

# Falani Limited - Virginia Lodge

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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:** Falani Limited

**Premises audited:** Virginia Lodge

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

**Dates of audit:** Start date: 11 January 2018      End date: 11 January 2018

**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
Yellow	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
Red	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

Virginia Lodge provides rest home level care for up to 21 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 new owner/director has a background in business management and has privately owned Virginia Lodge since April 2017. He is supported by an experienced nurse manager/enrolled nurse who has been in the role four years. They are supported by two part-time registered nurses. Residents and family interviewed were very complimentary of the services and care they receive.

There is one area for improvement identified at this certification audit related to monitoring.

The service has been awarded a continuous improvement rating around good practice in relation to end of life care and support.

## 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.

All standards applicable to this service fully attained with some standards exceeded.

Virginia Lodge provides care in a way that focuses on the individual resident. Cultural and spiritual assessment is undertaken on admission and during the review processes. Information about services provided is readily available to residents and families/whānau. The Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code) brochures are accessible to residents and their families. There is a policy to support individual rights. Care plans accommodate the choices of residents and/or their family. Complaints processes are implemented and managed in line with the Code. Residents are encouraged to maintain former links with the community. There are a number of community visitors to the home.

## 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.

The quality and risk management plan and quality and risk policies describe Virginia Lodge's quality improvement processes. Policies and procedures are maintained by an external aged care consultant who ensures they align with current good practice and meet legislative requirements. Quality data is collated for infections, accident/incidents, concerns and complaints, internal audits and surveys. Quality data is discussed at meetings and is documented in minutes. The health and safety programme meets current legislative requirements. There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation programme that provides new staff with relevant information for

safe work practice. There is an education programme covering relevant aspects of care and external training is supported. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care.

## Continuum of service delivery

<p>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.</p>		<p>Some standards applicable to this service partially attained and of low risk.</p>
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An admission package is provided to family and residents prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses are responsible for all aspects of care planning, assessment and review with the resident and/or family input. Care plans viewed in resident records demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. The registered nurses and medication competent caregivers are responsible for administration of medicines and complete annual education and medication competencies. The medicine charts reviewed met legislative prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The activities person provides and implements the activity programme. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural and cognitive abilities and preferences for the resident group.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on-site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines.

## 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. 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. Documented systems are in place for essential, emergency and security services. There is a registered first aider on each shift.

## 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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Restraint minimisation and safe practice policies and procedures are in place to guide staff in the use of an approved enabler and/or restraint, should this be required. The facility remains restraint free. Staff receive regular education and training on restraint minimisation. No restraint or enabler was in use on the day of audit.

## 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.

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. Responsibility for infection control is shared between the nurse manager and a registered nurse. The infection control coordinators have attended external education and coordinate education and training for staff. There is a suite of infection control policies and guidelines to support practice. Information obtained through surveillance is used to determine infection control activities and education needs within the facility. There have been no outbreaks.

## 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)
<b>Standards</b>	1	43	0	1	0	0	0
<b>Criteria</b>	1	91	0	1	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
<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>The Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code) brochures are accessible to residents and their families. A policy relating to the Code is implemented and staff interviewed (one nurse manager, one registered nurse (RN), three caregivers and one activities coordinator) could describe how the Code is incorporated into their everyday delivery of care. Staff receive training about the Code during their induction to the service, which continues through the staff education and training programme.</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 younger 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 hospitalisation. Copies of enduring power</p>

