

Glenhays Limited - Northanjer

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Glenhays Limited

Premises audited: Northanjer

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 14 March 2018 End date: 15 March 2018

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 15

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

| Indicator | Description | Definition |
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|  | 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 |
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| 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

Glenhays Limited - Northanjer provides rest home level care for up to 15 residents. The service is operated by a company of five shareholders and managed by one of two managing directors with the support of a registered nurse. Families spoke positively about the care provided.

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

This audit has resulted in a continuous improvement rating in relation to activities. There were no areas requiring improvement.

Consumer rights

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| 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. | Green | Standards applicable to this service fully attained. |
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Residents and family/whānau receive information about the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights which were seen to be respected. Services are provided that support personal privacy, independence, individuality and dignity. Staff interact with residents in a respectful and dignified manner.

Open communication between staff, residents, and family/whānau is promoted and was confirmed to be effective. There is access to interpreters if required. Staff provide residents and family/whānau with the information they need to make informed choices and give consent.

While there are currently no residents who identify as Māori there are provisions to meet their needs in a manner that respects their cultural values and beliefs. There was no evidence of abuse, neglect or discrimination.

The service has links with a range of specialist health care providers to support best practice and meet residents' needs.

Resident files are kept securely in locked office. Entries are legible and integrated. No private or personal information was on display.

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

Organisational management

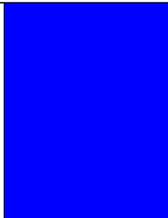
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| Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner. | | Standards applicable to this service fully attained. |
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Business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

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

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

Continuum of service delivery

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| 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. |  | All standards applicable to this service fully attained with some standards exceeded. |
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Access to the facility is appropriate and efficiently managed with relevant information provided to potential residents/family members/whānau.

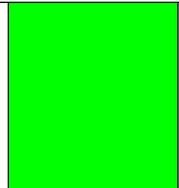
The manager and registered nurse assess the residents' needs on admission. The general practitioner assesses medical needs. InterRAI assessments are completed which highlight areas of concern to be addressed in the care plan. Care plans are individualised and are reviewed and evaluated regularly and in a timely manner. Referrals can be made to specialised areas, such as a dietitian, as and when required.

The planned activities programme provides residents with a variety of individual and group activities maintaining links with community. New initiatives have been put in place creating positive outcome for the residents.

Medicine is safely managed and administered by staff who have completed required competency.

The food service meets the nutritional needs of the residents and is safely managed.

Safe and appropriate environment

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| Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities. |  | Standards applicable to this service fully attained. |
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The facility meets the needs of residents and was clean and well maintained. There is a current building warrant of fitness. Electrical equipment is tested as required. Communal and individual spaces are maintained at a comfortable temperature. External areas are accessible, safe and provide shade and seating.

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

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

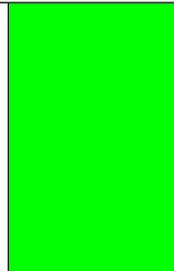
Restraint minimisation and safe practice

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| Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation. |  | Standards applicable to this service fully attained. |
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The organisation has implemented policies and procedures that support the minimisation of restraint. No enablers and no restraints were in use at the time of audit. Staff demonstrated a sound knowledge and understanding of the restraint and enabler processes, should it be required.

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 prevention and control programme aims to prevent and manage infections. The programme is reviewed annually. Specialist infection prevention and control advice is accessed if and when needed.

Staff demonstrated good principles and practice around infection control, which is guided by relevant policies and supported with regular education.

Aged care specific infection surveillance is undertaken, with results reported to management, and follow-up action taken as needed.

