be effective. There is access to interpreting services if required. Staff provide residents and families with information they need to make informed choices and give consent.

There was one resident who identified as Maori at the service at the time of the audit. There are no known barriers to Maori residents accessing the service. Services are planned to respect the individual culture, values and beliefs of the residents.

Linkages with family/whanau are encouraged.

A complaints register is maintained with complaints resolved promptly and effectively.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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Business and quality and risk management plans include the strategic intent, philosophy and mission statement of the organisation. Monitoring of the services provided to the governing body is regular and effective. An experienced and suitably qualified person manages the facility.

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

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

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

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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Access to the facility is appropriate and efficiently managed with relevant information provided to the potential resident/family.

The multidisciplinary team, including a registered nurse and general practitioner, assess residents` needs on admission. Care plans are individualised, based on a comprehensive range of information and accommodate any new problems that might arise. Records reviewed demonstrated that the care provided and needs of residents are reviewed and evaluated on a regular and timely basis. Residents are referred to other health services as required.

The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community.

Medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with special needs catered for. Food is safely managed. Residents verified satisfaction with meals.

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

Waste and hazardous substances are well managed. Staff use protective equipment and clothing. Chemicals, soiled linen and equipment are safely stored. Laundry is undertaken offsite and evaluated for effectiveness.

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

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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The organisation has policies and procedures that support the minimisation of restraint. No enablers or restraints were in use at the time of audit. Policies and procedures are in place related to assessment, approval and monitoring processes should restraint be used. Use of enablers is voluntary for the safety of residents in response to individual requests.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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The infection prevention and control management system is appropriate for this rest home service. The programme is reviewed annually and implemented. Infection prevention and control reduces the risk of infections to residents, staff, family/whanau and visitors. The policies and procedures reflect current good practice. Staff are provided with relevant education, as are the residents, when appropriate.

The infection control coordinator completes a monthly surveillance programme, where infection data is collated, analysed and trended and compared with any previous data. Where trends are identified actions are implemented to reduce infections. The infection surveillance results are reported at the staff meetings. Benchmarking occurs against the organisation's other aged residential care facilities.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	45	0	0	0	0	0
Criteria	0	93	0	0	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The service policy states the Health and Disability Commissioner’s (HDC) Code of Health and Disability Services Consumers’ Rights (the Code) is to be displayed and available to residents and monitored to ensure the rights of residents are respected. New residents and family/whanau are given a copy of the Code on admission, in the information pack sighted. The Code is displayed at reception and in the dining room in full view of residents, caregivers and visitors to the facility.</p> <p>Staff receive training on the Code at commencement of employment as part of the orientation/induction process. The care staff interviewed demonstrated knowledge on the Code and its implementation in their day to day practice.</p> <p>The Code is available in English, Maori and other languages for residents with English as a second language.</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</p>	FA	<p>A detailed informed and voluntary consent policy is implemented. Systems are in place to ensure residents, and where appropriate their family/whanau, are provided with information to make choices and informed decisions. The registered nurse interviewed demonstrated an understanding in relation to informed consent and informed consent processes. Family and residents interviewed confirmed they had been made aware of and understand informed consent processes and that appropriate</p>