		<p>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 three caregivers interviewed demonstrated a good understanding in relation to informed consent and informed consent processes.</p> <p>Family and residents interviewed, confirmed they have been made aware of and fully understand informed consent processes and that appropriate information had been provided.</p> <p>Four long-term residents under the ARCC were reviewed and all had signed admission agreements.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>Health and Disability advocacy brochures are included in the information provided to new residents and their family/whānau during their entry to the service. Residents and family interviewed were aware of the role of advocacy services and their right to access support. The complaints process is linked to advocacy services. Staff receive regular education and training on the role of advocacy services. A resident advocate is available and attends a resident meeting at least annually and on request.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>The service encourages their residents to maintain their relationships with friends and community groups. Residents may have visitors of their choice at any time. Assistance is provided by the care staff to ensure that the residents continue to participate in their chosen community group. There are a number of community visitors to the facility including kapa groups, guest speakers, Tai Chi instructor and entertainers.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>There is a complaints policy to guide practice which aligns with Right 10 of the Code. The privacy officer (nurse manager) leads the investigation of any concerns/complaints in consultation with the RN for clinical concerns/complaints. Concerns/complaints are discussed at the monthly quality/staff meeting as sighted in the meeting minutes. Complaints forms are visible throughout the facility. There have been two concerns since the last audit that have been managed</p>

		appropriately. Action has been taken within the required timeframes and resolved to the satisfaction of the complainants. Residents and families interviewed are aware of the complaints process. A complaints register is maintained.
Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.	FA	Details relating to the Code and the Health and Disability Advocacy Service are included in the resident information that is provided to new residents and their families. The nurse manager or registered nurse discuss aspects of the Code with residents and their family on admission. Discussions relating to the Code are also held during the resident/family meetings. Six residents and four family members interviewed reported that the residents' rights were being upheld by the service.
Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.	FA	The residents' personal belongings are used to decorate their rooms. Three caregivers interviewed reported that they knock on bedroom doors prior to entering rooms and this was demonstrated on the day of audit. Care staff confirmed they promote the residents' independence by encouraging them to be as active as possible. Residents and families interviewed and observations during the audit confirmed that the residents' privacy is respected. Guidelines on abuse and neglect are documented in policy. Staff receive education and training on abuse and neglect.
Standard 1.1.4: Recognition Of Māori Values And Beliefs 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.	FA	The service is committed to ensuring that the individual interests, customs, beliefs, cultural and ethnic backgrounds of Māori are valued and fostered within the service. The care staff interviewed reported that they value and encourage active participation and input from the family/whānau in the day-to-day care for any residents who identify with Māori. There were no residents who identified with Māori on the day of audit. The service has access to a cultural advisor from Te Ara Toiora (Te Oranganui Iwi Health Authority). Staff receive education on cultural awareness. Representatives for other will be contacted at the resident/whanau. Maori elders come in to assist making Māori artefacts which residents displayed as desired in their rooms. Maori language week is recognised. Local Kaumatua bless the rooms following a resident's death.

<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	<p>FA</p>	<p>The service identifies the residents' personal needs, culture, values and beliefs at the time of admission in consultation with the resident and family. Beliefs and values are incorporated into the residents' care plans in resident files reviewed. Residents and family/whānau interviewed confirmed they were involved in developing the resident's plan of care, which included the identification of individual cultural and spiritual values and beliefs.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>Professional boundaries are discussed with each new employee during their induction to the service. Professional boundaries are also described in job descriptions. Interviews with the care staff confirmed their understanding of professional boundaries including the boundaries of the caregivers' role and responsibilities. Professional boundaries are reconfirmed through education and training sessions, staff meetings and performance management.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>CI</p>	<p>Good practice around quality care including end of life care is evident. A registered nurse and nurse manger (enrolled nurse) is available on duty or on-call 24 hours a day, seven days a week. Care staff confirmed on interview they feel supported and their contribution into resident care is valued. Virginia Lodge has a stable experienced workforce with continuity, ensuring quality care for residents and trusting relationships with relatives. All staff hold relevant qualifications. Policies and procedures reflect best practice and staff are required to read and sign new/reviewed policies. Residents and family interviewed reported that they are very satisfied with the services received. There are several health professionals involved in the resident's care including the general practitioner. Residents satisfaction survey on qualified staff including the GP conducted by resident's advocate, scored 90%. A resident/family satisfaction survey is completed annually, and the 2017 results confirmed high levels of satisfaction (96%) with the services received.</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>There is a policy to guide staff on the process around open disclosure. Residents and family interviewed confirmed the admission process and agreement was discussed with them. They were provided with adequate information on entry. The nurse manager and registered nurse (RN) operate an open-door policy. Seven incident/accident forms</p>

