

# Cunliffe House Retirement Home 2006 Limited - Cunliffe House Rest Home

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## 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:** Cunliffe House Retirement Home 2006 Limited

**Premises audited:** Cunliffe House Rest Home

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 7 December 2017 End date: 7 December 2017

**Proposed changes to current services (if any):**

**Total beds occupied across all premises included in the audit on the first day of the audit: 19**



# Executive summary of the audit

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## 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

Cunliffe House rest home has been owner/operated for 11 years. The service provides rest home level care for up to 23 residents. On the day of the audit there were 19 residents.

This certification audit was conducted against the relevant Health and Disability Standards and the contract with the District Health Board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, relatives, management, staff and the general practitioner.

The owner/operators are supported by a part-time registered nurse and stable workforce. Residents and family interviewed were complimentary of the service they receive.

This certification audit identified areas for improvement around implementation of care and medicine management.

## 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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Information about the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and services provided, is fully available to residents and family. There are policies to support rights such as culture, abuse / neglect, advocacy, privacy, dignity, informed consent, complaints and values and beliefs. Complaints processes are implemented, complaints, and concerns are actively managed with evidence of resolution of issues raised. Residents and family interviewed praised the care provided at the service.

## 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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Cunliffe House Rest Home have a quality and risk management system. There are policies and procedures with staff and resident meetings monthly to discuss quality improvement data including incidents, accidents, complaints, health and safety and hazards. Internal audits are completed with evidence of corrective action plans completed and resolution documented. Staff are orientated and there is a training planner in place. There is a registered nurse on duty five days a week in the morning and on call. Staffing levels meet contractual requirements with two caregivers in the morning and afternoon and one overnight.

## 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.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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There is an admission package available prior to or on entry to the service. The registered nurse is responsible for each stage of service provision. A registered nurse assesses, plans and reviews each resident's needs, outcomes and goals at least six monthly. Care plans demonstrated service integration and included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses and senior carers responsible for administration of medication complete annual education and medication competencies. The medicine charts had been reviewed by the general practitioner at least three monthly.

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

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

## Safe and appropriate environment

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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There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade. Resident bedrooms are personalised. There are adequate communal shower/toilet facilities with some ensuite rooms. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the

effectiveness of these services. Systems and supplies are in place for essential, emergency and security services. There is a staff member on duty at all times with a current first aid certificate.

## Restraint minimisation and safe practice

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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There is a documented definition of restraint and enablers which is congruent with the standards. The restraint co-ordinator is a registered nurse. Assessments are based on information in the care plan, resident discussions and on observations of the staff, detailing de-escalation techniques that are specific to the individual resident. Cunliffe House Rest Home has maintained a restraint-free environment.

## 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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Cunliffe House Rest Home has an infection control programme, which is reviewed annually. The registered nurse is the infection control coordinator who is responsible with management support for implementation of the programme. The facility is supported by external provider infection control policies and procedures. The infection control programme, its content and detail, is appropriate

for the size, complexity, and degree of risk associated with the service. This is linked into the quality/risk management system through the performance monitoring programme.

## Summary of attainment

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

<b>Attainment Rating</b>	<b>Continuous Improvement (CI)</b>	<b>Fully Attained (FA)</b>	<b>Partially Attained Negligible Risk (PA Negligible)</b>	<b>Partially Attained Low Risk (PA Low)</b>	<b>Partially Attained Moderate Risk (PA Moderate)</b>	<b>Partially Attained High Risk (PA High)</b>	<b>Partially Attained Critical Risk (PA Critical)</b>
<b>Standards</b>	0	43	0	1	1	0	0
<b>Criteria</b>	0	91	0	1	1	0	0

