

# Kapiti Vista Limited - Kapiti Rest Home

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## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** Kapiti Vista Limited

**Premises audited:** Kapiti Rest Home

**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):**

**Total beds occupied across all premises included in the audit on the first day of the audit: 30**

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
Yellow	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
Red	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

## General overview of the audit

Kapiti rest home provides rest home level care for up to 30 residents. On the day of the audit there were 30 residents.

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

Kapiti rest home is owned and operated by three directors. They own another local rest home and have many years' experience in the aged care industry. Two owner/directors are registered nurse managers for the two facilities. They are supported by one operations manager, part-time registered nurse and a stable workforce. Residents and family interviewed were very complimentary of the service and the care they receive at Kapiti rest home.

There were no areas for improvement identified at this certification audit. The service has achieved a continuous improvement rating round the activities programme.

## 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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Kapiti rest home management and 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 and family interviewed verified ongoing involvement with community.

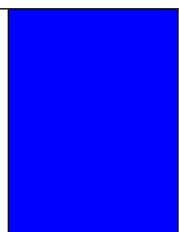
## Organisational management

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 Kapiti rest homes quality improvement processes. Policies and procedures are maintained by an external quality advisor 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. Adverse, unplanned and untoward events are documented by staff. 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 on-line learning 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.		All standards applicable to this service fully attained with some standards exceeded.
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There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. A registered nurse assesses and develops care plans and reviews each resident's needs, outcomes and goals at least six monthly. Care plans demonstrated service integration and included medical notes by the general practitioner and visiting allied health professionals. Residents and family interviewed confirmed that they were happy with the care provided and the communication.

Medication policies reflect legislative requirements and guidelines. Registered nurses and senior carers responsible for administration of medication complete annual education and medication competencies. There is a three-monthly general practitioner review.

A diversional therapist and activity assistant implement the activity programme for the residents. The programme includes community visitors, outings and activities that meet the individual and group recreational preferences for the residents.

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

## Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely. The building has a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade. Resident bedrooms are spacious and personalised. There are adequate communal shower/toilet facilities. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services. Systems and supplies are in place for essential, emergency and security services. There is a staff member on duty at all times with a current first aid certificate.

## Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Restraint minimisation and safe practice policies and procedures are in place to guide staff in the use of an approved enabler and/or restraint should this be required. The facility remains restraint free. Staff receive regular education and training on restraint minimisation. No restraint or enabler was in use on the day of audit.

## Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.

Standards applicable to this service fully attained.

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The nurse manager has responsibility for infection control and collates the monthly infection data. The infection control coordinator has completed on-line infection control training and coordinates education and training for staff. There is a suite of infection control policies and guidelines to support practice. Information obtained through surveillance is used to determine infection control activities and education needs within the facility. There have been no outbreaks.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
<b>Standards</b>	1	44	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
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code) brochures are accessible to residents and their families. A policy relating to the Code is implemented and staff interviewed (one registered nurse (RN), six caregivers, two diversional therapists and one activities assistant) 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 annually through the staff education and training programme.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>There are established informed consent policies/procedures and advanced directives. General written consents are obtained on admission. Specific consents are obtained for specific procedures such as influenza vaccine. All six resident files including one younger person contained signed general consents.</p> <p>Resuscitation status had been signed appropriately.</p> <p>An informed consent policy is implemented. Systems are in place to ensure residents, and where appropriate their family/whānau, are provided with appropriate information to make informed choices and informed decisions. The caregivers interviewed demonstrated a good understanding in relation to informed consent and informed consent processes.</p> <p>Five family members and six residents interviewed confirmed they have been made aware of and fully</p>