		<p>reviewed for November and December 2016 identified family were notified following a resident incident. The nurse manager and RN confirm family are kept informed. Family members interviewed confirmed they are notified promptly of any incidents/accidents. Families receive regular newsletters and are invited to attend the quarterly family meetings. Interpreter services are available if required.</p>
<p><b>Standard 1.2.1: Governance</b> The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Virginia Lodge provides care for up to 21 rest home level residents. On the day of audit, there were 19 permanent residents (ARCC) including one under the younger person contract. There were no residents for respite care or under the intermediate care contract.</p> <p>Virginia Lodge's mission and philosophy is identified in the strategic business plan which is reviewed annually. The 2016-2017 strategic business plan includes environmental goals such painting the outside of the building as needed, resurface the car parking area, completion of interior decorating of rooms as they become vacant, implementation of a national quality assurance programme and ensure a smooth transition to new ownership for the residents, staff and new owner. The 2016-2017 plan was evaluated against the goals and achievements documented. A 2018 business plan has been developed in consultation with the director (owner) and identifies the services strengths, weaknesses, threats and opportunities.</p> <p>The director lives on-site and has been the current owner since 1 April 2017. He has a background in business management and human resources. The nurse manager has been in the role for four years at Virginia Lodge (with 19 years aged care experience) and is an accomplished enrolled nurse (EN) with a current practicing certificate. Initially the nurse manager was employed to provide six months of support for the new owner/director and is now employed on a permanent full-time contract. The nurse manager is supported by one full-time experienced registered (RN) nurse and one RN who is interRAI competent and contracted part-time (four hours per week) to complete interRAI assessments.</p> <p>The nurse manager has attended at least eight hours of education within the last year related to managing a rest home including Tikanga human ethics &amp; Māori health lectures, culture support module, infection prevention and control study day (DHB), fire, security emergency</p>

		response management, enduring power of attorney, open disclosure, managing complaints, neglect and abuse, code of rights and advocacy. The nurse manager and director attend the DHB Aged Care Service Providers forums quarterly.
<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	The owner/director lives on-site and is available to the staff 24 hours. The nurse manager and two RNs provide after hour clinical cover and provide cover for each other's leave.
<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 quality and risk management plan and quality and risk policies describe Virginia Lodge's quality improvement processes. Policies and procedures are maintained by an aged care consultant, who reviews policies to ensure they align with current good practice and meet legislative requirements. Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control data, surveys and complaints management. Data that is collected is analysed and compared monthly and annually for a range of adverse event data. Where improvements are identified, corrective actions are developed, implemented and regularly evaluated. Information is shared with all staff as confirmed in meeting minutes and during interviews. Staff, residents and family interviewed confirmed any concerns they had were addressed by management and quality initiatives implemented.</p> <p>There are monthly combined infection control/health and safety meetings followed by the quality/staff meeting. Meeting minutes evidence that quality data, trends and analysis, including areas for improvement is discussed including infections, accidents and incidents, health and safety, restraints/enablers, concerns/complaints, internal audit outcomes and quality goals. Staff stated they are required to sign the meeting minutes when read. There is an internal audit programme that covers environmental and clinical areas. The nurse manager completes a monthly summary of audits with corrective actions, which are signed off as completed. Annual resident/relative satisfaction surveys are completed annually. All residents and families were very satisfied with the care and services provided in 2017 resulting in 96% satisfaction. Results from the surveys are collated and fed back to</p>