Summary of attainment

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

| Attainment Rating | Continuous Improvement (CI) | Fully Attained (FA) | Partially Attained Negligible Risk (PA Negligible) | Partially Attained Low Risk (PA Low) | Partially Attained Moderate Risk (PA Moderate) | Partially Attained High Risk (PA High) | Partially Attained Critical Risk (PA Critical) |
|-------------------|-----------------------------|---------------------|--|--------------------------------------|--|--|--|
| Standards | 1 | 44 | 0 | 0 | 0 | 0 | 0 |
| Criteria | 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) |
|-------------------|--|------------------------------|--|--------------------------------|--|
| Standards | 0 | 0 | 0 | 0 | 0 |
| Criteria | 0 | 0 | 0 | 0 | 0 |

Attainment against the Health and Disability Services Standards

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

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

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

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

| Standard with desired outcome | Attainment Rating | Audit Evidence |
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| <p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p> | FA | <p>Interviews with residents and family/whānau and a review of five residents' files verified that staff have knowledge and understanding of consumer rights and were observed incorporating them into everyday practice.</p> <p>Staff education occurs at orientation and annually thereafter. An education session on residents' rights, advocacy and independence was held 22 January 2018.</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>Informed consents were sighted in all files reviewed and covered photographs, taking information, van outings, and flu vaccination, so residents were able to make informed choices and provide consent regarding their care.</p> <p>Residents interviewed confirmed that staff ask permission on a daily basis for personal cares and choice of days activities.</p> <p>Advance directives were available in residents' files and staff were able to confirm that they were followed.</p> |

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| <p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p> | <p>FA</p> | <p>Resident and family/whānau interviewed confirmed that they were aware of being able to have a support person with them when discussing care provision with staff.</p> <p>Contact information was available in the entrance way, of a local advocate.</p> <p>Staff were knowledgeable of the residents' right for an advocate of their choice at any time. In January, 2018 staff received training on residents' rights, advocacy, independence and individuality, as confirmed in attendance records sighted.</p> |
| <p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p> | <p>FA</p> | <p>All residents and family/whānau interviewed confirmed they felt welcome at the facility at any time. External links are maintained in the community with the support of family and friends. Several residents attend doctors' surgeries, dentists and hairdressers in the community.</p> <p>Activities programmes include shopping trips and outings to local places of interest.</p> |
| <p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p> | <p>FA</p> | <p>The complaints policy and associated forms meet the requirements of Right 10 of the Code. Information on the complaint process is provided to residents and families on admission and those interviewed knew how to do so.</p> <p>The complaints register reviewed showed that six complaints have been received over the past year and that actions taken, through to an agreed resolution, were documented and completed within the required timeframes. Action plans show any required follow up and improvements have been made where possible. The Managing Director (manager) is responsible for complaints management and follow up. All staff interviewed confirmed a sound understanding of the complaint process and what actions are required. There have been no complaints received from external sources since the previous audit.</p> |
| <p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p> | <p>FA</p> | <p>Residents and family/whānau interviewed confirmed that they received information regarding the Code of Health and Disability Services Consumers' Rights (the Code) and the Nationwide Health and Disability Advocacy Service. At admission to the facility, the manager and registered nurse (RN) explain and discuss these documents with resident and family/whānau. Posters and brochures of the Code were on display at the main entrance. Contact information and brochures for the Advocacy Service were available at the main entrance.</p> |

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| <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>Family/whānau interviewed verified that the residents received services in a manner that preserved their independence, values, beliefs, cultural, and social needs. Review of residents' files confirmed that personal preferences, beliefs, and cultural values were documented on admission and were used to develop a personalised care plan. Staff were observed knocking on doors before entering, maintaining privacy and respecting individual beliefs and values.</p> <p>Residents and family/whānau reported during interviews that they had not witnessed and harassment or 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>At the time of the audit there were no residents who identified as Māori. Policies and procedures were in place to be able to meet the needs of Māori, with a Māori health plan that has been formulated with input from cultural advisors.</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>Information gathered from new residents on admission includes personal preferences, values, beliefs, and information regarding cultural needs. These were then used to develop personalised care plans. Resident satisfaction surveys and interviews with family/whānau confirmed that residents' needs were being met.</p> |
| <p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p> | FA | <p>Staff interviewed were able to explain the residents' rights in regard to any form of discrimination, harassment, coercion, sexual, financial or other exploitation. Family/whānau interviewed revealed they had not witnessed any form of discrimination or harassment.</p> |
| <p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p> | FA | <p>Records reviewed and interviews with staff verified that in-service education and professional development are supported by management. All staff are first aid trained. Allied health professionals are available for advice and consultation through the DHB. The general practitioner (GP) confirmed that the service sought prompt and appropriate medical intervention when required and were responsive to medical orders.</p> |