<p>give informed consent.</p>		<p>information had been provided.</p> <p>Informed consent forms were sighted for sharing health information, transportation for van outings, wound photographs and procedures as needed. Forms were dated and signed appropriately. Full explanations were provided by the general practitioner and/or the registered nurse.</p> <p>The admission agreements were signed and dated by the provider and the resident and/or representative. The admission agreements were in the individual resident`s records reviewed.</p> <p>The general practitioner (GP) interviewed understood the obligations and legislative requirement to ensure competency of residents as required for advance directives and reviews are undertaken six monthly. Reviews of health status are documented on the medical records and the nursing progress notes.</p> <p>The registered nurse interviewed reported they received orientation/induction in the principles and practice of informed consent as part of the Code of Rights and provided evidence of understanding the Code.</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>	<p>FA</p>	<p>The advocacy policy is available to guide staff. The policy also makes reference to the complaints procedure. All residents receiving care within the organisation have appropriate access to independent advice and support, including access to a cultural and/or spiritual advocate whenever required.</p> <p>Family members interviewed reported they were provided with all relevant information regarding access to advocacy services. Contact details of the Nationwide Health and Disability Advocacy Service is listed in the resident information pack provided. The contact numbers are documented on the reverse of the Consumers` Rights brochure. Education for staff is conducted as part of the orientation programme and is ongoing and this was evidenced in the education programme and confirmed by care staff at interview.</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>	<p>FA</p>	<p>Visitors are able to visit anytime and families interviewed confirmed they are encouraged to visit. A visitor`s book is situated at reception and this was completed by visitors for health and safety reasons. Residents are supported and encouraged to access community services with visitors or as part of the planned activities programme. Evidence was seen of this in the activity programme records and reported by residents interviewed.</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>	<p>FA</p>	<p>The complaints/concerns/issues policy and associated forms meet the requirements of Right 10 of the Code. Information on the complaint process is provided to residents and families on admission and those interviewed knew how to do so.</p> <p>The complaints register reviewed showed that two complaints have been received since the facility opened in January 2017 and that actions taken, through to an agreed resolution, are documented and completed within the required timeframes. Action plans show any required follow up and improvements have been made where possible. All complaints are computerised and reviewed by the general manager and/or business manager. The board are notified of significant complaints.</p> <p>All staff interviewed confirmed a sound understanding of the complaint process and what actions are required. There have been no complaints received from external sources since the previous audit.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>FA</p>	<p>A copy of the Code and information about the Nationwide Health and Disability Advocacy Service is provided to the resident and family on admission and the registered nurse goes through the Code with the resident/family/whanau during the admission process.</p> <p>The Advocacy Service poster and pamphlets were displayed, along with how to make a complaint and feedback forms.</p> <p>The family/whanau members that were available for interview reported that the Code was explained to them on admission. Interviews with residents who were able to provide insight into their care, expressed that they were treated with respect and were happy at the facility.</p> <p>An interpreter service is available when required.</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>The wishes of residents are acknowledged, sexuality and personal rights are upheld, and independence maintained, maximised and encouraged. The families interviewed reported that their relatives were treated in a manner showing regard to the resident's dignity, privacy and independence.</p> <p>The residents' records reviewed indicated that residents received appropriate service that were responsive to their needs, values and beliefs of culture, religion and ethnicity. Church services are provided at the facility on a regular basis and church visitors visit twice a month.</p> <p>As observed on the days of the audit and confirmed with review of the individual resident's selected records, residents receive services to meet their needs. No concerns were raised in relation to abuse and neglect from residents, the general practitioner, family and/or staff interviewed. Staff have</p>

		received education and understood their responsibilities along with who to report to if abuse/neglect was suspected with a resident or a staff member. Comments received reflected a positive atmosphere from staff and family.
<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>	FA	<p>The four cornerstones of Te Whare Tapa Wha provide a strong foundation for the care of each individual resident. There is one resident currently who identifies as Maori and two staff that identify as Maori. Where the organisation`s Trust Board members are unable to provide advice, the service is able to access Te Tai Tokerau Maori advisors. Within the Whangarei and wider Northland area there are multiple ethnic community groups including those who identify as Maori, Asian and European, to assist in providing culturally appropriate care for the residents, their whanau and the staff as needed.</p> <p>The staff interviewed demonstrated understanding of services that would need to be provided for Maori residents to meet their identified needs, and the importance of whanau. Iwi if known is clearly documented on the individual resident`s record. Rooms can be blessed when required.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>The organisation`s cultural plan was reviewed. The service has a commitment to ensure the ethnic, cultural, spiritual values and beliefs of residents are able to be effectively met during all aspects of service delivery. Any cultural values and beliefs are actively recognised and integrated into the individual resident`s care plans.</p> <p>Staff interviewed reported they received training in cultural awareness and respected al cultural needs in their everyday practices.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>The staff files reviewed had job descriptions and employment agreements that had clear guidelines regarding professional boundaries. House rules are also part of the employment agreement and staff responsibilities were reviewed. There are clear definitions of types of discrimination in the service discrimination policy reviewed. There are key objectives to be upheld for residents.</p> <p>The registered nurse interviewed had completed the professional boundaries workshop which is a requirement for the New Zealand Nursing Council. The family/whanau/residents interviewed reported they are pleased with the care provided.</p>
Standard 1.1.8: Good Practice	FA	The registered nurse interviewed promotes and encourages best practice with staff. The implementation of handover between shifts and the staff communication book has been successful