<b>Attainment Rating</b>	<b>Unattained Negligible Risk (UA Negligible)</b>	<b>Unattained Low Risk (UA Low)</b>	<b>Unattained Moderate Risk (UA Moderate)</b>	<b>Unattained High Risk (UA High)</b>	<b>Unattained Critical Risk (UA Critical)</b>
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Discussions with staff (two caregivers, the registered nurse and the activities coordinator) confirmed their familiarity with the Code. Five rest home residents and three family members interviewed, confirmed the services being provided are in line with the Code.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>There are established informed consent policies/procedures and advanced directives. General written consents are obtained on admission. Specific consents are obtained for specific procedures such as influenza vaccine. All five resident files including the respite care resident contained signed consents.</p> <p>Resuscitation status had been signed appropriately. Advance directives were signed for separately identifying the resident's wishes for end of life care, including hospitalization. Copies of enduring power of attorney (EPOA) where available were in the residents' files.</p> <p>An informed consent policy is implemented. Systems are in place to ensure residents, and where appropriate their family/whānau, are provided with appropriate information to make informed choices and informed decisions. The caregivers interviewed demonstrated a good understanding in relation to informed consent.</p> <p>Three relatives and five residents interviewed confirmed they have been made aware of informed</p>

		<p>consent processes and that appropriate information had been provided.</p> <p>Four long-term resident files reviewed had signed admission agreements.</p>
<p><b>Standard 1.1.11: Advocacy And Support</b></p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>Advocacy information is part of the service entry package and is on display in the foyer and on the noticeboard in the foyer. The information identifies who the resident can contact to access advocacy services. The information pack provided to residents prior to entry includes advocacy information. The right to have an advocate is discussed with residents and their family during the entry process and relative or nominated advocate is documented on the front page of the resident file as confirmed by the residents and family interviewed. Staff were aware of the right for advocacy and how to access and provide advocate information to residents if needed.</p>
<p><b>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</b></p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Residents and relatives confirmed that visiting could occur at any time. Key people involved in the resident's life have been documented in the resident files. Residents verified that they have been supported and encouraged to remain involved in the community, including being involved in regular community groups. Entertainers are regularly invited to perform at the facility. Residents are supported to access the community as required and the service maintains key linkages with other community organisations.</p> <p>Interviews with family confirm that visitors are welcomed, are included in discussions, asked if they would like a cup of tea and visitors are sighted coming and going on the days of the audit and engaging in activities with the resident.</p>
<p><b>Standard 1.1.13: Complaints Management</b></p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The service has a complaints policy that describes the management of the complaints process. Complaint forms are available. Information about complaints is provided on admission. The owner/manager and the RN operate an 'open door' policy. Residents and relatives confirmed they are aware of the complaints process. Caregivers interviewed were able to describe the process around reporting complaints. There were no complaints made in 2016. One complaint has been received in 2017 year to date. Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the HDC. Any corrective actions developed has been followed up and implemented.</p>
<p><b>Standard 1.1.2: Consumer</b></p>	FA	<p>There is a welcome information booklet/folder that includes information about the code of rights and</p>

<p>Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>		<p>there is opportunity to discuss this prior to entry and/or at admission with the resident, family and, as appropriate, their legal representative. Residents interviewed identified they are well-informed about the Code. Surveys and direct communication with management provide the opportunity to raise concerns. Advocacy and Code of Rights information is included in the information pack and are clearly displayed on the noticeboard and the hallway.</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>	FA	<p>Staff interviewed could describe the procedures for maintaining confidentiality of resident records, resident's privacy and dignity. Double rooms have privacy curtains. There are no long-term residents currently sharing double rooms. House rules are signed by staff at commencement of employment.</p> <p>Residents are supported to attend church services held within the facility or attend church services in the community if they wish. Residents interviewed reported that they can choose to engage in activities and access community resources. There is an abuse and neglect policy and staff education around this has occurred.</p> <p>During the visit, staff demonstrated gaining permission prior to entering resident bedrooms. Two caregivers and one registered nurse interviewed describe ensuring privacy by knocking before entering. Caregivers describe providing choice including what to wear, food choices, how often they want to shower, activities and whether they want to be involved in activities.</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>	FA	<p>The service has a Māori health plan and an individual's values and beliefs policy, which includes cultural safety and awareness. There were no residents that identified as Māori at the time of audit. Discussions with staff confirmed their understanding of the different cultural needs of residents and their whānau. They can call on DHB Māori liaison service for assistance or advice when required. Staff confirmed they are aware of the need to respond appropriately to maintain cultural safety. Staff have had training around cultural safety.</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,</p>	FA	<p>Care planning and activities goal setting includes consideration of spiritual, psychological and social needs. Residents and family members interviewed indicated that they are asked to identify any spiritual, religious and/or cultural beliefs. Relatives reported that they feel they are consulted and kept informed and family involvement is encouraged.</p>