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| <p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p> | FA | <p>The facilities open disclosure policy ensures that family/whānau are kept informed of changes in care. Family interviewed verified that they are kept well informed. Resident/family meetings are followed up with a newsletter sent out to inform those unable to attend meetings.</p> <p>Contact information was sighted that linked to interpreter services but this has not been required to date.</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> | FA | <p>The business plan which is reviewed annually, outlines the purpose, values, scope, direction and goals of the organisation. The document describes annual and longer-term objectives and the associated operational plans. A sample of quarterly reports to the shareholders showed adequate information to monitor performance is reported including financial performance, emerging risks and issues, occupancy and staffing.</p> <p>The service is managed by one of the company's managing directors (manager) who holds relevant qualifications and has been in the role for less than one year. Responsibilities and accountabilities are defined in a job description and individual employment agreement. The manager confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency through ongoing training, attending conferences and residential care sector meetings.</p> <p>The service holds contracts with the DHB for rest home level care and respite care. Fifteen residents were receiving services under the contract at the time of audit. No residents were respite residents.</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 manager divides her time equally between this service and the other facility. A registered nurse (RN) lives on site, is on-call and is the designated RN for this facility.</p> <p>When the manager is absent, the registered nurse carries out all the required duties under delegated authority. During absences of key clinical staff, the clinical management is overseen by a second registered nurse who is experienced in the sector and able to take responsibility for any clinical issues that may arise. Staff reported the current arrangements work well.</p> |
| <p>Standard 1.2.3: Quality And Risk</p> | FA | <p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit</p> |

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| <p>Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p> | | <p>activities, a regular patient satisfaction survey, monitoring of outcomes, clinical incidents including infections and medication errors.</p> <p>Meeting minutes reviewed confirmed regular review and analysis of quality indicators and that related information is reported and discussed at the general committee meeting, and staff meetings. Staff reported their involvement in quality and risk management activities through audit activities and participation in quality meetings. Relevant corrective actions are developed and implemented to address any shortfalls. Resident and family satisfaction surveys are completed annually. The most recent survey showed family/residents stated that there was at times a smell in the home. The manager reported that the shareholders have since purchased a new carpet cleaner and carpets are routinely cleaned on a fortnightly basis. Feedback since has confirmed the issue has been addressed.</p> <p>Policies reviewed cover all necessary aspects of the service and contractual requirements, including reference to the interRAI Long Term Care Facility (LTCF) assessment tool and process. Policies are based on best practice and were current. The document control system ensures a systematic and regular review process, referencing of relevant sources, approval, distribution and removal of obsolete documents.</p> <p>The manager described the processes for the identification, monitoring, review and reporting of risks and development of mitigation strategies. The manager is familiar with the Health and Safety at Work Act (2015) and has implemented requirements.</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> | <p>FA</p> | <p>Staff document adverse and near miss events on an accident/incident form. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. Adverse event data is collated, analysed and reported to the general committee and shareholders three monthly meeting.</p> <p>The manager described essential notification reporting requirements, including for pressure injuries. They advised there have been no notifications of significant events made to the Ministry of Health, since the previous audit.</p> |
| <p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good</p> | <p>FA</p> | <p>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting and validation of qualifications and practising certificates (APCs), where required. A sample of staff records reviewed confirmed the organisation's policies are being consistently</p> |