<p>Consumers receive services of an appropriate standard.</p>		<p>and this was discussed with caregivers interviewed. Policies and procedures are managed effectively by the business service manager. All policies and procedures sighted where applicable are linked to evidence-based practice.</p> <p>The general practitioner interviewed is pleased to have discussions with family if and when required and for residents to visit the practice as needed. The family and residents interviewed reported satisfaction with the services and care provided.</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>The open disclosure policy is based on the principle that residents and their families have a right to know what has happened to them and to be fully informed. The cultural procedure documents that residents and families who do not speak English shall be advised of the availability of an interpreter at the first point of contact with the service. Interpreter services are available in the community and through the Whangarei District Court and/or Northland District Health Board and can be accessed as required.</p> <p>The service promotes an environment that optimises communication and staff education related to appropriate communication methods.</p> <p>Family interviewed confirmed they are kept informed of the resident's status, including any events adversely affecting the resident. Evidence of open disclosure was documented in the residents' records reviewed, on the accident/incident form and in the residents' progress notes.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>The strategic and business plans, which are reviewed annually, outline the purpose, values, scope, direction and goals of the organisation. The documents describe annual and longer term objectives and the associated operational plans. A sample of monthly reports to the board of trustees (the board) showed adequate information to monitor performance is reported using a balanced score card system and includes financial performance, health and safety, emerging risks and issues, which allows monitoring of the organisation's strategic direction.</p> <p>The service management is overseen by a general manager who has been in the role for eight years. The general manager is supported by members of the senior management team for the Kamo Village group which includes the services manager, the group care manager, the resident lifestyle manager, and the business support manager. The day to day management of the facility is undertaken by an experienced registered nurse who is the clinical charge nurse (CCN). The CCN transferred from another facility owned by the group in August 2017.</p> <p>Members of management attend appropriate ongoing education related to their roles. The general manager attends New Zealand Aged Care Association seminars, human resource education, sits on</p>

		<p>a steering group for Aged Care Improvement, attends 'huddles' related to aged care collaborative advisory groups, and is an evaluator for the New Zealand Business Excellence Foundation. The CCN attends New Zealand Aged Care forums, clinical education such as pressure injury management, is medication competent and interRAI trained. Responsibilities and accountabilities are defined in a job description and individual employment agreement. The general manager and other members of the management team confirmed their knowledge of the sector, regulatory and reporting requirements. Currency is maintained through ongoing education throughout the sector and is often bundled collectively and presented by the Northland District Health Board (NDHB), which senior staff attend.</p> <p>The service holds contracts with Northland DHB for rest home level care. Thirteen residents were receiving services under the Age Residential Care Contract, one resident was receiving NDHB Carer Support funding and one boarder, who is a private payer, receives full services.</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>	FA	<p>When the general manager is absent, the service managers look after their own service, the care manager takes the responsibility for managing complaints, and the board are notified. Duties are carried out under delegated authority. During absences of key clinical staff, the clinical management is overseen by a clinical charge nurse from a sister facility and the group care manager. Both are experienced in the sector and able to take responsibility for any clinical issues that may arise. Staff reported the current arrangements work well.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, monitoring of outcomes, clinical incidents including infections and wounds. The service plans to undertake regular resident satisfaction surveys which are due to commence in January 2018 when the facility has been operating for a year. Data collected is benchmarked quarterly against Australian and New Zealand Health Care Providers via the Quality Performance System (QPS) organisation online. Results sighted identify the organisation's key strengths, areas where Mountain View is performing below the industry benchmark standards, such as the number of infections, falls and skin tears, and opportunities for improvement.</p> <p>Meeting minutes reviewed confirmed regular review and analysis of quality indicators and that related information is reported and discussed at the clinical care meetings, senior care staff meetings, health and safety meetings and general staff meetings. The QPS benchmarking results are available to all staff. A progressive write-up of the balances score card and the QPS results are reported at board meetings. The information sent to QPS includes financial information which is not available to all staff.</p>