		<p>understand informed consent processes and that appropriate information had been provided.</p> <p>Six resident files reviewed had signed admission agreements.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>Health and Disability advocacy brochures are included in the information provided to new residents and their family/whānau during their entry to the service. Residents and family interviewed were aware of the role of advocacy services and their right to access support. The complaints process is linked to advocacy services. Staff have completed an on-line module in advocacy and empowerment June 2017.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>The service encourages their residents to maintain their relationships with friends and community groups. Residents may have visitors of their choice at any time. Assistance is provided by the care staff to ensure that the residents participate in as much as they can safely and desire to do, evidenced through interviews and observations.</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 is the owner/RN nurse manager who leads the investigation of any concerns/complaints in consultation with relevant others. Concerns/complaints are discussed at the monthly quality assurance meetings as sighted in the meeting minutes. Complaints forms are visible at the main entrance of the facility. There has been one complaint made since the change of ownership in May 2017. Appropriate action has been taken within the required timeframes and to the satisfaction of the complainant. Residents and families interviewed are aware of the complaints process. A complaint register is maintained. There have been no DHB or HealthCert complaints received.</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 owner director/registered nurse manager discusses aspects of the Code with residents and their family on admission. Six residents and five 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>The residents' personal belongings are used to decorate their rooms. Caregivers interviewed reported that they knock on bedroom doors prior to entering rooms as evidenced on the day of audit. Care staff confirmed they promote the residents' independence by encouraging them to be as active as possible. Residents and families interviewed and observations during the audit confirmed that the residents' privacy is respected. Guidelines on abuse and neglect are documented in policy. Staff receive annual education and training on abuse and neglect, which begins during their induction to the service.</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 of the residents. The service has a Māori Health plan in English and Māori, which identifies the importance of whānau/family and links with the Māori community. There were two Maori residents on the day of audit who did not identify with Māori culture. Staff receive education on cultural awareness during their induction and as part of the education programme.</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. This is achieved in collaboration with the resident, whānau/family and/or their representative. Beliefs and values are incorporated into the residents' care plans in the six resident files reviewed. Residents and family/whānau interviewed confirmed they were involved in developing the resident's plan of care, which included the identification of individual values and beliefs.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	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 understanding of professional boundaries, including the scope of the caregivers' role and responsibilities. Professional boundaries are reconfirmed through education and training sessions, staff meetings and performance management if there is infringement with the person concerned.</p>

<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>Good practice was evident. The owner/RN nurse manager is on-site Monday to Friday and an RN is available on-call. A general practitioner (GP) visits the facility regularly and is available after-hours. Resident/family meetings are held. Residents and family/whānau interviewed reported that they are very satisfied with the services received. An educator has been appointed to support staff through Careerforce qualifications. Staff are made aware of any new/reviewed policies/procedures.</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/relatives interviewed confirmed the admission process and agreement was discussed with them and they were provided with adequate information on entry. Ten incident forms reviewed identified family were notified following a resident incident. The owner/RN nurse manager and RN confirmed family are kept informed. Family members interviewed confirmed they are notified promptly of any incidents/accidents. Family meetings and social events such as a family/resident barbeque encourage open communication with management and staff. There is a relative noticeboard with notices and newsletters that keep relatives informed on facility matters and activities. Email communication with families including newsletters was evident. Families interviewed commented on a smooth transition during the change of ownership.</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>Kapiti rest home provides rest home level care for up to 30 residents. There were 30 permanent residents under the ARC contract including one under 65 years of age.</p> <p>The facility was purchased in May 2017 by three owner/directors who also own another rest home (Kena Kena) (for 21 years), which is located nearby. One owner/director is the RN nurse manager for Kapiti rest home and a second owner/director is the RN nurse manager for Kena Kena and is on-site at Kapiti for four hours a week. The third owner/director has responsibility for property and maintenance for both sites. All owner/directors have many years' experience in the aged care industry. They are supported by an operations manager responsible for non-clinical services, human resources and accounts/administrative duties. A part-time RN is employed for 16 hours a week to complete interRAI assessments.</p> <p>There is a 2017-2018 business plan that includes the service mission statement "to provide a safe, family style environment for each resident" focusing on "safety, companionship, fun, purpose, respect and dignity". The 2017-2018 strategic business plan includes environmental goals, enhancing the activities programme, Careerforce training for staff and review of the menus. In the last 10 months the owner/directors have upgraded the gardens and grounds, installed hand basins into rooms where required and renovated bedrooms as they become available, increased activity hours and purchased a van for outings, introduced formal Careerforce training and implemented a new five-week menu. The owner/directors communicate daily on operational matters and hold an annual directors meeting.</p>