spiritual values, and beliefs.		
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>Staff employment policies/procedures include guidelines around receiving gifts, confidentiality and staff expectations. Policies also include respect for personal belongings 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 privacy and personal boundaries. Staff attend relevant training.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>The service meets the individualised needs of residents with needs relating to rest home level care. The quality programme has been designed to monitor contractual and standards compliance and the quality of service delivery in the facility. Comprehensive policy/procedures are documented by an external consultant and the reviews are completed by the co-owners/managers and the registered nurse with oversight from the consultant. Staffing policies include pre-employment, the requirement to attend orientation and ongoing in-service training. The owner/manager is responsible for coordinating the internal audit programme. Monthly staff, regular head of department/quality meetings and monthly resident's meetings are conducted. Staff interviewed stated that they feel supported by the owner/manager and RN.</p> <p>Evidence-based practice is evident, promoting and encouraging good practice. An RN is on-call when not on-site. A house general practitioner (GP) visits the facility one day a fortnight. The service receives support from the local district health board (DHB). Physiotherapy services are provided on site, as required. A podiatrist visits the service every six-weeks. The service has links with the local community and encourages residents to remain independent. Residents and relatives interviewed spoke positively about the care and support 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>	FA	<p>There is an open disclosure policy in place. An interpreter is provided as required. Communication with family members is recorded on the incident report forms and in the resident daily progress notes. Relatives sign a communication sheet to inform the service when and under what circumstances they would like to be informed. Ten incident forms reviewed identify that family were notified following a resident incident. Family members interviewed stated they were well informed and involved when needed in resident's care. Monthly resident meetings encourage open discussion around the services provided (meeting minutes sighted).</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items they have to pay that is not covered by the agreement. The information pack is</p>

		available in large print and can be read to residents who are visually impaired.
<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>	FA	<p>Cunliffe House Rest Home provides residential care for up to 23 residents with 19 occupied beds on the day of the audit including three respite care residents.</p> <p>There is a documented service philosophy, mission and vision and a strategic plan for 2017. Cunliffe House Rest Home is managed by co owners with many years' experience in aged care. Clinical oversight is provided by a registered nurse also available 24/7 on call. Registered nurse cover is provided between 30 to 35 hours on site Monday to Friday. The co-owners/managers have maintained at least eight hours annually of professional development activities related to managing a rest home. This includes attendance at the aged care conference and the managers and provider (DHB) forums quarterly in 2017. They also own another rest home facility. There are four directors in total.</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>A review of the documentation, policies and procedures and from discussion with staff identifies that the service operational management strategies, quality and risk management programme which includes culturally appropriate care, is to minimise risk of unwanted events and enhance quality of service delivery for residents and other stakeholders. In the temporary absence of the co-owner/manager, one of the three other directors fulfil the manager role. The registered nurse's cover for each other when away. A second RN has been appointed to commence 8 December 2017.</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>Cunliffe House Rest Home has a quality and risk management system that is overseen by the co-owners/managers and registered nurses.</p> <p>A quality and risk management programme is in place. Quality goals were documented in the quality meeting minutes. The monthly and annual reviews of the quality and risk management programme reflect the service's on-going progress around quality improvement. Policies and procedures are provided by an external consultant and include interRAI procedures. Policies are reviewed by the co-owners/managers with an external consultant providing oversight. Staff are made aware of any policy changes through staff meetings as evidenced in meeting minutes. The monthly collating of quality and risk data includes monitoring accidents and incidents, resident satisfaction and infection rates. Internal audits regularly monitor compliance. A corrective action form is completed where areas are identified for improvement. Staff are kept informed regarding results via staff meetings and during staff handovers. There are annual resident satisfaction, family satisfaction, and food satisfaction surveys completed. Any</p>

