

Gwynn Holdings Limited - Rata Park Rest Home

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: Gwynn Holdings Limited

Premises audited: Rata Park Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 22 March 2018 End date: 22 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: 13

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
	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

Rata Park is certified to provide rest home level care for up to 20 residents. On the day of audit there were 13 residents. The service is owned and managed by two registered nurses.

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

Residents interviewed were complimentary of the service that they receive.

There are well developed systems, processes, policies and procedures that are structured to provide appropriate quality care for people who use the service. Implementation is supported through the quality and risk management programme. Quality initiatives are implemented which provide evidence of improved services for residents.

The facility has embedded the interRAI assessment protocols within its current documentation. The care plans reviewed were individualised and comprehensively completed in all resident files reviewed.

The audit has identified two improvements required around neurological observations and dining room floor.

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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Rata Park endeavours to ensure that care is provided in a way that focuses on the individual, values residents' quality of life and maintains their privacy and choice. Staff demonstrate an understanding of residents' rights and obligations. This knowledge is incorporated into their daily work duties and caring for the residents. Residents receive services in a manner that considers their dignity, privacy and independence. Written information regarding consumers' rights is provided to residents and families. The service has a strong culture of communication with residents and relatives. The two managers and registered nurse work on the floor with the residents. Families are updated about changes in residents' condition when the resident consents to this. The rights of the residents and/or their family to make a complaint is understood, respected and upheld by the service. Complaints and concerns have been managed and a complaints register is maintained.

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.		Some standards applicable to this service partially attained and of low risk.
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Services are planned, coordinated and are appropriate to the needs of the residents. The two managers (facility and clinical manager), and registered nurse are responsible for the day-to-day operations. Goals are documented for the service with evidence of regular reviews. A quality and risk management programme is documented and implemented. The risk management programme includes managing adverse events and health and safety processes. Incidents are documented.

Residents receive appropriate services from suitably qualified staff. There are human resource policies and procedures to guide management. An orientation programme is in place for new staff. Ongoing education and training is in place, which includes in-service education and competency assessments. Registered nursing cover is provided across seven day shifts a week and on-call. Residents reported that staffing levels are adequate to meet the needs of the residents.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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Entry to the service is managed by the managers or registered nurse. There is comprehensive service information available. Care plans and reviews are completed by a registered nurse. Each resident has access to an individual and group activities programme. The group programme is varied and interesting. Medication is stored appropriately in line with legislation and guidelines. General practitioners review residents at least three monthly or more frequently if needed. Meals are prepared on-site. The menu is varied and appropriate. Individual and special dietary needs are catered for. Alternative options are able to be provided. Residents interviewed were complimentary about the food service.

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.		Some standards applicable to this service partially attained and of low risk.
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There is a current building warrant of fitness. The service has waste management policies and procedures for the safe disposal of waste and hazardous substances. Chemicals are labelled and there is appropriate protective equipment and clothing for staff. Laundry and cleaning processes are monitored for effectiveness. Furniture and fittings are selected with consideration to residents' abilities and functioning. Furniture is appropriate to the setting and arranged that enables residents to mobilise. The service has implemented policies and procedures for fire, civil defence and other emergencies. General living areas and resident rooms are appropriately heated and ventilated. Residents have access to natural light in their rooms and there is adequate external light in communal areas. Outside areas are well maintained, easily accessible and have adequate shade provided

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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Rata Park has restraint minimisation and safe practice policies and procedures in place. Staff receive training in restraint minimisation and challenging behaviour management. The service is restraint-free, and no enablers were in use.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme annual review has occurred. The infection control programme is implemented and meets the needs of the service and provides information and resources to inform the service providers. Documentation evidences that relevant infection control education is provided to all service providers as part of their orientation and also as part of the ongoing in-service education programme. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events.