		The owner/director/RN nurse manager has attended at least 8 hours of professional development relating to her role including (but not limited to); a leadership and management day, three nations falls seminar, and interRAI skills booster. The operations manager has a bachelor's degree in management/human resources.
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	The two owner/nurse managers of each facility provide cover for each other's absence. They also share the on-call requirement.
<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 Kapiti rest homes quality improvement processes. Policies and procedures are developed and maintained by an aged care consultant and reviewed regularly to ensure they align with current good practice and meet legislative requirements. Staff are required to read and sign that they have read new/reviewed policies.</p> <p>Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control data, surveys and complaints management. A relative survey has been completed with all responses satisfied to very satisfied. Relatives are informed of outcomes through the newsletters. A resident survey is scheduled later in the year. There is an internal audit programme that covers environmental, clinical and non-clinical areas. Corrective actions have been generated and completed for any audit outcomes less than 100%.</p> <p>Data is collected, analysed and compared monthly for a range of adverse event data (for example skin tears, bruising and falls). Corrective actions are documented and implemented where improvements are identified. Information is shared with all staff as confirmed in meeting minutes and during interviews. There are monthly quality assurance meetings with management and representatives from each area. Staff meetings are held three-monthly. Meetings are combined with both rest homes when guest speakers attend or team building exercises are arranged.</p> <p>A 2016 risk management plan is in place. The nurse manager is the health and safety coordinator. Staff receive health and safety training, which is initiated during their induction to the service and ongoing through the annual training plan. All staff are involved in health and safety, which is a topic in the monthly quality assurance and staff meetings. There is a current hazard register. Hazard controls for each area</p>

		<p>are reviewed on a monthly basis.</p> <p>Falls management strategies and the development of specific falls management plans are in place to meet the needs of each resident who is at risk of falling.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>There is an incident reporting policy that includes definitions and outlines responsibilities. Individual reports are completed for each incident/accident with immediate action noted including any follow-up action(s) required. Incident/accident data is linked to the organisation's quality and risk management programme. Eight accident/incident forms were reviewed from February 2018 and evidenced RN assessment and follow-up. Neurologic observations are conducted for suspected head injuries. The nurse manager and operations manager reported that they are aware of their responsibility to notify relevant authorities in relation to essential notifications. The DHB was notified of change of ownership. There have been no reportable events or outbreaks.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>There are human resources policies to support recruitment practices. Six files reviewed (one nurse manager, two caregivers, one diversional therapist, one cook and one cleaner) 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. Staff employed under new management have completed inductions. Eleven-week appraisals were conducted, then six-monthly and annually thereafter. Performance appraisals were up-to-date. Current practising certificates were sighted for the nurse manager, part-time RNs and allied health professionals.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice. Staff interviewed believed new staff were adequately orientated to the service on employment. An annual training programme covering all the relevant requirements is implemented and attendance records are maintained. On-line training and questionnaires are completed for each learning module. The service has appointed a qualified DT Careerforce assessor for 16 hours per week to coordinate and support staff through the formal Careerforce qualifications. Seven of fourteen caregivers have completed qualifications and the remaining seven are in the process of completing qualifications. Staff are also supported to attend external education as offered. Clinical staff complete competencies relevant to their role including medication competencies.</p>
<p>Standard 1.2.8: Service Provider Availability</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 across the three wings (North – ten beds, East – nine beds and South – eleven beds).</p>