		<p>corrective actions were documented and included evidence of implementation and sign off.</p> <p>The quality programme is linked to the annual training plan with extra and impromptu training offered as issues are identified. A health and safety programme is in place, which includes managing identified hazards. Health and safety meetings are conducted as part of the head of department/quality meetings. Discussions with the registered nurse, caregivers, the cook, owner/managers, activities coordinator and review of staff meeting minutes demonstrate their involvement in quality and risk activities.</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>Cunliffe House collects all incident and accident information reported by staff on a paper-based system. The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made. Monthly incident reports are completed, and the data is tabled at the staff meetings. Ten resident related incident forms were reviewed for Nov 2017. Each event involving a resident reflected a clinical assessment and follow-up by a RN. Care staff interviewed were very knowledgeable regarding the care needs (including high falls) for all residents. Discussions with the owner/manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. This has not been required. Family interviewed confirm that they are informed of incidents as these occur.</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>Human resources policies include recruitment, selection, orientation and staff training and development. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme includes documented competencies and induction checklists. Staff interviewed were able to describe the orientation process and reported new staff were adequately orientated to the service.</p> <p>There is an annual education plan being implemented that includes monthly competencies that must be completed by staff. The RN has completed interRAI training.</p> <p>Five staff files including one RN, three caregivers, and one cook reviewed evidenced, employment contracts, completed orientation and annual performance appraisals. A register of registered nursing staff and other health practitioner practising certificates is maintained. Over eight hours of training has been provided annually.</p> <p>Family and residents state that staff are knowledgeable in their role. Annual competencies are completed for all staff involved in medication administration.</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 total of 18 staff including two co-owners/managers, one-part time RN with another appointed to commence 8 Dec 2017, 10 caregivers, two cooks, one activities coordinator and one cleaner. There is a facility staffing and skill mix policy that aligns with contractual requirements. Rosters sighted note the skill mix and clinical oversight is appropriate for the size and complexity of the facility. Caregiver's complete laundry, weekend cleaning and food services in the evening noting that there is one cleaner employed Monday to Friday. Residents and family members interviewed report there are adequate staff numbers on duty. There are two co-owner/managers who provide on-site support. The registered nurses cover five days a week for 30 to 35 hours a week with on call 24/7. Two caregivers are on site in the morning and afternoon (one short and one long shift on each) with one caregiver overnight. Caregivers interviewed state that they can access on call staff when needed.</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>	<p>FA</p>	<p>The service retains relevant and appropriate information to identify residents and track records. This includes information gathered at admission with the involvement of the family. Files are kept securely in a cupboard in the dining room. Each resident has an individual file that includes all relevant information. Staff can describe the procedures for maintaining confidentiality of resident records and sign confidentiality statements. Files and relevant care and support information for residents is able to be referenced and retrieved in a timely manner.</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' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for families and residents prior to admission. Four long-term admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement.</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>Planned exits, discharges or transfers are coordinated in collaboration with the resident and family to ensure continuity of care. There are documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families are involved for all exit or discharges to and from the service.</p>