		<p>participants through meetings.</p> <p>A 2016 risk management plan is in place. The nurse manager completed a Diploma Workplace Safety &amp; Health, September 2016 and is the health and safety officer. Staff receive health and safety training during orientation and ongoing. A health and safety/infection control committee meet monthly and is open to all staff. Health and safety is discussed and documented in the monthly quality/staff meetings. Actual and potential risks are documented on the hazard register, which identifies risk ratings and documents actions to eliminate or minimise the risk. The register is up-to-date. Falls management strategies include wireless sensor mats, and the development of specific falls management plans to meet the needs of each resident who is at risk of falling.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>There is an incident reporting policy that includes definitions and outlines responsibilities. Individual reports are completed for each incident/accident. There is timely RN assessment including after hours for accident/incidents. Incident/accident data is linked to the quality and risk management programme. Seven accident/incident forms were reviewed. Each incident involved a resident clinical assessment and follow-up by a registered nurse. Neurologic observations were conducted for suspected head injuries. The owner and nurse manager confirmed they are aware of their responsibility to notify relevant authorities in relation to essential notifications. One section 31 notification form was completed for a stage three pressure injury.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>There are human resources policies to support recruitment practices. Five staff files sampled (one registered nurse, two caregivers, one activities coordinator and one cook) contained all relevant employment documentation. The recruitment and staff selection process require that relevant checks are completed to validate the individual's qualifications, experience and suitability for the role. Performance appraisals were current. Current practising certificates were sighted for the nurse manager, RNs and allied health professionals.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice. Staff interviewed believed new staff were adequately orientated to the service on</p>

		employment. An annual training programme covering all the relevant requirements is implemented. Attendance records evidence good attendance at education. Staff have the opportunity to attend external education such as “walking in another’s shoes” dementia course. One-on-one teaching is offered to staff who cannot attend education. All staff have a relevant qualification to their role. Clinical staff complete competencies relevant to their role, including medication competencies, manual handling and wound care.
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. The nurse manager and RNs cover Monday to Friday and on-call. The caregivers, residents and relatives interviewed, inform there are sufficient staff on duty at all times. There are three caregivers on morning shift (two full shifts and one-half shift), two caregivers on afternoon shift and one on night shift. Caregivers stated there is enough time in their shift to complete all cares and cleaning and laundry duties on the morning shift and tea duties on the afternoons. There is the flexibility on the roster to increase hours to meet resident acuity.
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	The residents’ files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into each resident’s individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Residents’ files are protected from unauthorised access by being held in secure rooms. Archived records are secure in a separate locked area. Residents’ files demonstrate service integration. Entries are legible, dated, timed and signed by the relevant caregiver or RN, including designation.
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	There are policies in place for entry into the service, and this is facilitated in a competent, timely and respectful manner. Admission information packs on the service are provided for families and residents prior to admission or on entry to the service. All admission agreements reviewed (for long-term residents) aligned with all contractual requirements. Exclusions from the service are included in the admission agreement. Families interviewed agreed that admission to

		services was well managed.
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were 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 were involved for all exits 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>	FA	<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. Annual in-service education on medication is provided. The medication storage areas are secure, clean and well maintained. Medications (blister packs) are checked on delivery against the medication chart and any discrepancies fed back to the pharmacy. The blister pack is signed by the RN to verify reconciliation of medications. All medications are stored safely. Standing orders are not used. Two self-medicating residents had a self-medication competency completed and authorised by the GP. The medication fridge is monitored weekly.</p> <p>Ten medication charts were reviewed. The GP generates computerised medication charts. All medication charts had photo identification and an allergy status. The GP reviews the medication charts at least three monthly. Pharmacy medication reviews along with specialists (eg, mental health), were sighted on resident files to review prescribing practices and reduce polypharmacy. The administration signing sheets reviewed identified medications had been administered as prescribed. The medication round observed evidenced all practices are compliant with policy and legislation.</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>	FA	<p>Meals are prepared in a well-appointed, modern kitchen adjacent to the dining room and served directly to the residents. Mealtimes observed were well staffed and calm. The kitchen is homely and open and is not secure. Staff inform that residents do not access the kitchen area and that staff are always in the vicinity.</p> <p>Fridge and freezer temperatures are monitored and recorded daily. End-cooked temperatures are taken three times week and recorded.</p>

