

# Fendalton Lifecare (2006) Limited - Fendalton Retirement Village

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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:** Fendalton Lifecare (2006) Limited

**Premises audited:** Fendalton Retirement Village

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

**Dates of audit:** Start date: 31 January 2018      End date: 1 February 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: 32**

# 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

Fendalton Retirement Village is privately owned and provides rest home level care for up to 35 residents in the care centre and up to 14 rest home residents in the apartment studios. On the day of the audit there were 32 residents including four rest home residents in the studio apartments.

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 and staff.

The owner/managing director has a background in business management and has been in the aged care industry for 10 years. She is supported by an experienced facility manager who is a registered nurse. She is supported by experienced long-serving staff. Residents and family interviewed were very complimentary of the services and care they receive.

The service has been awarded a continuous improvement rating around infection surveillance.

## 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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Fendalton staff provide 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.
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The quality and risk management plan and quality and risk policies describe Fendalton Retirement Village quality improvement processes. Policies and procedures are maintained by an 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

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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Residents are assessed prior to entry to the service and a baseline assessment is completed upon admission. The facility manager (RN) is responsible for care plan development with input from residents and family. Care plans viewed on electronic files demonstrated service integration and were evaluated at least six monthly. Resident paper-based and electronic files included medical notes by the general practitioner and visiting allied health professionals. The residents and family interviewed confirmed they are involved in the care planning and review process. Short-term care plans were in use for changes in health status.

Planned activities are appropriate to the residents' assessed needs and abilities and residents advised satisfaction with the activities programme.

Medication management policies and procedures are documented in line with legislation and current regulations. There are three-monthly GP medication reviews.

Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The main meal is prepared at the sister facility and transported in a designated van. Residents interviewed responded favourably to the meals provided.

## Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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Fendalton Lifecare has documented processes for waste management. Chemical safety training has been provided to staff and chemicals are stored securely. The service has a current building WOF and reactive and preventative maintenance is completed. Hot water temperatures are monitored and recorded. Medical equipment and electrical appliances have been calibrated by an authorised technician. Residents' rooms are of sufficient space to allow services to be provided and for the safe use and manoeuvring of mobility aids. There are sufficient dining room and lounge areas in all areas. Resident rooms are single occupancy and are personalised. There is a mixture of own and shared ensuite facilities as well as communal toilets. The service has implemented policies and procedures for fire, civil defence and other emergencies. General living areas and resident rooms are appropriately heated and ventilated. Residents have access to communal areas for entertainment, recreation and dining. Residents are provided with safe and hygienic cleaning and laundry services. External garden areas are available with suitable pathways, seating and shade provided. Smoking is only permitted in designated external areas. The service is continuing to progress with earthquake repairs.

## 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. The service is restraint-free and no residents utilising enablers. The restraint coordinator is the facility manager/RN. Staff receive regular education and training on restraint minimisation.

## 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 at the facility is the facility manager. The infection control coordinator has completed infection control education. Staff complete annual training on infection control. 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.

## 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>	0	45	0	0	0	0	0
<b>Criteria</b>	1	92	0	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
<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
Standard 1.1.1: Consumer Rights During Service Delivery  Consumers receive services in accordance with consumer rights legislation.	FA	The Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code) brochures are accessible to residents and their families at the front entrance. A policy relating to the Code is implemented and staff interviewed (one facility manager/registered nurse, two enrolled nurses, two healthcare assistants (HCA) and one diversional therapist) 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.
Standard 1.1.10: Informed Consent  Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed	FA	Informed consent and advanced directives were recorded as evidenced in the six resident files reviewed. Staff advised that family involvement occurs with the consent of the resident. Residents interviewed confirmed that information was provided to enable informed choices and that they were able to decline or withdraw their consent. Resident admission agreements were signed.