<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Low</p>	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. The RNs and senior caregivers who administer medications complete annual medication competencies. Medications (blister packs) are checked on delivery against the medication chart and any discrepancies feedback to the pharmacy. The blister pack is signed by the RN to verify reconciliation of medications. All medications are stored safely. Three self-medicating residents (for inhalers) had a self-medication competency completed and authorised by the GP. Nasal drops in use had not been dated.</p> <p>Ten medication charts (eight long-term and two respite care) were reviewed. The GP generates hand written medication charts. Medication charts had photo identification for long-term residents and all medication charts had an allergy status recorded. The GP reviews the medication charts at least three monthly. The administration signing sheets reviewed identified medications had been administered as prescribed. Prescribing of regular medications did not meet legislative requirements.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>All meals and home baking are prepared and cooked on site by qualified cooks who have completed food safety units. There is a four-weekly seasonal menu which had been reviewed by a dietitian. The cook receives dietary information for new residents and is informed of any changes to resident's dietary needs. Likes and dislikes are accommodated. Additional or modified foods such as soft foods and food allergies are provided. Residents and family members interviewed were complimentary about the meals provided.</p> <p>Meals are prepared in an open plan kitchen adjacent to the dining room and served directly to the residents. Fridge and freezer temperatures are monitored and recorded daily. End cooked temperatures had not been taken. All perishable goods sighted were date labelled. A cleaning schedule is maintained.</p> <p>The service has introduced a daily food control plan that includes fridge/freezer temperatures and end cooked meat temperatures.</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,</p>	<p>FA</p>	<p>There is an admission information policy. The reasons for declining entry would be if the service is unable to provide the care required or there are no beds available. Management communicate directly with the referring agencies and family/whānau as appropriate if entry was declined.</p>

where appropriate.		
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>The RN completes an initial assessment on admission including risk assessment tools as appropriate. An interRAI assessment is undertaken within 21 days of admission and six monthly, or earlier due to health changes for long-term residents under the ARCC. Resident needs and supports are identified through the on-going assessment process and form the basis of the long-term care plan. The respite care resident had an initial assessment and applicable risk assessments completed.</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>Four residents' long-term care plans reviewed were resident-focused and individualised. Care plans documented the required supports/needs to reflect the resident's current health status in four long-term resident files reviewed. The respite care resident had an initial care plan in place that reflected the required supports/needs.</p> <p>Short-term care plans were sighted for short term needs and these were either resolved or transferred to the long-term care plan.</p> <p>There was evidence of allied health care professionals involved in the care of the resident. Residents and relatives interviewed confirmed they were involved in the care planning process.</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>	PA Moderate	<p>When a resident's condition alters, the RN initiates a review and if required, GP or nurse specialist consultation. There is evidence that family members were notified of any changes to their relative's health including (but not limited to) accident/incidents, infections, health professional visits and changes in medications. Discussions with families and notifications are documented on the family contact sheet in the residents' files reviewed.</p> <p>Adequate dressing supplies were sighted. Wound management policies and procedures are in place. A wound assessment, wound care plan and evaluation notes in place for the one resident with a wound. There is access to a wound nurse specialist for advice for wound management as evidenced in allied health notes for the resident with a wound.</p> <p>Continence products are available. The residents' files include a urinary continence assessment, bowel management plan, and continence products used. Ongoing monitoring occurs to monitor the resident's health status. Short-term care plans are used for changes in health. Not all interventions had been implemented.</p>