<p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>		<p>The nurse manager is on-site Monday to Friday. The part-time interRAI RN works two days per week. There are four caregivers on the morning shift (two full and two short-shifts), three on the afternoon shift (two full and one short-shift) and one caregiver on night shift with an on-call person. There are designated cleaning, laundry and food service staff (one cook and a morning and afternoon kitchenhand). There is a DT Monday to Friday and activity assistant two weekdays.</p> <p>The caregivers, residents and relatives interviewed inform there are sufficient staff on duty at all times.</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>	FA	<p>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. Information containing personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Residents' files are protected from unauthorised access by being held in secure rooms. Archived records are secure in a separate locked area. Residents' files demonstrate service integration. Entries are legible, dated, timed and signed by the relevant caregiver or RN, including designation.</p>
<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	<p>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for families and residents prior to admission. Admission agreements reviewed align with contractual requirements. Exclusions from the service are included in the admission agreement.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>Planned exits, discharges or transfers are coordinated in collaboration with the resident and family to ensure continuity of care. There are documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families are involved for all exits or discharges to and from the service.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines</p>	FA	<p>The facility uses a paper-based system and blister packs for medication administration. There are policies and procedures in place for safe medicine management that meet legislative requirements. Caregivers, and RNs who administer medications have completed a practical and written medication competency. The pharmacist provides annual in-service on medication administration and medication management on</p>

<p>in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>an annual basis. Medications are checked on delivery against the medication chart by the owner/manager (RN). Standing orders are in use and meet required legislation. One self-medicating resident had a self-medication competency completed and authorised by the GP. All medications were stored safely. The medication fridge is monitored. All eye drops were dated on opening.</p> <p>Twelve medication charts reviewed had photo identification and an allergy status on the medication chart. The GP has reviewed the medication charts at least three monthly. The administration signing sheets reviewed, identified all prescribed medications had been administered as prescribed.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>All meals and home baking is prepared and cooked on-site by experienced cooks. There is a five-weekly seasonal menu in place, which had been reviewed by a dietitian in May 2017. The food control plan has been verified. The cook is informed of resident dietary needs and changes. Likes and dislikes are accommodated. Additional or modified foods such as soft foods, pureed and vegetarian meals are provided. Residents and family members interviewed were very complimentary about the meals provided. The kitchen is adjacent to the dining room and meals are served directly to the residents.</p> <p>Fridge and freezer temperatures are monitored and recorded daily. End-cooked temperatures are taken daily. Chilled goods temperatures are taken on delivery. All containers of food stored in the pantry are labelled and dated. All perishable goods are date labelled. A cleaning schedule is maintained.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>There is an admission information policy. The reasons for declining entry would be if the service is unable to provide the level of care required or there are no beds available. Management communicate directly with the referring agencies and family/whānau as appropriate if entry was declined.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>The RNs complete an initial assessment on admission including risk assessment tools as appropriate. An interRAI assessment is undertaken within 21 days of admission and six monthly, or earlier due to health changes for long-term residents under the ARCC. Resident needs and supports are identified through the ongoing assessment process, in consultation with the resident and significant others and form the basis of the long-term care plan. The long-term care plans reflect the outcome of the assessments.</p>

<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>Residents' long-term care plans reviewed were resident-focused and individualised. Care plans documented the required supports/needs to reflect the resident's current health status. Relatives and residents interviewed, confirmed they were involved in the care planning process. Long-term care plans evidenced resident and/or relative and staff input into the development of care plans. Care plans are reviewed six monthly and updated to reflect changes to supports/needs.</p> <p>Short-term care plans were sighted for short-term needs and these were either resolved or transferred to the long-term care plan.</p> <p>There was evidence of allied health care professionals involved in the care of the resident.</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>When a resident's condition alters, the registered nurse initiates a review and if required, arranges a GP visit. There is evidence of three monthly medical reviews or earlier for health status changes. Residents and relatives interviewed confirmed care delivery and support by staff is consistent with their expectations. Family confirmed they are kept informed of any changes to resident's health status. The family members interviewed expressed satisfaction with the clinical care and that they are involved in the care planning of their family member. Caregivers interviewed, stated there is adequate equipment provided including continence and wound care supplies. On the day of the audit, supplies of these products were sighted.</p> <p>There was one skin tear on the day of audit. The wound was assessed and fully documented including a management plan. A short-term care plan was implemented. The RN could describe the evaluation and referral process to a wound specialist or continence nurse. Monitoring occurs for weight, vital signs, blood glucose and challenging behaviour.</p> <p>Resident care plans (short-term and long-term) document appropriate interventions to manage clinical risk such as poor mobility, falls, skin integrity, and weight loss. Caregivers interviewed confirmed they are updated of any changes in resident's care or treatment during handover sessions at the beginning of each shift.</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</p>	<p>CI</p>	<p>A diversional therapist is employed from 9.00 am to 4:30 pm per day Monday to Friday to coordinate and implement an activity programme that meets the recreational needs of the resident groups. She is assisted by an activities assistant who works two weekdays a week. The diversional therapist attends on-site in-service, has completed Careerforce dementia units and is a member of the society of diversional therapy.</p> <p>Activities are meaningful and include (but not limited to); physical activities such as exercises each weekday morning, group walks, lawn bowls, indoor bowls, golf and darts. Mind stimulation activities</p>