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	0	43	0	2	0	0	0
Criteria	0	91	0	2	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
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) policy and procedure are implemented. Discussions with staff (two caregivers, one activities coordinator, the registered nurse, clinical manager, cook and the manager) confirm their familiarity with the Code. Interviews with five residents confirm the services being provided are in line with the Code of Rights. There were no relatives that visited during the audit. Code of Rights and advocacy training has been provided through staff competency questionnaires. External training was also provided 2016.</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 consent processes are discussed with residents and families on admission. In all five long-term resident files sampled, written consents are signed by the resident, or enduring power of attorney. Advanced directives are signed for separately. There is evidence of discussion with family when the GP completed a clinically indicated not for resuscitation order. Caregivers and the registered nurse interviewed confirmed verbal consent is obtained when delivering care. Discussion with five residents identified that the service actively involves them in decisions that affect their lives and families are well informed when requested by families. All long-term resident files reviewed had a signed admission agreement.</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>An advocacy policy and procedure includes how staff can assist residents and families to access advocacy services. Contact numbers for advocacy services are included in the policy, in the resident information folder and with the code of rights information in the living area.</p> <p>Residents' meetings include discussing previous meeting minutes and actions taken (if any) before addressing new items. The residents' files include information on residents' family/whānau and chosen social networks.</p> <p>Residents are provided with a copy of the Code and Nationwide Health and Disability Advocacy services pamphlets on entry. Discussions with residents identify that they could contact an external advocate if needed.</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 resident information pack states that visiting can occur at any reasonable time. Interviews with residents confirm that visiting can occur at any time. Key people involved in the resident's life are documented in the care plans.</p> <p>Discussions with residents verify that they are supported and encouraged to remain involved in the community. Rata Park Rest Home staff support ongoing access to community and entertainers are invited to perform at the facility.</p> <p>Rata Park has a bus and residents are actively taken to many community events and activities around Southland and further.</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>A complaints policy and procedures are in place. Residents/family can lodge formal or informal complaints through verbal and written communication, resident meetings and complaint forms.</p> <p>Information on the complaint's form includes the contact details for the Health and Disability Advocacy Service.</p> <p>Interviews with residents demonstrated they are familiar with the complaints procedure and they stated any concerns or issues are addressed.</p> <p>The complaints log/register includes the date of the incident, complainant, summary of complaint, any follow-up actions taken and signature when the complaint is resolved. There has been one verbal complaint received since the previous audit. The service managed this as a written complaint. Documentation reviewed included acknowledgement and resolution within required timeframes. Advised that resident meetings are an open forum for residents to air any concerns or issues, which are then dealt with in a timely manner.</p>