		<p>Staff reported their involvement in quality and risk management activities through audit activities, and implementation of corrective actions. Relevant corrective actions are developed and implemented to address any shortfalls. A resident satisfaction survey is yet to be undertaken but any issues raised by a resident or family member is addressed promptly as confirmed during resident and family interviews.</p> <p>Policies reviewed cover all necessary aspects of the service and contractual requirements, including reference to the interRAI Long Term Care Facility (LTCF) assessment tool and process. Policies are based on best practice and were current. The document control system ensures a systematic and regular review process, referencing of relevant sources, approval, distribution and removal of obsolete documents. All current policies and procedures are available to all staff electronically.</p> <p>Members of the management group described the processes for the identification, monitoring, review and reporting of risks and development of mitigation strategies. The general manager is familiar with the Health and Safety at Work Act (2015) and has implemented requirements. A health and safety meeting is held at Mountain View monthly, and a health and safety audit is undertaken monthly by the service manager. New hazards are placed in the hazard register and discussed at a joint quarterly health and safety meeting which covers all three facilities. A copy of the hazard register is discussed and given to each new staff member upon employment. Exiting staff members get an updated copy of the hazard register annually as part of the appraisal process. New hazards are also reported at each level of the service during monthly meetings.</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>Staff document adverse and near miss events on an accident/incident form. This information is then recorded electronically on a spreadsheet which all clinical staff have access to. The information can be filtered, and individual resident information is used when undertaking an assessment review and for the six monthly interRAI updates. A review of a sample of incidents both electronically and in hard copy showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. Adverse event data is collated, analysed and reported at all meetings held. The board are alerted to all incidents and accidents on a monthly basis.</p> <p>The general manager and business manager described essential notification reporting requirements, including for pressure injuries. They advised there have been no notifications of significant events made to the Ministry of Health, no police investigations, coroner's inquests, issues based audits and any other notifications, such as to public health, since Mountain View opened in January 2017.</p>
Standard 1.2.7: Human Resource	FA	Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting and validation of

<p>Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>qualifications and practising certificates (APCs), where required. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented and records are maintained.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. Staff records reviewed show documentation of completed orientation. New staff have four 'catch-up' meetings with a member of the senior management team within the first 90 days of employment. These meetings are used to discuss the staff member's progress, any issues they may have and identify areas that may require further education. A formal performance review is undertaken at 90 days and annually thereafter.</p> <p>Continuing education is planned on an annual basis and reviewed monthly, including mandatory training requirements. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. A staff member is the internal assessor for the programme. At the time of audit, pay equity status shows that one caregiver holds level two status and three caregivers hold level three status.</p> <p>The CCN is trained, competent and maintains their annual competency requirements to undertake interRAI assessments. Records reviewed demonstrated completion of the required training and completion of annual performance appraisals. InterRAI trained staff from one of the other facilities in the group covers when the CNN is on leave.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week. The facility adjusts staffing levels to meet the changing needs of residents and uses interRAI reports to help determine staffing requirements.</p> <p>An afterhours on call roster is in place, with staff reporting that good access to advice is available when needed. Care staff reported there were adequate staff available to complete the work allocated to them. Residents and family members interviewed supported this. Observations and review of a four-week roster cycle confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence. At least one staff member on duty has a current first aid certificate.</p> <p>There are no dedicated kitchen or laundry staff as these processes occur off site by a facility which is part of the group.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p>	<p>FA</p>	<p>Personal information is entered in all residents' records reviewed. Entries are clearly documented and are legible with signatures and designation as required. All records are integrated. The resident register is maintained. Residents' current records are stored appropriately in a locked filing cabinet.</p>