		<p>All containers of food stored in the pantry are labelled and dated. All perishable goods are date-labelled. A cleaning schedule is maintained. Chemicals are stored safely. A maintenance and cleaning schedule is maintained.</p> <p>Food services staff have attended food safety and chemical safety training. The menu has been reviewed by a dietitian. Cultural preferences and special diets are met. The cook receives a resident dietary profile for all residents and is notified of any dietary changes.</p> <p>Resident meetings along with direct input from residents, provides resident feedback on the meals and food services generally. Residents and family members interviewed were satisfied with the meals provided. Alternatives are offered for dislikes.</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>There are policies in place to guide practice. The reasons for declining entry would be if the service is unable to provide the level of care required or there are no beds available. The service communicates directly with the referring agencies and family/whānau as appropriate if entry was declined.</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>An RN completes a comprehensive initial assessment and care plan on admission, including a clinical risk assessment and relevant risk assessment tools. Risk assessments are completed six-monthly with the interRAI assessment or earlier due to health changes. InterRAI assessments reviewed were completed within 21 days of admission and at least six-monthly thereafter.</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>Resident care plans reviewed were overall resident focused. Short-term care plans are used for changes to health status and were sighted in resident files, for example, catheter care and infections. Long-term care plans evidenced resident (as appropriate) and family involvement in the care plan process. Relatives interviewed confirmed they were involved in the care planning process. Resident files demonstrated service integration. The YPD resident had interventions documented in the care plan that were appropriate to their needs, this resident also complimented the care.</p> <p>Staff interviewed identified a high level of resident knowledge by care</p>

		<p>staff and leadership by the RN.</p> <p>There was evidence of allied healthcare professionals involved in the care of the resident including mental health services and podiatrist.</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 Low	<p>Discussion with staff and observation, evidenced that service interventions were caring and supportive. When a resident's condition alters, a registered nurse initiates a review and if required, GP, nurse specialist consultation. There is documented evidence on the family contact form in each resident file that indicates family were notified of any changes to their relative's health. Discussions with families confirmed they are notified promptly of any changes to their relative's health.</p> <p>Adequate dressing supplies were sighted in treatment rooms. Wound management policies and procedures are in place. Wound assessment and treatment forms, ongoing evaluation form and evaluation notes were in place for a resident with wounds. Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified. There is access to a continence nurse specialist by referral. Residents are weighed monthly or more frequently if weight is of concern. Monitoring forms are used for weight, vital signs, and blood sugar levels, pain, challenging behaviour, food and fluid charts. Formal monitoring for a wandering resident was not completed.</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 service employs an activities person who works 12 hours a week, Monday to Friday. She is mentored by a diversional therapist. The activities person accesses an online activities group to assist with the development of a varied programme that addresses the physical and psychosocial well-being of the residents. The programme includes new activities when requested by residents, and is varied. There are regular outings into the community. The service hires a van/taxi for regular outings. The activities person has a current first aid certificate.</p> <p>One-on-one activities such as individual walks, reading and chats occur for residents who choose not to be involved in group activities. Themes and events are celebrated.</p> <p>A diversional therapy assessment and plan is completed on admission.</p>