consent.		
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>Health and Disability advocacy brochures are included in the information provided to new residents and their family 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 health and disability advocate are available to residents/family.</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 diversional therapist to ensure that the residents continue to participate in their chosen community groups. There are a number of community visitors to the facility including primary school children, guest speakers, 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 (facility manager) leads the investigation of any concerns/complaints in consultation with the clinical manager for clinical concerns/complaints. The general manager is informed of any concerns/complaints. Compliments and complaints are discussed at the staff meetings as sighted in the meeting minutes. Complaints forms are visible throughout the facility. There have been two relative concerns and one written complaint in 2017. All complaints have been internally investigated and managed appropriately. Action has been taken within the required timeframes and resolved to the satisfaction of the complainants. Advocacy services are offered. Residents and families interviewed were aware of the complaints process. A compliments and complaints register are maintained on the electronic system.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>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 facility manager/registered nurse discusses aspects of the Code with residents and their family on admission. Six residents (including one in the studio apartments) and two-family members interviewed, reported that the residents' rights were being upheld by the service.</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>Two HCAs and two enrolled nurses 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, culture, values and beliefs are respected. The residents' personal belongings are respected and not for communal use. Guidelines on abuse and neglect are documented in policy. Staff receive education and training on abuse and neglect.</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 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 residents who identify with Māori. There was one resident who identified with Māori on the day of audit. The Māori health plan identified the residents' iwi and cultural beliefs. Support persons including Kaumatua were identified. Cultural links included visits to the Marae and Māori community groups. There is support available through the hospice cultural advisor. Staff receive education on Māori values and beliefs and 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, spiritual values, and beliefs.</p>	FA	<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 as viewed on the resident electronic files. Residents and family 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>	FA	<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</p>

<p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>		<p>understanding of professional boundaries, including the boundaries of the HCA 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>FA</p>	<p>Good practice is promoted and practiced around the provision of quality care and services provided at Fendalton rest home. Policies have been developed by an aged care consultant in line with current accepted best practice. The content of policy and procedures are sufficiently detailed to allow effective implementation by staff. Care staff confirmed on interview they feel supported and their contribution into resident care is valued. 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, physiotherapist and dietitian.</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 facility manager operates an open-door policy. Ten incident/accident forms reviewed on the electronic resident files for November 2017, identified family were notified following a resident incident. Family members interviewed confirmed they are notified promptly of any incidents/accidents.</p> <p>Families receive regular village newsletters. Interpreter services are available if required.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Fendalton Retirement Village provides care for up to 35 rest home residents in the care facility. Plus, there are 14 studio apartments certified for rest home level of care. On the day of audit there were 28 residents in the rest home (19 downstairs and nine upstairs) and four rest home residents in the studio apartments. There was one respite resident, all other residents were under the Age-related residential care services agreement (ARCC).</p> <p>Fendalton Retirement Village is privately owned by a company of three directors, one of whom is the general manager across two facilities (Fendalton rest home and Elmswood rest home and hospital) owned by the company. Currently there are eight shareholders who meet four times a year and have an annual general meeting. The managing director (general manager) is non-clinical and has been in the aged care industry for ten years. Clinical governance is provided by a contracted quality/risk consultant/registered nurse.</p> <p>Fendalton mission and philosophy is identified in the five-year strategic business plan which is reviewed annually. The 2016-2017 quality goals were evaluated against progress and achievements documented</p>

		<p>including implementation of an electronic resident management system and medication system, reduction of urinary tract infections (link 3.5.7) and improvement in training attendance and knowledge. The annual quality goals for 2018 are in the process of being developed.</p> <p>The general manager is supported by a full-time facility manager who is a registered nurse and has been in the role ten years. A clinical manager with aged care experience has been in the role one year and has overall responsibility for clinical operations of both Fendalton and Elmswood facilities.</p> <p>The facility manager has attended at least eight hours of education within the last year, related to managing a rest home including: interRAI training, management study day with an aged care association covering health and safety, critical thinking and leadership. She has also attended an aged care seminar presented by health of the older person's team.</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>The clinical manager or part-time RN from Elmswood provides cover for the facility managers leave. There are four RNs (including the clinical manager and facility manager (Elmswood) who rotate to provide RN on-call for both facilities.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>The quality and risk management plan and quality and risk policies describe the company's quality improvement processes. Policies and procedures are maintained by an aged care consultant who reviews them 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 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.</p> <p>There are monthly infection control/health and restraint meetings. Health and safety committee meetings are also held monthly. Both committees have representatives from each service area. Quality data from all meetings are discussed at the monthly quality/risk meeting which is attended by the general manager, facility managers both sites, clinical manager, diversional therapist and quality/risk consultant. Meeting minutes evidence quality data, trends and analysis including areas for improvement around infections, accidents and incidents, health and safety, restraints/enablers, concerns/complaints, internal audit outcomes and quality</p>