<p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>		<p>Resident information is not displayed in public view. Resident's names are on each doorway with consent of the resident obtained on entry to the service.</p> <p>Staff records are maintained by the clinical manager. Information is able to be retrieved as required. A system is in place for accessing archived records if and when needed.</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>	<p>FA</p>	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Prospective residents and/or their families are encouraged to visit the facility prior to admission and are provided with written information about the service and the admission process. The organisation seeks updated information from the general practitioner (GP) for residents accessing respite care.</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. Records reviewed contained completed demographic detail, assessments and signed admission agreements in accordance with contractual requirements. Service charges comply 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 provided as appropriate. A copy of the GP referral letter would be retained in the resident's individual record. The service 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/whanau. A copy of the medication record is provided and any other relevant information is provided for the ongoing management of the resident. All transfers are documented in the progress notes.</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>FA</p>	<p>The medication policy reviewed reflected current safe practice guidelines.</p> <p>A safe system for medicine management was observed on the day of the audit. The staff member observed demonstrated good knowledge and had a clear understanding of the role 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. The registered nurse checks medications against the prescription. All medications sighted were within current use by dates. The pharmacist checks all medications dispensed and this is recorded on each</p>

		<p>page of the signing records provided.</p> <p>There are no controlled drugs currently on site.</p> <p>The medication trolley is locked when not in use. The required three monthly GP reviews were consistently recorded on the medicine chart. Standing orders are used, were current and comply with guidelines.</p> <p>There were no residents who were self-administering medications at the time of the audit. An appropriate process is in place to ensure this is managed in a safe manner.</p> <p>It was noted on the day of the audit that medication allergies were clearly documented on the individual resident's records and in the interRAI assessments, but had been omitted on the individual medicine charts reviewed. The sample was expanded, the records updated immediately, and the pharmacist advised.</p> <p>There is an implemented process for comprehensive analysis of any medication errors.</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 by a qualified cook from the organisation's largest site, 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. The service also meets the requirements of the Food Control Plan dated January 2107. The certificate is displayed at Kamo Home and Hospital. All staff have completed relevant training.</p> <p>The registered nurse has completed a nutritional assessment for each resident on admission to the facility and a dietary profile has been developed.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal are completed in line with current legislation and guidelines. The food is transported at lunchtime in a `hot box` and served to residents. The cook has a copy of all residents' likes and dislikes and/or any special dietary needs. Temperatures of food transported is monitored prior to transportation and when served. The last food service audit was performed in August 2017 and was sighted in the minutes of the meeting for QPS-benchmarking completed quarterly and this evidenced that all aspects off the food service was managed effectively and all residents` were satisfied with the meals provided. .</p> <p>Evidence of resident satisfaction with meals was verified by resident and family interviews and in residents' meetings minutes reviewed. Residents were seen to be given sufficient time to eat their meal in an unhurried manner and those requiring assistance had this provided. Family present at meal time were offered a meal and beverage.</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>If a referral is received but the prospective resident does not meet the criteria, the local Needs Assessment Service Coordinator (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 service offered, a referral for reassessment to the NASC is made and a new placement found, in consultation with the resident and family/whānau. There is a clause in the service 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 Norton scale, Abbey pain scale, nutritional screening and falls risk tools, 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 resident had current interRAI assessments completed by the one training interRAI assessor on site. Residents and families confirmed their involvement in the assessment process.</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. The needs identified by the interRAI assessments were reflected in care plans reviewed.</p> <p>Care plans evidence service integration with progress notes, activities notes, medical (typed) notes and allied health professionals' notations clearly written, informative and relevant. Any change in care required is documented and verbally passed onto the 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>	FA	<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, verified that medical input is sought in a timely manner, that medical orders are followed, and care is adequately provided. Care staff confirmed that care was provided as outlined in documentation. A range of equipment and resources was available, suited to the rest home level of care provided and in accordance with 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 activities staff who work at this rest home and for other services within the organisation. There are six staff who are responsible for implementing the activities programme. Volunteers assist across the organisation. There is one trained diversional therapist who covers the organisation's three facilities. The activities coordinator is responsible for welcoming new residents to this facility and for completing the activities assessments on admission. The coordinator from the assessment information provided by residents and/or family/representatives develops a `Map of Life` which incorporates a photo of the resident and all history and interests the individual resident may have. Activities assessments are regularly reviewed to help formulate an activities programme that is meaningful to the residents. The long term care plans and the activities plans are reviewed at the same time.</p> <p>Activities reflected residents' goals, ordinary patterns of life and include normal community activities. Individual and group activities and regular events are offered. Residents' and families/whanau are involved in evaluating and improving the programme through residents'/family meetings. Residents were seen to be enjoying the programme and those interviewed stated they are fun and enjoyed the music sessions.</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>Residents are evaluated each shift and reported in the progress notes. If any changes are 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. Where progress is different from expected, the service responds by initiating changes to the health care plan. Examples of short term care plans being reviewed and progress evaluated were noted for urinary infections and wounds. When necessary, and for unresolved problems, long term care plans were updated. Residents and families/whanau interviewed stated they were always notified of any 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 providers. Although the service has a contracted GP, residents may choose to use another medical practitioner. If the need arose for other non-urgent services being indicated, the GP or registered nurse sends a referral to seek specialist input. Copies of any referral are kept in the residents' records. The resident and/or family/representative are kept well informed of the referral process, as verified by documentation and interviews. Any acute referrals are attended to immediately, such as sending a resident to the after-hours emergency clinic or by ambulance to the DHB 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>Staff follow documented processes for the management of waste and infectious and hazardous substances. Appropriate signage is displayed where necessary. Staff have undertaken safe chemical handling and personal protective clothing and equipment training. An external company is contracted to supply and manage all chemicals and cleaning products and they also provide relevant training for staff. Material safety data sheets were available where chemicals are stored and staff interviewed knew what to do should any chemical spill/event occur.</p> <p>There is provision and availability of protective clothing and equipment and staff were observed using this.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>A current building warrant of fitness, expiry date 01 November 2018, was publicly displayed.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for their purpose and maintained. The testing and tagging of electrical equipment and calibration of bio medical equipment was current as confirmed in documentation reviewed, interview with the service manager and observation of the environment. There is a system in place to test all resident's electrical equipment when they are admitted to the facility and updates are maintained to meet legislative requirements. The environment was hazard free, residents were safe and independence was promoted.</p> <p>External areas are safely maintained and are appropriate to the resident group and setting.</p> <p>Staff confirmed they know the processes they should follow if any repairs or maintenance is required and that any requests are appropriately actioned. Residents and family are happy with the environment.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. This includes two bedrooms which have toilet ensembles and separate staff and visitor toilets. Appropriately secured and approved handrails are provided in the toilet/shower areas, and other equipment/accessories are available to promote resident independence. Water temperatures are checked regularly and if they go above the required 45 degrees Celsius, an external provider is called in to check the system.</p>