		<p>Individual activity plans were seen in long-term resident files. They are reviewed along with interRAI assessments in association with the interRAI RN. The service receives feedback and suggestions for the programme through two monthly resident meetings and direct feedback from residents and families.</p> <p>There was positive feedback from residents and families about the activities programme which they have input into.</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 for long-term residents were evaluated by an RN within three weeks of admission and long-term care plans developed. Long-term care plans have been evaluated by an RN six monthly, using the interRAI tool or earlier for any health changes for files reviewed. The GP reviews the residents at least three-monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the progress notes or the care plan.</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 resident files sampled. Examples of referral for a higher level of care were seen. The GP and RN discussed another resident and a possible transfer to a different level of care, the family were part of this discussion. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. Examples included mental health services, wound nurse specialists, physiotherapist and podiatrist.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>Documented processes for the management of waste and hazardous substances are in place to ensure incidents are reported in a timely manner. Safety datasheets and products charts are readily accessible for staff. Chemical bottles sighted have correct manufacturer labels. Chemicals are stored in a locked cupboard. Personal protective clothing is available for staff and was observed being worn by staff when 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>	FA	<p>The building has a current building warrant of fitness that expires 30 June 2018. A seismic assessment completed on 1 September 2016 states the building is above the threshold for earthquake prone buildings.</p>

		<p>There is a 52-week planned maintenance schedule in place and all maintenance undertaken is logged by the facility manager. The new owner oversees the maintenance and repairs for the facility. Essential contractors are available 24 hours. Electrical testing is completed annually. Calibration, functional checks and electrical testing and tagging of equipment is completed by external contractors and documented for 2018 to 2020.</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. The facility is smoke free.</p> <p>The caregivers interviewed stated they have sufficient equipment including mobility aids, wheelchairs and pressure injury resources (if required), to safely deliver the cares as outlined in the residents' care plans. New equipment has been purchased including chair scales and sensor mats. There is a manual hoist available if required.</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>	FA	<p>The residents' rooms are in three wings. Bedrooms in two of the three wings have hand basins. Two rooms in the new extension have a shared hand basin and toilet ensuite. There are adequate numbers of shower rooms and toilets (including a disability toilet). All bathrooms have been upgraded. There are privacy curtains and privacy locks on the doors. Residents confirmed staff respect their privacy while attending to their care.</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>	FA	<p>All rooms are single. There is adequate room for residents to safely manoeuvre using mobility aids. Residents and families are encouraged to personalise their rooms as viewed on the day of audit. New carpets and refurbishment was observed to be implemented as planned by the new owner.</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 include a spacious dining area and a large main lounge. The lounge has been extended to include a smaller seating area and baby grand piano. Doors from the smaller lounge open out onto a spacious deck area. 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>Policies and procedures provide guidelines regarding the safe and efficient use of laundry services. Caregivers complete laundry and cleaning duties. There is a designated laundry with a defined clean/dirty area. 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>Emergency, disaster policies and procedures are documented for the service. The fire evacuation scheme has been recently approved to reflect the new extension in May 2016. Fire drills occur every six months, last in August 2017. The orientation programme and annual education/training programme include fire, security and emergency/civil defence situations. Flip charts are available for staff. Staff interviewed confirmed their understanding of emergency procedures. There are adequate supplies available in the event of a civil defence emergency including food, water (900 litre tank on-site), bottled water, torches and other civil defence supplies. A gas BBQ and gas hobs in the kitchen are available for alternate cooking. There is emergency power back-up and a generator can be hired. A call bell system is in place including all resident rooms and communal areas. Residents were observed in their rooms with their call bell within reach. There is at least one staff member on duty 24 hours a day with a current first aid/CPR certificate. 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. Six resident rooms open out onto the deck. All bedrooms have adequate natural light.</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 responsibility for infection control is shared between the nurse manager (enrolled nurse) and the RN. Responsibility for infection control is described in the job descriptions. The infection control coordinators oversee infection control for the facility and are responsible for the collation of infection events. The infection control programme is reviewed annually at the combined infection control and health and</p>