<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>The activity coordinator has been in the role seven years. She is a qualified caregiver and working toward diversional therapy qualifications. The activity coordinator is employed four hours a day from Monday to Friday. The monthly programme is flexible to meet resident's preferences and outings. Activities are meaningful and include (but are not limited to); newspaper reading and discussions, crafts, quizzes, walks, movies and housie. A men's shed has been built for one resident who enjoys building and fix-it projects for the home. One-on-one time is spent with residents who choose not to join in group activities. All festivities and birthdays are celebrated. Entertainers, volunteers and community visitors are involved in the activity programme including school choir, brownies, annual mobile farm visit and monthly on-site church services. Weekly outings occur with drives to places of interest, shopping, fortnightly club visits. Residents are encouraged to maintain links with the community and are supported to attend their own churches.</p> <p>A resident profile is completed on admission. Each resident has an individual activity plan which is reviewed six monthly at the same time as the long-term care plan. The service receives feedback on activities through one-on-one feedback, resident's meetings and surveys.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>All initial care plans reviewed were evaluated by the RNs within three weeks of admission and a long-term care plan developed. Care plans had been evaluated six monthly for four long-term residents. Written evaluations identified if the desired goals had been met or unmet and the care plans had been updated. The GP reviews the residents at least three monthly or earlier if required. On-going nursing evaluations occur as indicated and are documented within the progress notes.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>Referral to other health and disability services is evident in the residents' files sampled. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on residents' files.</p> <p>There are documented policies and procedures in relation to exit, transfer or transition of residents. The residents and the families are kept informed of the referrals made by the service.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous</p>	FA	<p>Documented processes for the management of waste and hazardous substances are in place to ensure incidents are reported in a timely manner. Safety data sheets and products charts are readily accessible for staff. Chemical bottles sighted have correct manufacturer labels. Chemicals are stored in a locked</p>

<p>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>cupboard. Personal protective clothing is available for staff and was observed being worn by staff they were carrying out their duties on the day of audit.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>The building has a current building warrant of fitness that expires 1 July 2018. There is lift and stairs access to the upstairs. There are three bedrooms (one double and one single) and administration offices. There have been environmental improvements including the upgrade of one wing, two shower areas, one toilet and outdoor pavers have been put down along with raised garden beds.</p> <p>The second owner/director is on-site one day a week for maintenance and repairs and available at other times for facility matters. There is a record of maintenance and repairs. A planned maintenance plan is in place for 2017 which includes checks on resident and facility equipment, call bells and monthly hot water temperatures.</p> <p>Essential contractors are available 24 hours. Electrical testing is completed annually. Annual calibration, functional checks and electrical testing and tagging of equipment is completed by external contractors last August 2016.</p> <p>There is sufficient space for residents to safely mobilise using mobility aids and communal areas are easily accessible. There is safe access to the well maintained and landscaped outdoor areas. Seating and shade is provided. There is a designated smoking area for resident who smoke.</p> <p>The caregivers interviewed stated they have sufficient equipment including mobility aids and wheelchairs (if required) to safely deliver the cares as outlined in the residents' care plans.</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</p>	<p>FA</p>	<p>The three resident's rooms upstairs have ensuite toilets and a communal shower. Bedrooms downstairs are a mix of ensuite hand basin/toilets and communal access to toilet/showers. There are privacy curtains and privacy locks on the doors. Residents confirmed staff respect their privacy while attending to their hygiene cares.</p>

hygiene requirements.		
<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	<p>There are five double rooms and 13 single rooms. All double rooms have privacy curtains and call bells by the beds. There is adequate room for residents to safely manoeuvre around the room using mobility aids. Residents and families are encouraged to personalize their rooms as viewed on the day of audit. Rooms are refurbished as they become vacant.</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>	FA	<p>Communal areas within the facility includes a spacious separate dining area and two lounges. The lounges have recently had double glass doors installed between them, so the rooms can be made larger for entertainment and large group activities. All furniture is safe and suitable for the residents. Communal areas are easily accessible to residents.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. All linen and personal clothing is done on-site. Caregivers complete laundry duties. There is a designated laundry with a defined clean/dirty area and commercial washing machine and dryer. A cleaner is employed three hours Monday to Friday. All staff have completed chemical safety. The effectiveness of the cleaning and laundry processes are monitored through internal audits, resident meetings and surveys. Residents and relatives interviewed were satisfied with the laundry service and cleanliness of the communal areas and their bedrooms.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>The service has a current emergency/disaster management plan in place to guide staff in managing emergencies and disasters. There was an emergency/disaster management procedure available for staff, residents and visitors in the event of specific emergencies/disasters (including fire, earthquakes, floods, storms, tsunami and gas leaks). Staff interviewed were aware of the emergency procedures in place. There are adequate supplies of water, food and equipment in the event of an emergency. The building has a current fire evacuation scheme and conduct six monthly fire drills. There is at least one staff member on duty at all times with a current first aid certificate. Calls bells are appropriately place in all resident rooms and communal areas including showers and toilets. The building is secure after hours.</p>