<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>Adequate personal space is provided to allow residents and staff to move around within their bedrooms safely. All bedrooms provide single accommodation. Rooms are personalised with furnishings, photos and other personal items displayed.</p> <p>There is room to store mobility aids, wheel chairs and mobility scooters. Staff and residents reported the adequacy of bedrooms.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	<p>FA</p>	<p>Communal areas are available for residents to engage in activities. The dining and lounge areas are separate and enable easy access for residents and staff. Residents can access areas for privacy, if required. Furniture is appropriate to the setting and residents' needs.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>Laundry is undertaken off site by another facility owned by the group. There is a daily pick-up and delivery service. Staff and residents report that there are no issues with the laundry being returned in a timely manner. Care staff demonstrated a sound knowledge of the laundry processes, and handling of soiled linen.</p> <p>There is a team of designated cleaning staff from the group who undertake a full clean twice a week and cleaning duties are undertaken by caregivers at other times.</p> <p>Chemicals were stored in a lockable cupboard and were in appropriately labelled containers. There is a specific cleaning trolley and safety data sheets are available where chemicals are stored.</p> <p>Cleaning and laundry processes are monitored through the internal audit programme and QPS quality checks are undertaken and reported throughout the group.</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>Policies and guidelines for emergency planning, preparation and response are displayed and known to staff. Disaster and civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. The current fire evacuation plan was approved by the New Zealand Fire Service on the 20 January 2017. A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service, the most recent being on 20 November 2017. The orientation programme includes fire and security training. Staff</p>