<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>The service provides information to residents that include the Code of Rights, complaints and advocacy information. Information is given to the family or the enduring power of attorney (EPOA) to read to and/or discuss with the resident. Interviews with residents identify they are informed about the Code of Rights. The manager, clinical manager and registered nurse provide an open-door policy for concerns or complaints.</p> <p>Resident meetings have been held, providing the opportunity to raise concerns in a group setting. Advocacy pamphlets are included in the information pack. The service has an advocacy policy that includes a definition of advocacy services, objectives and process/procedure/guidelines.</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 service has policies which align with the requirements of the Privacy Act and Health Information Privacy Code. Staff interviewed were able to describe the procedures for maintaining confidentiality of resident records. House rules and a code of conduct is signed by staff at commencement of employment.</p> <p>The service has a philosophy that promotes quality of life, involves residents in decisions about their care, respects their rights and maintains privacy and individuality. There is a married couple that share a double-room and staff described how they ensure privacy.</p> <p>Church services are held regularly. Contact details of spiritual/religious advisors are available to staff. Residents interviewed confirm the service is respectful.</p> <p>Residents' files include their cultural and/or spiritual values when identified by the resident and/or family. Discussions with residents confirm that they are able to choose to engage in activities and access community resources. Staff education and training on abuse and neglect has been provided through regular staff competencies and an in-service in 2016. A further in-service is scheduled this year.</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>There is a Māori health plan and an individual's values and beliefs policy which includes cultural safety and awareness. Discussions with staff confirm their understanding of the different cultural needs of residents and their whānau. There is information and websites provided within the Māori health plan to provide quick reference and links with local Māori. Interviews with staff confirm they are aware of the need to respond appropriately to maintain cultural safety. Policies include guidelines about the importance of whānau. There is one Māori resident and the resident's care plan identifies cultural needs. Cultural safety training was last provided 2016 and is scheduled for 2018.</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>Staff interviewed confirmed understanding of different values and beliefs. The service is small, and staff get to know the residents well including their culture, values and beliefs. Residents interviewed indicate that they are asked to identify any spiritual, religious and/or cultural beliefs. Family involvement is encouraged (eg, invitations to residents' meetings and facility functions). The service provides a culturally appropriate service by identifying the individual needs of residents during the admission and care planning process as reported by the registered nurse. Care plans reviewed include the residents' social, spiritual, cultural and recreational needs.</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>The staff employment process includes the signing of house rules and a Rata Park Rest Home code of conduct. Job descriptions include responsibilities of the position and ethics, advocacy and legal issues which are provided to staff on employment. The orientation programme provided to staff on induction includes an emphasis on dignity, privacy and boundaries; evidenced in interview with the caregivers and registered nurse. Interviews with staff confirm their understanding of professional boundaries.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>The service is small and set in a rural setting. The quality programme is designed to monitor contractual and standards compliance and the quality of service delivery in the facility. Staffing policies include pre-employment and the requirement to attend orientation and ongoing in-service training. The 2017 and 2018 resident satisfaction surveys reviewed reflected high levels of satisfaction with the services that are received. The registered nurse, clinical manager and manager have responsibility for coordinating the internal audit programme. Policies and procedures have been reviewed. These are available in hard copy and electronically. There are staff meetings and residents' meetings conducted. Resident meetings also include feedback on quality.</p> <p>Residents interviewed spoke very positively about the care and support provided. Staff had a sound understanding of principles of aged care and state that they are well supported by the two owners (both registered nurses) and the senior registered nurse. There is good RN cover and clinical oversight. There are implemented competencies for caregivers and registered nurses.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective</p>	FA	<p>Policies are in place relating to open disclosure. Five residents interviewed stated they were welcomed on entry and were given time and explanation about the services and procedures. Residents interviewed confirmed being kept well-informed of the day-to-day activities in the home.</p> <p>A sample of incident reports reviewed and associated resident files, evidenced recording of family notification where applicable. The two managers (both RNs) and the registered nurse were able to identify the processes that are in place to support family being kept informed. This includes the</p>

communication.		<p>development of a Facebook page which is regularly updated with events and occurrences at Rata Park. Residents have consented to sharing of information on Facebook. Many of the residents do not have family involved in their lives.</p> <p>Residents and family are informed prior to entry of the scope of services and any items they have to pay for that are not covered by the agreement.</p> <p>The facility has an interpreter policy to guide staff in accessing interpreter services.</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>Rata Park Rest Home provides rest home care for up to 20 residents. On the day of audit there were 13 residents including one LTS-CHC funded by ACC and one resident assessed as hospital level care. The service has MOH dispensation for this resident to remain at Rata Park dated 14 December 2017.</p> <p>The service is set in a rural setting and their philosophy is “Country living, family values”.</p> <p>The service has a strategic plan, a business plan (2017/2018) and a quality and risk management plan that include goals that are reviewed annually.</p> <p>The manager (RN) and nurse manager have owned the facility for six and a half years. They are also supported by a full-time registered nurse and committed care staff. The managers have maintained at least eight hours of professional development in relation to management of a rest home.</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 and nurse manager support each other in their roles when either one is absent. Both managers have support from a senior registered nurse as well.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk</p>	FA	<p>The quality management manual includes the quality risk and management plan and service philosophy. There is an implemented 2018 quality improvement calendar. The quality programme is reviewed annually. The current quality and risk management plan has documented aims and objectives. The internal audit schedule and internal audits are being completed. Corrective actions have been developed where compliance is less than expected, evidenced full completion and sign off.</p>