<p>the service.</p>		<p>include quizzes, board games, newspaper reading, computers, poetry and book reading. The varied and stimulating programme also includes craft, knitting, housie, bingo, baking, high teas and gardening. There are visiting churches, library, grammar school students and pet therapy. All festivities and birthdays are celebrated. Van outings are provided six to seven times a month and include outings into the community. Residents are supported to attend their own church and other community functions.</p> <p>A resident activity assessment is completed within three weeks of admission. Short-term and long-term goals are documented by the diversional therapist. The RN then uses this information to document a social activity plan as part of the long-term care plan. A multi-dimensional review form is completed a few weeks after admission and repeated six monthly. Progress towards meeting goals is documented weekly, monthly and six monthly. The service receives feedback on activities through one-on-one feedback, resident outings feedback forms, residents' meetings and surveys. Residents have fed back positively on the increase in and variety of activities</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>All initial care plans reviewed were evaluated by the RNs within three weeks of admission and a long-term care plan developed. Care plans had been evaluated six monthly for five of the six resident files reviewed. One resident had not been at the service six months. Written evaluations identified if the desired goals had been met or unmet. The GP reviews the residents at least three monthly or earlier if required. Short-term care plans reviewed had been evaluated at regular intervals. Ongoing nursing evaluations occur as indicated and are documented within the progress notes.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	<p>FA</p>	<p>Referral to other health and disability services is evident in the residents' files sampled. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on residents' files.</p> <p>There are documented policies and procedures in relation to exit, transfer or transition of residents. The residents and the families are kept informed of the referrals made by the service.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and</p>	<p>FA</p>	<p>Documented processes for the management of waste and hazardous substances are in place to ensure incidents are reported in a timely manner. Safety data sheets and products charts are readily accessible for staff. Chemical bottles sighted have correct manufacturer labels. Chemicals are stored in a locked cupboard. Personal protective clothing is available for staff and was observed being worn by staff when</p>

<p>service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>		<p>they were carrying out their duties on the day of audit. Staff have completed chemical safety training.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>There are established systems in place to ensure the physical environment and facilities are safe and fit for their purpose. The facility has a current building warrant of fitness that expires 20 August 2018.</p> <p>Both internal maintenance and external contractors undertake maintenance. Essential contractors are available 24-hours. Annual calibration, functional checks and electrical testing and tagging of equipment is completed by an external contractor. The facility is being maintained in good repair. All maintenance records were reviewed and are clearly documented. Review of the records reveals temperatures are all below 45 degrees Celsius and whenever it was out of range, corrective actions have been taken.</p> <p>There is sufficient space for residents to safely mobilise using mobility aids, and communal areas are easily accessible. There is access to the well maintained outdoor areas and courtyard. All external areas inspected were safe and have seating and shade.</p> <p>There is an annual 2018 building and maintenance plan, which includes internal and external buildings and resident equipment and mobility aids. There have been ongoing environmental improvements including ongoing refurbishment of resident rooms, and enhancement of the external garden areas.</p> <p>Interviews with residents and family members confirmed the environment was suitable and safe to meet their needs.</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>Hand basins are being installed in all rooms that do not have hand basins, as they are vacated. There are adequate numbers of communal shower rooms and toilets. There are privacy locks on the doors. Residents confirmed staff respect their privacy while attending to their hygiene cares.</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 rooms are single and spacious enough to move about with mobility aids. Rooms are personalised as viewed on the day of audit.</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>There is a spacious dining area and large main lounge with a view of the sea. There is also a smaller lounge for quieter activities and visitors as well as several seating alcoves.</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>There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. All linen and sheets except towels, are laundered off-site by a commercial laundry with twice weekly deliveries of clean linen. All personal clothing and towels are completed on-site by a dedicated housekeeper. The laundry is located in the basement. The effectiveness of the cleaning and laundry processes are monitored through internal audits, resident meetings and surveys. Residents and relatives interviewed, were satisfied with the laundry service and cleanliness of the communal areas and their bedrooms.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>Emergency and disaster policies and procedures are documented for the service. There is an evacuation scheme that has been approved by the fire service 16 June 1998. Fire drills occur every six months. The orientation programme and annual education/training programme include fire and security training. Staff had a practical use of firefighting equipment training in February 2018. A civil defence plan is documented for the service. There are adequate supplies available in the event of a civil defence emergency including food, water (600 litre outdoor tank and bottled water) and emergency supplies. A gas BBQ is available for alternate cooking. There is emergency lighting and the service has a generator. A call bell system is in place, including all resident rooms and communal areas. Residents were observed in their rooms with their call bell in close proximity. Wrist pendants are worn by residents at risk. There is a minimum of one staff member available 24 hours a day, seven days a week with a current first aid certificate. The facility is secure after hours. The service has updated the door alarm system and</p>