		<p>confirmed their awareness of the emergency procedures.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including food, water, blankets, mobile phones and gas BBQ's were sighted and meet the requirements for the 19 residents. A 500 litre water storage tank and a bio cycle water dripper lines are located around the complex. Emergency lighting is regularly tested.</p> <p>Call bells alert staff to residents requiring assistance. Call system audits are completed three monthly and residents and families reported staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place. Doors and windows are locked at a predetermined time by staff. There are CCTV cameras in common areas and at the front driveway. There are signs alerting visitors that the cameras are in operation and this is discussed with residents and their families when they enter the facility. There is adequate outdoor lighting.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>All residents' rooms and communal areas are heated and ventilated appropriately. Rooms have natural light and opening external windows. Heating is provided by electric night store heaters in the corridors and in residents' bedrooms. Residents' bedrooms have individual thermostats so residents can keep their areas at a temperature suitable for themselves. The dining area and one lounge have electric heat pumps. Areas were warm and well ventilated throughout the audit and residents and families confirmed the facilities are maintained at a comfortable temperature.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The service implements an infection prevention and control (IPC) programme to minimise risk of infections to residents, staff and visitors. The programme is guided by a current infection control manual, with input from the organisation's group care service manager who oversees the service. The infection control programme will be reviewed annually.</p> <p>The group care service manager is a registered nurse and the designated IPC coordinator, whose role and responsibilities are defined in a job description. Infection control matters, including surveillance results, are reported monthly to the general manager, and tabled at the quality and risk meetings.</p> <p>Signage is used as required. 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 responsibilities.</p>

<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	<p>FA</p>	<p>The IPC coordinator has appropriate skills, knowledge and qualifications for this role. The group care services manager attended infection prevention and control revision at the DHB on the 07 November 2017. Additional support and information is accessed from the infection control team at the DHB, the community laboratory, the GP and public health unit, as required. The coordinator has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections.</p> <p>The IPC coordinator confirmed the availability of resources to support the programme and any outbreaks of an infection. There have been no outbreaks of infection since the previous audit.</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>	<p>FA</p>	<p>The infection prevention and control policies reflect the requirements of the infection prevention and control standard and current accepted good practice. Policies were last reviewed February 2017 and included appropriate referencing. Care delivery, cleaning, laundry and kitchen staff were observed following organisational policies, such as appropriate use of hand-sanitisers, hand washing techniques and use of disposable aprons and gloves. Hand washing and sanitiser dispensers are readily available around the facility. Staff interviewed verified knowledge of infection control policies and practices.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>Interviews, observation and documentation verified staff have received education in infection prevention and control at orientation and ongoing education sessions. Education is provided by the registered nurse and the IPC coordinator. Basic training has been provided and the education is to be reviewed for 2018. A record of attendance is maintained.</p> <p>Education with residents is generally on a one-to-one basis. Hand hygiene is encouraged and demonstrated by all staff.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods</p>	<p>FA</p>	<p>Surveillance is appropriate to that recommended for a long term care facilities and includes infections of the urinary tract, soft tissue, fungal, eye, gastro-intestinal, the upper and lower respiratory tract and skin conditions. Any reported infections are reported monthly and documented. Any required management of any new infections are discussed at handover between shifts to ensure early</p>

<p>that have been specified in the infection control programme.</p>		<p>intervention occurs.</p> <p>Graphs are produced to identify any trends and this is reported to the general manager. Benchmarking occurs between the other facilities in the organisation. Benchmarking has provided assurance that infection rates in the facility are low for the sector.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>Policies and procedures were amended at the time of audit to better reflect the definition of restraint. The CCN, is the restraint coordinator and would provide support and oversight for enabler and restraint management in the facility, should this be required. They understood their role and responsibilities.</p> <p>On the day of audit, no residents were using restraints or enablers. Policy states that enablers are equipment, devices or furniture voluntarily used by a resident following appropriate assessment that limit normal freedom of movement with the intent of promoting independence, dignity, respect, comfort or safety.</p> <p>Staff have received training in restraint minimisation and related topics, such as positively supporting people with challenging behaviours. Staff understand that restraint would only be used as a last resort when all alternatives have been explored.</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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.