<p>management system that reflects continuous quality improvement principles.</p>		<p>Combined staff meetings are held quarterly with evidence of discussion of quality outcomes. Two caregivers and the RN interviewed, reported staff are fully informed of all infections and incidents as well as any other issues on a daily basis, due to the small size of the facility. Meeting minutes reviewed reflect discussion of quality data. Resident meetings are held two – three monthly.</p> <p>There is a document control policy that outlines the system implemented, whereby all policies and procedures are reviewed regularly. Documents no longer relevant to the service are removed and archived. An external consultant provides the service with policies and procedures and updates.</p> <p>The resident and relative survey was conducted in 2017 with respondents advising that they were very satisfied with the care and service they receive. The manager reported that residents talk to the manager daily and any issues are identified and addressed. This was confirmed in all resident interviews.</p> <p>The service collects information on resident incidents and accidents as well as staff incidents/accidents. The service has a health and safety management system and hazard registers are maintained. Security and safety policies and procedures are in place to ensure a safe environment is provided. Emergency plans ensure appropriate response in an emergency.</p> <p>Falls prevention strategies are implemented on a case-by-case basis.</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>PA Low</p>	<p>There is an accidents and incidents reporting policy. Accidents and near misses are investigated by the registered nurse and analysis of incident trends occurs. There is a discussion of incidents/accidents at staff meetings, including actions to minimise recurrence. Incident/accident forms are completed either by the registered nurse, the manager or a caregiver. Follow-up by a registered nurse was evident in all 14 incident forms reviewed for February 2018. Progress notes reviewed for a sample of residents, evidenced that all incidents and accidents have been reported. Of the 14 incidents forms reviewed, five were unwitnessed. One resulted in a head injury that did not evidence neurological observations had been completed.</p> <p>An incident & accident monthly analysis form is completed. Feedback on incidents/accidents is reported to residents at resident meetings. Discussion with the manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. There has been one reportable event regarding a resident's behaviour.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management</p>	<p>FA</p>	<p>There are human resources management policies in place. The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. A copy of practising certificates is kept. The human resources policies also include orientation, staff training and development. Five staff files were reviewed (one registered nurse, clinical manager,</p>

<p>processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>cook and two caregivers). The manager described how reference checks are completed before employment is offered. The service has in place an orientation programme that provides new staff with relevant information for safe work practice. Staff were able to describe the orientation process and stated that they believed new staff were adequately orientated to the service.</p> <p>Discussion with the manager and staff member (the activities coordinator/caregiver) confirmed that in-service training has been provided regularly since the previous audit. An online caregiver training programme is used for some aspects of training. There is an implemented in-service programme. Advised that accessing external training has been difficult for this rural provider. Therefore, staff complete a number of training sessions through self-directed learning and questionnaires. The registered nurses complete training with staff around policies and procedures. Appraisals are completed annually. The manager and registered nurse are interRAI trained.</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>The good employer policy includes staff rationale and skill mix. Sufficient staff are rostered on to manage the care requirements of the residents. The registered nurse works full time. The manager (RN) and/or nurse manager are available during work hours and after hours on-call. There is also a registered nurse rostered seven days a week.</p> <p>There is a minimum of one caregiver on duty at any one time with two caregivers rostered in the afternoon shift. The registered nurse and manager supports the caregiver with resident cares. All staff are trained in all roles (caregiving, cooking, cleaning, activities) so that staff can fill in for each other when a specific staff member is absent. There is a current first aider across 24/7. Interviews with two caregivers, registered nurse and, residents identified that staffing is adequate to meet the needs of residents.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	<p>FA</p>	<p>The resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Residents' files are protected from unauthorised access by being locked away in the nurses' station. Information containing sensitive resident information is not displayed in a way that can be viewed by other residents or members of the public. File entries are legible, dated and signed by the relevant caregiver or registered nurse.</p> <p>Individual resident files demonstrate service integration.</p>
<p>Standard 1.3.1: Entry To</p>	<p>FA</p>	<p>The service has admission policies and processes in place. Residents receive an information pack</p>