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| <p>employment practice and meet the requirements of legislation.</p> | | <p>implemented and records are maintained.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. Staff records reviewed show documentation of completed orientation and a performance review after a three-month period.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. There are sufficient trained and competent registered nurses who are maintaining their annual competency requirements to undertake interRAI assessments. Records reviewed demonstrated completion of the required training and completion of annual performance appraisals.</p> |
| <p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p> | <p>FA</p> | <p>There is a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. An afterhours on call roster is in place, with staff reporting that good access to advice is available when needed. Care staff reported there were adequate staff available to complete the work allocated to them. Residents and family interviewed supported this.</p> <p>Observations and review of a four-week roster cycle confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence. At least one staff member on duty has a current first aid certificate.</p> |
| <p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p> | <p>FA</p> | <p>All necessary demographic, personal, clinical and health information was completed in the resident files sampled for review. Clinical notes were current and integrated with GP and allied health service provider notes. Records were legible with name and designation of person making entry identifiable. InterRAI assessments were current and entered into the Momentum electronic data base. No personal or private resident information was on public display. Resident files are kept in locked Nurses station.</p> |
| <p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely,</p> | <p>FA</p> | <p>Before entering the facility, each potential resident has a Needs Assessment completed and sent to the facility. A pre-entry visit is offered and a detailed welcome letter is provided to the incoming resident. It includes information on the Code, complaint procedure, and detailed</p> |

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| <p>and respectful manner, when their need for services has been identified.</p> | | <p>information on the facility.</p> <p>All the paper work is discussed and signed with the manager. Files reviewed had a tick list that covered things from introduction of staff and other residents to a facility tour, signing forms, and receiving the information on the Code. Staff interviewed indicated they were familiar with the admission process.</p> |
| <p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p> | <p>FA</p> | <p>The RN confirmed that all transfers and discharges include the involvement of the manager, RN, resident, family/whānau and GP. This is in line with relevant policies and procedures. The resident recently admitted to hospital was comfortable with the way things were handled, and her family confirmed that they were kept updated and included at each stage.</p> |
| <p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p> | <p>FA</p> | <p>Medication management policy and procedures are current and in line with all aspects of the Medicines Care Guide for Residential Aged Care.</p> <p>All medication charts were filled in and legible. Signature, commencement, and discontinuation are completed by the GP as is reason for pro re nata medication. The medications arrive in blister packs from a local pharmacy and are checked against the medication chart and signed in.</p> <p>The medications are given by a senior caregiver who is competent, as was confirmed by competency documentation sighted. A medication round observed was safely managed and accurately recorded medicines administered and related documentation. Staff were aware of how to record refusal of medications, and if absent at time of the medication round.</p> <p>Stock sighted was within current use by dates. Controlled drugs are stored in accordance with requirements and are checked with two staff. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>Medication requiring storage in a fridge are kept in a covered container in the kitchen fridge. Appropriate temperatures were maintained and were within recommended range. One resident self-administers medicines and documentation was in accordance with policies and procedures. Evidence was noted of review by the GP and the RN. The resident had a good understanding of maintaining safety and stored medications appropriately.</p> <p>The facility is looking at changing to an electronic system in May.</p> |

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| <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>Meals are cooked on site and are based on a summer/winter five-week rotating menu. The menu was reviewed by a qualified dietitian and is in line with recognised nutritional guidelines for the older person (Last reviewed in February 2017). There are no current food allergies or special diets required at the time of the audit, but systems are in place to document and manage these. Staff were observed offering a choice for the evening meal. Food temperatures are checked and recorded and were within recommended range. Those staff dealing with food have obtained safe food handling certificates.</p> <p>The kitchen was clean and tidy, and fridges and freezers had food covered and dated. Food is sourced locally by the manager and food waste appropriately disposed of. Pantry stock was tidily arranged and showed evidence of stock rotation. All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. The meals are supplemented with vegetables from the residents garden, particularly salad ingredients which the residents enjoyed.</p> <p>A nutritional file is compiled for each resident on admission and a copy kept in the kitchen, these are reviewed six monthly.</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>If at any time the manager/RN feels that an applicant or existing resident is not suitable, the family/whānau and referral agency would be officially informed with reasons stated and the service would do their best to offer an alternative. Reasons for refusal could include that the applicant requires 24-hour registered nursing care or that they are unable to cater for the level of care the applicant is assessed for. If a resident needs change to a higher level of care that can no longer be met at Northanjer then they are referred to Needs Assessment and Service Coordinator and a new placement found, in consultation with the resident and family/whānau. This has not occurred recently.</p> |
| <p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p> | <p>FA</p> | <p>Detailed information is gathered on admission around such areas as falls risk, nutrition, elimination, level of personal ability, orientation, behaviour, mobility, sleep patterns, and pain, to inform care planning. All residents have current interRAI assessments completed and files showed evidence of regular six monthly evaluations. Residents and family/whānau interviewed confirmed that they had input into the assessment process.</p> |
| <p>Standard 1.3.5: Planning</p> | <p>FA</p> | <p>Care plans evidenced service integration with progress notes, activities notes, medical, and</p> |