		<p>safety committee who meet monthly.</p> <p>Visitors are asked not to visit if unwell. Hand sanitisers are appropriately placed throughout the facility. There has been an increase in the number of residents receiving the influenza vaccine to 99% and 75% of staff uptake. 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 coordinators have both attended infection control and prevention education. The nurse manager attended and aged care conference, which included an infection control topic. Other infection control education is provided through the DHB. There is access to infection control expertise within the DHB, aged care consultant, wound nurse specialist, public health, and laboratory. The GP monitors the use of antibiotics.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>The infection control policies include a comprehensive range of standards and guidelines, including defined roles and responsibilities for the prevention of infection; and training and education of staff. Infection control procedures developed in respect of the kitchen, laundry and housekeeping incorporate the principles of infection control. The policies have been developed by an aged care consultant and implemented in August 2016.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The infection control coordinators are responsible for coordinating/providing education and training to staff. Training on infection control is included in orientation and as part of the annual training schedule. Staff complete infection control questionnaires. Hand hygiene competencies are completed during orientation and annually.</p> <p>Resident education is expected to occur as part of providing daily cares.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>There is a policy describing surveillance methodology for monitoring of infections. The infection control coordinators collate information obtained through surveillance to determine infection control activities and education needs in the facility. Infection control data is discussed at the combined health and safety and infection control committee meetings and staff meetings. Data and graphs of infection events are</p>

		<p>available to staff. The service completes monthly and annual comparisons of infection rates for types of infections. The nurse manager provides an annual analysis of infections. The GP signs-off the infection control data and a copy has previously been sent to the pathologist. Trends are identified and analysed, and preventative measures put in place.</p> <p>Systems in place are appropriate to the size and complexity of the facility.</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>There are current policies that reflect best practice and meet the restraint minimisation standard around restraints and enablers. The registered nurse is the restraint coordinator and has a job description that defines the role and responsibilities. No residents were using restraints or enablers on the day of audit.</p> <p>Staff receive training around restraint minimisation and managing challenging behaviours. Care staff interviewed were able to describe the difference between an enabler and a restraint. Care staff complete restraint questionnaires.</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 1.3.6.1</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 Low	<p>The service provides a high level of RN supervision, handovers are documented, and staff evidenced that they are aware of, and provide for resident care and support needs. Not all monitoring is documented or formalised.</p>	<p>(i) One resident with a history of risky wandering has no documented or regular monitoring in place.</p>	<p>(i) Ensure that care interventions and monitoring are formalised and documented</p> <p>60 days</p>

## 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, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.1.8.1</p> <p>The service provides an environment that encourages good practice, which should include evidence-based practice.</p>	CI	<p>In 2015, five long-term residents passed away over a five-week period. The loss of these residents in a small home of 20 had a devastating effect on the staff and residents. The nurse manager acknowledged the resident’s loss of their loved friends, and the impact the grief and sadness were having on them every day as their friendships and support networks diminished.</p>	<p>Processes implemented to support residents experiencing the dying and death of fellow residents has been positive and assisted them through the grieving process. The procedure now includes the nurse manager communicating the passing of residents to all staff, encouraging and supporting them to openly express their sadness and grief. Each resident is personally informed and offered the opportunity to say goodbye and attend the funeral should they wish. Staff support residents close to the dying resident to sit with them if they wish. Staff have received education around palliative care/end of life care and are more confident to openly discuss dying and death with residents and their families. Deceased residents are remembered at the monthly church services during prayer and song. The service has a close relationship with the funeral director who counselled staff following the five deaths and continues to visit staff at the home providing ongoing</p>

			<p>support. The funeral director also provided support and counselling for the grieving residents.</p> <p>The emphasis of the counselling was on remembering the person and the joy of friendship and life with that person and acknowledging they are now at peace. The funeral director has an excellent rapport with the residents, as a friend and confidant, he often comes in to play the piano giving pleasure to our residents. A memory box for each resident who passes away is provided with cards for the resident to write a memory in remembrance of the resident. After one year the cards are destroyed as a way of letting go. The residents are aware of this process. Residents and staff now can talk freely and lovingly of activities, memories and photos of those that have passed away. Residents and relatives can now be offered Quality of Life by the nurse practitioner from hospice. This service is now available to prepare a resident or relative of a pending death. A folder of letters and cards (viewed) from families of residents who have passed away, expressed thanks to staff for the wonderful end of life care for their loved ones.</p>
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End of the report.