		<p>goals. Benchmarking occurs against NZ industry standards. Information is shared with all staff as confirmed in meeting minutes and during interviews. Staff receive a monthly newsletter that includes quality data and statistics for infection control and accidents/incidents. Staff meeting minutes are available to all staff on the on-line system.</p> <p>A full facility checklist is completed six monthly that covers the environmental and clinical areas. The quality/risk consultant completes a monthly summary of audits with corrective actions which are implemented by the relevant person. Additional facility audits are included in the programme such as restraint, infection control, resident files and medication. Corrective actions sighted, had been completed and closed out as documented in meeting minutes.</p> <p>Annual resident/relative satisfaction surveys are completed annually in August. All residents and families were very satisfied with the overall experience provided in 2017, resulting in 94% satisfaction. Results from the surveys are collated and fed back to participants through meetings and by newsletter. Any areas of concern are raised as an opportunity for quality improvement.</p> <p>There is a risk management plan in place. There is a health and safety committee (of members from each area of work), which is chaired by the facility manager. The committee meets monthly. Staff have the opportunity to attend and provide input into health and safety. A report is forwarded to the combined facilities quality/risk committee. Two committee members (interviewed) have completed level three of health and safety training. Staff receive health and safety training during orientation and ongoing. Contractors complete a health and safety induction. A health and safety consultant completes audits and provides updates to health and safety legislation including legislation. The service has a tertiary level of the ACC work safety audit. 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.</p> <p>Falls management strategies for residents are assessed on an individual basis and include the use of sensor mats.</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</p>	<p>FA</p>	<p>There is an incident reporting policy that includes definitions and outlines responsibilities. Individual reports are completed for each incident/accident through the resident electronic system. There is documented timely RN assessment for accident/incidents. Incident/accident data is linked to the organisation's quality and risk management programme. Ten accident/incident forms were reviewed. Each incident involved a resident clinical assessment and follow-up by a registered nurse. The on-call RN had been notified for falls after hours. Neurological observations were conducted for suspected head injuries. The facility manager confirmed their awareness of the responsibility to notify relevant authorities in relation to essential notifications. There has been one section 31 regarding a relative complaint in regard to an incident. The service completed an internal investigation and no further action was taken.</p>

an open manner.		Relevant authorities were notified following an (unconfirmed) norovirus in November 2017.
<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. Seven staff files reviewed (two enrolled nurses, two HCAs, two HCA care lead (one being a health and safety representative) and one diversional therapist) contained all relevant employment documentation. The recruitment and staff selection process requires 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 facility manager, enrolled nurses and allied health professionals.</p> <p>The service has an orientation programme in place that is currently being reviewed to align with level two of the NZ certificate in health and wellbeing. Healthcare assistants interviewed believed new staff were adequately orientated to the service on employment. The training and education programme covers all the relevant requirements over two years. A part-time education officer (non-clinical) who has completed an adult teaching qualification was appointed in 2016 to coordinate orientation and education across Fendalton and Elmswood facilities. Education is delivered at the monthly staff meetings, and for those staff unable to attend, a second session is provided, or they are required to read the content. One-on-one teaching is offered for staff requiring assistance. There are several tool box sessions offered for staff as evidenced around clinical indicators, including falls prevention and hydration (link 3.5.7). The clinical manager is a workplace assessor and the service also contract an external Careerforce assessor. Other education offered is palliative care, delivered by Nurse Maude hospice. The physiotherapist trains staff in safe manual handling. Clinical staff complete competencies relevant to their role including medication competencies, manual handling and wound care. The facility manager has completed interRAI training and is supported by a part-time interRAI trained RN (based at Elmswood).</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>	FA	<p>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 facility manager is full-time Monday to Friday. Residents, relatives and staff interviewed stated there were sufficient numbers of staff on duty to safely deliver residents cares.</p> <p>On the morning shifts there is a care lead (enrolled nurse or senior HCA), one HCA on full-shift and two HCAs on short-shifts. On the afternoon shifts there is one care lead (enrolled nurse or senior HCA) and two HCAs on full-shifts. On night shift there is one care lead and one HCA on duty. Care staff are allocated to wings (wing one and two downstairs and wing three and studio apartments upstairs). There is a DT on Monday to Friday. The cook has a morning and afternoon kitchen attendant on duty seven days. There are dedicated cleaning staff. The night shift launders the personal clothing and does the ironing.</p> <p>There is the flexibility on the roster to increase hours to meet resident acuity. There is a casual RN and HCAs</p>