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| <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p> | | <p>allied health notes clearly documented. Changes in care are documented in care plans and progress notes and staff are informed.</p> <p>A resident satisfaction survey verified that needs were met and residents and family/whānau were included in development and ongoing evaluation of care plans.</p> |
| <p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p> | <p>FA</p> | <p>Documentation, observations and interviews verified the provision of care was consistent with needs, goals and the plan of care. The GP confirmed that medical input was sought in a timely manner, medical orders were completed and care was of a consistently high standard.</p> |
| <p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p> | <p>CI</p> | <p>One activity coordinator has been in the role many years, the other is new to the role. Residents and family/whānau interviewed were very complimentary of the new initiatives introduced in the last six months to enhance residents' wellbeing, mobility, and quality of life.</p> <p>A review of the programme by the manager identified the following:</p> <ul style="list-style-type: none"> - There was no resident representative on the activities planning committee. - A purpose of life survey relating to socialising had not been completed. - While entertainers were coming into the facility regularly, residents access to the community without family, and staggered weekly van trips was limited. - An interRAI assessment flagged reduced mobility for residents. - The minimum activity programme was not resident driven. - The facility has set activities on the programme calendar with the flexibility to add site specific activities, entertainers and outings. One-on-one time is spent with residents who are unable or choose not to join the group activities. However, there are those who prefer 'other' activities and these have not been fully implemented. <p>As a result of the review the manager implemented:</p> <ul style="list-style-type: none"> - One resident (requested via the residents' meeting) was asked to attend the activities |

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| | | <p>meeting.</p> <ul style="list-style-type: none"> - A purpose of life survey has been completed. - As well as van outings, the facility has purchased wheelchairs for activity staff to take less mobile residents out. - The monthly activity is approved by resident (on the committee) prior to implementation. - To improve mobility, as well as the routine indoor exercise programme, a walking bus group has been introduced for residents three times a week to improve function. - Those who go are assessed by the physiotherapist (manager) as appropriate. <p>An evaluation has occurred that demonstrated improved outcomes for residents:</p> <ul style="list-style-type: none"> - Residents purpose of life has increased in all survey results reviewed. - Family reported better outcomes/activity involvement for their family member. - The interRAI assessment now shows mobility improved and in one resident pain has decreased. |
| <p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p> | FA | <p>InterRAI and care plans are reviewed and evaluated six monthly with changes to care as required. Residents and family/whānau are involved in this process as confirmed by interviews and a satisfaction survey.</p> <p>Each day the residents are assessed by the RN and caregiver and progress is documented in progress notes and followed up by the RN. Review of care plans revealed additional notes for new requirements as the need arose.</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 GP verified that referral to allied health services was carried out in a timely manner and documentation confirmed this. Many residents continue to seek community providers and go out to appointments. This is encouraged, and RN receives information to keep files updated. Any acute or urgent situation was attended to immediately. Family/whānau confirmed this during interviews.</p> |