		installed a panic alarm system.
<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	Residents are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. Each resident room has an Econoheat panel that can be individually adjusted. All bedrooms have adequate natural light.
<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 nurse manager has overall responsibility for infection control and the collation of infection events. The infection control programme is not yet due for review as the new ownership has not been in operation for one year.</p> <p>Visitors are asked not to visit if unwell. Hand sanitisers are appropriately placed throughout the facility. Residents and staff are offered the influenza vaccine. There have been no outbreaks.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	The infection control coordinator has completed an on-line MOH infection control course in February 2018. There is access to infection control expertise within the CCDHB, wound nurse specialist and laboratory. The GP monitors the use of antibiotics.
<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</p>	FA	The infection control policies have been developed by an aged care consultant and reflect best practice. There is 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.

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.		
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 and hand hygiene is included in staff orientation and as part of the annual training schedule.  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 quality assurance meeting with representatives from each service area. Meeting minutes are available to staff who read and sign to declare they have read them. The service completes monthly and annual comparisons of infection rates for types of infections. Trends are identified and analysed, and preventative measures put in place as required. Infection rates are low and there have been no outbreaks.  Systems in place are appropriate to the size and complexity of the facility.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	There are policies around restraints and enablers that meet the restraint minimisation and safe practice standard. The nurse manager is the restraint coordinator. There were no residents using restraints or enablers on the day of audit. Staff receive training around restraint minimisation and managing challenging behaviours.

## 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

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.3.7.1</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>The service is to be commended for improvements made to the activity services during 2017 as a result of residents and staff feedback. A number of quality improvements have had positive results.</p>	<p>The diversional therapist and assistant are both extremely enthusiastic and committed to delivering an exceptional activities programme. The team identified following the change of ownership in May 2017, that improvements in the activity programme were required in response to previous survey results, poor attendance records and lack of documentation. With the support of the owner/directors, the following improvements have been implemented.</p> <ol style="list-style-type: none"> <li>1) Purchase of a van and increase in monthly outings from one or two, to six or seven outings per month.</li> <li>2) Introduction of a varied exercise programme including purchase of specific equipment.</li> <li>3) Introduction of a range of new and varied activities into the programme.</li> <li>4) Improved documentation including the outing feedback form.</li> </ol> <p>Residents attendance at activities, outings and meetings evidenced a marked improvement. The residents and relatives interviewed were very positive about the changes and reported increased satisfaction with activities. This is confirmed by resident feedback forms and increased attendance rates, and meeting minutes as sighted for April</p>

			and September 2017. The relative survey and emails received evidenced an improved satisfaction around the activity programme from previous results to satisfied and very satisfied. The aim of improving the variety of activities was to engage residents in participation as evidenced on resident activity attendance sheets.
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End of the report.