		and when necessary, consistent agency staff are used.
<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 and electronic records are password protected. Archived records are stored securely. Residents' files demonstrate service integration. Entries are legible, dated, timed and identifiable, 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	Residents are assessed prior to entry to the service by the needs assessment team, and an initial assessment was completed on admission. The service has specific information available for residents/families/whānau at entry and it included associated information such as the Health and Disability Code of Rights, advocacy and complaints procedure. The admission agreement reviewed aligned with the Age-related residential care services agreement and exclusions from the service were included in the admission agreement.
<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	There are policies in place to ensure the discharge of residents occurs correctly. Residents who require emergency admissions to hospital are managed appropriately and relevant information is communicated to the DHB using the yellow envelope system. The service ensures appropriate transfer of information occurs. Relatives interviewed confirmed they were kept well informed about all matters pertaining to residents, especially if there is a change in the resident's condition. Communication with families is well documented around transfers and discharges.
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current</p>	FA	The service uses an electronic medication administration system with individualised medication blister packs, which are checked in on delivery. A medication competent team leader (HCA) was observed administering medications correctly. Medications and associated documentation were stored safely and securely, and all medication checks were completed and met requirements. Medications are reviewed three monthly with medical reviews by the attending GP. Resident photos and documented allergies or nil known were on all 12 medication charts reviewed. All medication charts reviewed recorded indication for use of 'as required'



<p>legislative requirements and safe practice guidelines.</p>		<p>medication by the GP. An annual medication administration competency was completed for all staff administering medications and medication training has been conducted.</p> <p>There is a self-medicating resident's policy and procedures in place. On the day of audit there were no self-medicating residents.</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 main meals at the service are prepared at the sister facility site, Elmswood Retirement Village. Meals are delivered to the service via a designated van in hot boxes and put directly into the bain marie and served to residents. Breakfast, soup, baking and snacks are prepared on-site by the cook. There is a five-weekly winter and summer menu, which had been reviewed by a dietitian in November 2017. Temperatures of food are recorded on delivery. There is a kitchen next to the dining room where food is prepared. Food is transported to the serviced apartment dining room in the bain marie and served to residents. Kitchen staff were trained in safe food handling and food safety procedures were adhered to. Staff were observed delivering meals and assisting residents with their lunchtime meals as required. Diets are modified as required. Resident dietary profiles and likes and dislikes were known to food service staff and any changes are communicated to the kitchen via the team leaders or facility manager. Supplements are provided to residents with identified weight loss issues. Weights are monitored monthly or more frequently if required, and as directed by a dietitian. Resident meetings and surveys allowed the opportunity for resident feedback on the meals and food services generally. Interviews with residents and family members indicated satisfaction with the food service.</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>	<p>FA</p>	<p>The service records the reasons for declining service entry to potential residents should this occur and communicates this decision to potential residents/family/whānau. Anyone declined entry is referred back to the referring agency for appropriate placement and advice.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered</p>	<p>FA</p>	<p>The facility manager (RN) utilises standardised risk assessment tools on admission and the interRAI assessment tool. All residents are admitted with a care needs level assessment completed by the needs assessment and service coordination team prior to admission. InterRAI assessments, assessment notes and summary were in place for all resident files reviewed. Assessments are reviewed at least six monthly. The long-term care plans reviewed reflected the outcome of the assessments and goals were identified.</p>