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| <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>Staff follow documented processes for the management of waste and infectious and hazardous substances. Appropriate signage is displayed where necessary. There is a designated chemical handler who has completed the required Chemical Handling Approved Handler Training (HSNO). An external company is contracted to supply and manage all chemicals and cleaning products and they also provide relevant training for staff. Material safety data sheets were available where chemicals are stored and staff interviewed knew what to do should any chemical spill/event occur.</p> <p>There is provision and availability of protective clothing and equipment and staff were observed using this.</p> |
| <p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p> | FA | <p>A current building warrant of fitness (expiry date 24 July 2018) is publicly displayed.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for their purpose and maintained. The testing and tagging of electrical equipment and calibration of bio medical equipment was current as confirmed in documentation reviewed, interviews with maintenance personnel and observation of the environment. The environment was hazard free, residents were safe and independence was promoted.</p> <p>External areas were safely maintained and appropriate to the resident groups and setting.</p> <p>Residents and staff confirmed they know the processes they should follow if any repairs or maintenance is required, any requests are appropriately actioned, and that they are happy with the environment.</p> |
| <p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p> | FA | <p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. This includes four rooms with ensuite facilities. Appropriately secured and approved handrails are provided in the toilet/shower areas, and other equipment/accessories are available to promote resident independence.</p> |
| <p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate</p> | FA | <p>Adequate personal space is provided to allow residents and staff to move around within their bedrooms safely. All bedrooms provide single accommodation. Rooms are personalised with</p> |

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| <p>personal space/bed areas appropriate to the consumer group and setting.</p> | | <p>furnishings, photos and other personal items displayed.</p> <p>There is room to store mobility aids, wheel chairs and mobility scooters. Staff and residents reported the adequacy of bedrooms and space.</p> |
| <p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p> | <p>FA</p> | <p>Communal areas are available for residents to engage in activities. The dining and lounge areas are spacious and enable easy access for residents and staff. There are other seated areas for residents to sit and have quiet time, as observed during the audit. Residents can access areas for privacy, if required. Furniture is appropriate to the setting and residents' needs.</p> |
| <p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p> | <p>FA</p> | <p>Laundry is undertaken on site by staff and family members if requested. Care staff demonstrated a sound knowledge of the laundry processes, dirty/clean flow and handling of soiled linen. Residents interviewed reported the laundry is managed well and their clothes are returned in a timely manner. One resident requested to fold her own personal items following laundering, and this has been affected.</p> <p>Care staff are also the cleaning team and have received appropriate training. Chemicals were stored in a lockable cupboard and were in appropriately labelled containers.</p> <p>Cleaning and laundry processes are monitored through the internal audit programme, and externally by the contracted provider.</p> |
| <p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p> | <p>FA</p> | <p>Policies and guidelines for emergency planning, preparation and response are displayed and known to staff. Disaster and civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. The current fire evacuation plan was approved by the New Zealand Fire Service on the 2 November 2011. A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service, the most recent being on 27 Oct 2017. The orientation programme includes fire and security training. Staff confirmed their awareness of the emergency procedures.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including food, water, blankets, mobile phones and gas BBQ's were sighted and meet the requirements for fifteen residents. Water storage tanks are located around the complex, and there is a generator on</p> |

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| | | <p>site. Emergency lighting is regularly tested.</p> <p>Call bells alert staff to residents requiring assistance. Call system audits are completed on a regular basis and residents and families reported staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place. Doors and windows are locked at a predetermined time.</p> |
| <p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p> | FA | <p>All residents' rooms and communal areas are heated and ventilated appropriately. Rooms have natural light, opening external windows. Heating is provided by electric panel heaters in residents' rooms and heat pumps in the communal areas. Areas were warm and well ventilated throughout the audit and residents and families confirmed the facilities are maintained at a comfortable temperature.</p> |
| <p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p> | FA | <p>The service implements an infection prevention and control programme (IPC) to minimise the risk of infection to residents, staff, and visitors. The programme is guided by a comprehensive and current infection control manual which is reviewed annually; last reviewed February 2018. The RN holds the position of infection prevention coordinator (IPC), and her job is to gather all infection related data each month, report to the manager, and give feedback to staff.</p> <p>A sign is posted at the main entrance encouraging visitors to refrain from visiting if they are unwell. Staff are advised to remain at home if they are unwell. The staff were aware of how long to stay away following vomiting or diarrhoea.</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 IPC programme is introduced at induction and continues with ongoing education – last held November 2017, as confirmed by attendance record sighted. Education sessions are taken by the RN and reinforced by care training online. Advice can be sourced from the local DHB.</p> |
| <p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection</p> | FA | <p>Comprehensive policies and procedures that are appropriate to the type of service provided are available. Staff interviewed were aware of where these were kept and could access them if required. As many of the caregivers hold dual roles, they are familiar with the need to be diligent in practising infection prevention. Personal protective equipment was readily available</p> |