<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>Residents are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. All bedrooms have adequate natural light and individual electric wall heaters that are individually thermostat controlled. Communal areas are heated with heat pumps.</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>Cunliffe House Rest Home has an established infection control programme. A RN is responsible for infection control. The infection control coordinator oversees infection control for the service and is responsible for the collation of infection events.</p> <p>The IC programmes its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service and is linked into the incident reporting system. The programme is reviewed annually by an Infection control nurse specialist. Hand sanitizers are appropriately placed throughout the facility. Residents and staff are offered the influenza vaccine. There have been no outbreaks.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The infection control policy states the infection control coordinator (registered nurse) and staff work in liaison with health and safety and these are combined with the staff meetings. All staff are involved in the implementation of the infection control and prevention programme with management support. The facility also has access to an external infection control specialist, public health services, southern community infection control specialist and general practitioners.</p> <p>The infection control coordinator can describe accessing the public health service and Bug Control for advice.</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</p>	FA	<p>The infection control manual is developed by an external provider and provides a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team, training and education of staff.</p>

<p>in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>		
<p>Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The infection control coordinator, who is the registered nurse is responsible for providing education and training to staff in conjunction with an infection control specialist and Bug control. Infection control is included in the staff orientation. The Infection control coordinator has completed external education. Infection control education was last provided to staff in February 2017 by an infection control specialist. Attendance records are maintained in individual staff files. Annual education related to infection control has not occurred.</p>
<p>Standard 3.5: Surveillance 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>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections, which are appropriate to the size and complexity of the facility. The registered nurse uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the facility. There is close liaison with the GP's that advise and provide feedback /information to the service.</p>
<p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Restraint minimisation and safe practice policy and procedure includes definitions of an enabler and restraint. Cunliffe House Rest Home has an assessment and care planning process that includes interventions for calming and de-escalation, to minimise the need for any restraint interventions. Restraint competencies are completed on a regular basis. There are currently no residents at Cunliffe House Rest Home requiring restraint or using an enabler. Restraint is an agenda item at monthly staff meetings. Restraint training last occurred February 2016.</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 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	PA Low	<p>Medications were stored safely. All medications were prescribed for a resident. Standing orders were not used. Nasal drops had not been dated on opening. Medication charts were hand written, however not all prescribed medications were dated. As required medications had indication for use.</p>	<p>(i)Two nasal drops in use were not dated on opening. One nasal drops had been decanted into a smaller spray bottle and was not dated or named; and (ii) Regular medications prescribed were not individually dated on five of 10 medications charts.</p>	<p>(i)Ensure nasal drops are dated on opening and dated; and (ii) Ensure each medication is dated when prescribed.</p> <p>60 days</p>
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>	PA Moderate	<p>The residents' files include a urinary continence assessment, bowel management plan, and continence products used. Monitoring occurs for blood pressure, weight, blood glucose, pain and behaviours. Not all interventions had been implemented.</p>	<p>(i)There were no baseline observations taken on admission for the respite care resident; (ii) There was no fluid restriction monitoring in place for one resident as per GP notes (link tracer) and; (iii) There were no neurological</p>	<p>(i)Ensure observations are taken on admission for respite care resident; (ii) Ensure GP instructions are followed, and (iii) Complete neurological</p>

			observations for five residents post unwitnessed falls.	observations for unwitnessed falls as per protocol.  60 days
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## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.