and recorded in a timely manner.		
<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>The long-term care plans reviewed described areas of the support required to meet the resident's goals, needs, and identified allied health involvement under a range of template headings. Care plans evidenced regular evaluations. Residents and their family/whānau were documented as involved in the care planning and review process. Short-term care plans (STCP) are in use for changes in health status. Short-term care plans have been regularly reviewed and signed off when resolved.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>Care plans are current, and interventions reflect the assessments conducted and the identified requirements of the residents. Healthcare assistants follow the care plan and report progress against the care plan in the electronic progress notes. If external nursing or allied health advice is required, the RN will initiate a referral (e.g. physiotherapist and speech language therapist). If external medical advice is required, this will be actioned by the GP. Staff have access to sufficient medical supplies (e.g., dressings). Continence products are available and resident files include a continence assessment and plan. Specialist continence advice is available as needed, and this could be described. Monitoring charts in are in use. Weights, observations, food and fluid charts and blood sugar monitoring were completed as per care plan interventions.</p> <p>Wound assessment management plans and evaluations were in place for three residents with two skin tears, one skin lesion and one chronic ulcer.</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 qualified diversional therapist provides an activities programme Monday to Friday for 7.5 hours per day. Each resident has an individual profile completed on admission and from this information, an individual activities plan is developed. Residents are encouraged to join in activities that are appropriate and meaningful and are encouraged to participate in community activities. Implementation of the activities plan is evaluated monthly and attendance records are maintained. These were sighted in the five long-term files reviewed.</p> <p>Activities include (but not limited to) news and word games, housie, bowls, entertainment, van outings, church services, walking groups, and exercises. Interviews with residents identified that activities provided were appropriate to the needs, age and culture of the residents. The activities are physically and mentally stimulating. The service has a van that is used for resident outings. Residents were observed participating in activities on the days of audit. Resident meetings provide a forum for feedback relating to activities. Residents and family members interviewed discussed enjoyment in the programme and the diversity offered to all residents.</p>

<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Care plan evaluations were sighted in resident files reviewed. These have been completed at least six monthly and when there is a change in condition or care requirements. Evaluations document progress toward goals. There is at least a three-monthly review by the GP. The files reviewed included examples where changes in health status had been documented and followed up. Short-term care plans reviewed had been evaluated and closed out or added to the long-term care plan where the problem was ongoing.</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>The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. The facility manager (RN) initiates referrals to nurse specialists and allied health services. Other specialist referrals are made by the GPs. Referrals and options for care were discussed with the family as evidenced in interviews and medical notes.</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>All chemicals are labelled with manufacturer labels. There is a designated area for storage of cleaning/laundry chemicals. All hazardous chemicals are stored in secured areas. The laundry and sluice rooms were locked when not in use. Appropriate sharps bins are available. Product use charts are available, and the hazard register identifies hazardous substances. Gloves, aprons, and goggles are available for staff. Safe chemical handling training has been provided.</p>
<p>Standard 1.4.2: Facility Specifications</p>	FA	<p>Fendalton is a two-storey building, which is spacious, and with all rooms fully furnished and personalised. The service has a lift with current compliance. Fixtures and fittings are appropriate and meet the needs of the residents. There is a current building warrant of fitness which expires 1 August 2018. Regular and reactive</p>

<p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>		<p>maintenance occurs. Flooring surfaces are made of non-slip materials. The policy on transportation and vehicle usage describes transportation requirements. Building compliance activities are completed and signed out. The outside areas are landscaped, with pathways and garden beds. Hot water temperatures are checked monthly, and where they are above 45 degrees Celsius, are rechecked and corrective actions instigated (records sighted).</p> <p>Staff report that here is adequate equipment available. Medical equipment including scales have been checked and calibrated in August 2017. Testing and tagging of electrical equipment has been conducted.</p> <p>The service is progressing earthquake repairs and areas for repair were clearly identified for residents, visitors and staff.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>All resident rooms at the service are single rooms with either an individual or a shared ensuite. There are 14 single serviced apartments certified for rest home level care and all had ensuites. There are sufficient numbers of resident communal toilets in close proximity to communal areas. Residents interviewed, stated their privacy and dignity is maintained while attending to their personal cares and hygiene. Fixtures, fittings and floor and wall surfaces are made of accepted materials to support good hygiene and infection control practices for this environment. The communal toilets and shared ensuites are well signed and identifiable and include vacant/in-use signs.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>All residents' rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids to meet the assessed resident needs. All beds are of an appropriate height for the residents. Healthcare assistants interviewed report that rooms have sufficient space to allow cares to take place. The bedrooms were personalised.</p>
<p>Standard 1.4.5: Communal Areas For</p>	<p>FA</p>	<p>There is a large lounge, separate dining room, and a small lounge with seating areas situated throughout the facility. Activities take place in any of these areas. Residents are free to use alternate areas if they do not</p>