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| 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. | | and observed being used. |
| <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>Interviews, observations and documentation verified that staff had received education in infection prevention and control at induction and ongoing education sessions were held. These sessions were taken by the infection control coordinator and online education was also utilised. The RN who holds the position of infection prevention coordinator holds education sessions and utilises online training. The last education held was on hand hygiene 13 November 2017.</p> <p>Education with the residents revolves around cough etiquette in the winter and is generally one-to-one as needed.</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>Surveillance is appropriate to that recommended for long term care facilities. Any infection that is identified is documented on an infection report form. A copy is kept in the resident's file and another is used to generate data. This data is analysed and developed into bar graphs, so comparison can be made month to month and with the same time period for previous years, and any trends observed are followed up. This information is shared with the manager at general management meetings and feedback given to staff and used as an opportunity to remind staff of preventative measures such as hand hygiene.</p> |
| <p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p> | FA | <p>Policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of both restraints and enablers. The restraint coordinator provides support and oversight for enabler and restraint management in the facility and demonstrated a sound understanding of the organisation's policies, procedures and practice and her/his role and responsibilities.</p> <p>On the day of audit, no residents were using restraints and no residents were using enablers, which were the least restrictive and used voluntarily at their request. There have been no restraints in use at this facility and the last use of an enabler was April 2016.</p> |

Specific results for criterion where corrective actions are required

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

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

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

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Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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 |
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| <p>Criterion 1.3.7.1</p> <p>Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p> | CI | <p>One activity coordinator has been in the role many years, the other is new to the role. Residents and family/whānau interviewed were very complimentary of the new initiatives introduced in the last six months to enhance residents' wellbeing, mobility, and quality of life.</p> <p>A review of the programme by the manager identified the following:</p> <ul style="list-style-type: none"> - There was no resident representative on the activities planning committee. - A purpose of life survey relating to | <p>Continuous improvement in relation to the introduction of meaningful and innovative activities for residents was evident. Three specific quality improvement activity initiatives have been introduced into this facility. These were intended to ensure Northanjer residents were involved in activities that were meaningful, mobility was improved, and they have had a real purpose of life. The evaluation and reviews of these initiatives to date have revealed improved mobility and better outcomes for residents. There are plans to introduce more activity initiatives.</p> |

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| | | <p>socialising had not been completed.</p> <ul style="list-style-type: none"> - While entertainers were coming into the facility regularly, residents access to the community without family, and staggered weekly van trips was limited. - An interRAI assessment flagged reduced mobility for residents. - The minimum activity programme was not resident driven. - The facility has set activities on the programme calendar with the flexibility to add site specific activities, entertainers and outings. One-on-one time is spent with <ul style="list-style-type: none"> residents who are unable or choose not to join the group activities. However, there are those who prefer 'other' activities and these have not been fully implemented. <p>As a result of the review the manager implemented:</p> <ul style="list-style-type: none"> - One resident (requested via the residents' meeting) was asked to attend the activities meeting. - A purpose of life survey has been completed. - As well as van outings, the facility has purchased wheelchairs for activity staff to take less mobile | |
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| | | <p>residents out.</p> <ul style="list-style-type: none"> - The monthly activity is approved by resident (on the committee) prior to implementation. - To improve mobility, as well as the routine indoor exercise programme, a walking bus group has been introduced for residents three times a week to improve function. - Those who go are assessed by the physiotherapist (manager) as appropriate. <p>An evaluation has occurred that demonstrated improved outcomes for residents:</p> <ul style="list-style-type: none"> - Residents purpose of life has increased in all survey results reviewed. - Family reported better outcomes/activity involvement for their family member. - The interRAI assessment now shows mobility improved and in one resident pain has decreased. | |
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End of the report.