<p>Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>		<p>want to participate in communal activities that are being run in one of these areas. The dining room is spacious, and located directly off the kitchen/servery area. There is a large dining/lounge room in the serviced apartment area. All areas are easily accessible for the residents. The furnishings and seating are appropriate for the consumer group. Residents interviewed confirmed satisfaction with the communal areas.</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>The service has policies and procedures for management of laundry and cleaning practices. Product user charts, chemical safety datasheets for chemicals used in the facility, cleaning manuals and task sheets were reviewed. Housekeeping staff are employed to attend to cleaning. All personal clothing is laundered on-site by night staff. All other items are laundered off-site at Elmswood retirement village. A designated van transports the linen. The van is fitted with separate compartments for clean and soiled laundry. Residents and relatives interviewed confirmed the facility is kept clean and tidy and there were no concerns around the laundry service.</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. There are emergency flip charts throughout the facility for all emergency disasters. The orientation programme and annual education/training programme include fire, security and emergency/civil defence situations. The fire evacuation scheme has been approved for the rest home. Fire drills occur every six months, last in December 2017. Staff interviewed confirmed their understanding of emergency procedures. There are adequate supplies available in the event of a civil defence emergency including food, external water tank (10,000 litre) and three ceiling tanks that can be isolated to ensure the water is safe to drink, gas cooking cook tops and barbeque.</p> <p>The civil defence kits are checked three monthly. There is emergency power back-up for lighting and call bells and access to paper-based medication charts. 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 an option for residents to wear call pendants. 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 and has external security lights and sensor lighting in place.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p>	FA	<p>General living areas and all resident rooms are appropriately heated and ventilated. All rooms have external windows that open, allowing plenty of natural sunlight. Residents and family interviewed, state the environment was warm and comfortable.</p>

<p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>		
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>FA</p>	<p>The facility manager and infection control committee have overall responsibility for infection control at the facility. The facility manager reports to the clinical manager who oversees infection control across the two facilities.</p> <p>The infection control programme is reviewed annually by the Fendalton infection control committee who meet monthly.</p> <p>Visitors are asked not to visit if unwell. Hand sanitisers are appropriately placed throughout the facility. Residents are offered an annual influenza vaccine.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	<p>FA</p>	<p>The organisations infection control coordinator (clinical manager) has been in the role since March 2017 and held a previous role in infection control. The infection control committee at Fendalton are representative from each service area. The infection control coordinator for Fendalton has completed a manager's study day that included infection control.</p> <p>There is access to infection control expertise within the DHB, aged care consultant, external infection control specialist, wound nurse specialist, public health, laboratory and microbiologist. 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</p>	<p>FA</p>	<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 last reviewed September 2017.</p>

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.		
Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.	FA	The infection control coordinator is 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.  Resident education is expected to occur as part of providing daily cares.
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.	FA	There is a policy describing surveillance methodology for monitoring of infections. The infection control coordinator collates information obtained through surveillance to determine infection control activities and education needs in the facility. Infection control data is discussed at the monthly infection control committee meeting and staff meetings. Data and graphs of infection events are available to staff. The service completes monthly, six monthly and annual comparisons of infection rates for types of infections. Trends are identified and analysed, and preventative measures put in place. The service has been successful in reducing urinary tract infections below the target rate for all of 2017.  Systems in place are appropriate to the size and complexity of the facility. There was an outbreak of norovirus in November 2017, which was documented and well managed.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	There are current policies that reflect best practice and meet the restraint minimisation standard around restraints and enablers. The facility manager is the restraint coordinator for the facility. There were no residents using enablers or restraints on the day of audit.  Staff receive training around restraint minimisation and managing challenging behaviours. Care staff complete restraint competencies through the on-line health learn module.





## Specific results for criterion where corrective actions are required

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Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

No data to display
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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, 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 3.5.7</p> <p>Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to relevant personnel and management in a timely manner.</p>	CI	<p>The service identified an area for improvement around reducing the rate of urinary tract infections (UTI). An action plan was developed that was successful in reducing UTIs in the rest home.</p>	<p>An action plan was developed in January 2017 to reduce UTIs in the rest home. Staff were informed and educated around the importance of hygiene, hydration and early reporting of any resident signs and symptoms of UTI. A variety of additional fluids were offered, including jellies, yoghurts and ice-pops. Slight increases in September and October were analysed and where a resident was identified as prone to UTI, a GP review was completed. A renewed focus also saw a decline in UTIs below the lower limit range of 1.5 per 1000 bed nights for 10 of the months during 2017 and 2.17 per 1000 bed nights for the other two months. The rates for all of 2017 remained well below the benchmark limit range of 7 per 1000 bed nights.</p>

End of the report.