<p>Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>		<p>outlining services able to be provided, the admission process and entry to the service. The owner/manager screens all potential residents prior to entry and records all admission enquiries. Residents interviewed confirmed they received information prior to admission and had the opportunity to discuss the admission agreement with the owner/manager. The admission agreement form in use aligns with the requirements of the ARC contract. Exclusions from the service are included in the admission agreement. The information provided at entry includes examples of how services can be accessed that are not included in the 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>There are policies in place to ensure the discharge of residents occurs correctly. Residents who require emergency admissions to hospital are managed appropriately and relevant information is communicated to the DHB. The service ensures appropriate transfer of information occurs. Relatives interviewed confirmed they were kept well informed about all matters pertaining to residents, especially if there is a change in the resident's condition.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication management policies and procedures comply with medication legislation and guidelines. The service has implemented an electronic medication system. Medicines are appropriately stored in accordance with relevant guidelines and legislation. Medication administration practice complies with the medication management policy for the medication round sighted. The RN reconciles the delivery and documents this. Medication prescribed is signed as administered, there is evidence of three monthly reviews by the GP, allergies and photo identification are evident in all ten charts reviewed.</p> <p>Controlled drugs are signed by a registered nurse and a medicine competent caregiver. Weekly checks of the controlled drug register are occurring, pharmacy quantity checks are completed six monthly. The registered nurse and medicine competent caregivers administer medicines.</p> <p>The facility uses a blister pack medication management system for the packaging of all tablets. One resident self-administers inhalers and has a current competency assessment.</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>There is a functional kitchen and all food is cooked on-site. There is a food services manual in place to guide staff. A resident dietary profile is developed for each resident on admission and provided to the kitchen staff. The kitchen is able to meet the needs of residents who need special diets and the cook works closely with the RN. The cook has completed food safety training. The cook has trained the caregivers around food safety as they also work in the kitchen. The cook follows a rotating menu which has been reviewed by a dietitian. There is a food control plan in the process of being verified. The temperatures of refrigerators and freezers and recorded weekly and are within ranges. Cooked foods are</p>

		monitored and recorded at each main meal. There is special equipment available for residents if required. All food is stored appropriately and is dated to ensure good stock rotation. Cleaning schedules are in place and are adhered to. Supplements are available for residents who experience unintentional weight loss. Residents interviewed were very happy with the quality and variety of food served.
Standard 1.3.2: Declining Referral/Entry To Services 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.	FA	The reason for declining service entry to potential residents is documented should this occur. Anyone declined entry is referred back to the referring agency for appropriate placement and advice.
Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	In all five files reviewed, all appropriate personal needs information is gathered during admission in consultation with the resident and their relative where appropriate. Appropriate risk assessment tools were completed in all long-term resident files sampled and assessments were reviewed at least six monthly or when there was a change to a resident's health condition. All files sampled had interRAI assessments completed within expected timeframes. Assessments also include nutrition assessment, pressure risk, falls risk, continence assessment and oral assessment.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	The five long-term care plans reviewed described aspects of the support required to meet the resident's goals and needs. Residents and their family/whānau involvement is documented in the progress notes where appropriate. Nursing interventions are comprehensive and individualised. There was information for care staff around diabetes, including signs and symptoms of hypoglycaemia and hyperglycaemia, and appropriate interventions. Short-term care plans are in use for changes in health status. Staff interviewed reported they found the plans easy to follow.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed	FA	Caregivers follow the care plan and report progress against the care plan each shift. Interviews identified that if external nursing or allied health advice is required, the registered nurses (including the owner/manager) will initiate a referral (eg, to the district nurse). If external medical advice is required, this will be actioned by the GP. Staff has access to sufficient medical and dressing supplies. Sufficient continence products are available and resident files include a continence assessment and plan.

needs and desired outcomes.		<p>Specialist continence advice is available as needed and this could be described. Residents are weighed monthly; a dietitian is available on request. Staff interviewed feel they have adequate equipment such as hoists and pressure relieving equipment.</p> <p>There were no wounds on the day of the audit. The RNs have access to specialist nursing wound care management advice through the district nursing service.</p> <p>Monitoring charts in use included weight and vital signs, fluid balance charts, turning charts, behaviour monitoring and wound care charts.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>Rata Park has recently employed an activities coordinator for eight hours a week. The activities coordinator is working towards a diversional therapy qualification. Each resident has an individual activities assessment on admission. All staff (including the owner/manager) are involved in helping with the activities daily. Activity plans are developed by the activities coordinator for all resident files sampled and reviewed six monthly. A weekly planner is displayed on noticeboards throughout the facility. Each resident is free to choose whether they wish to participate in the group activities programme or their individual plan. Individual activities are provided when required. Residents are collected by volunteers to attend church services. Group activities reflect ordinary patterns of life and include planned visits to the community. Resident meetings are held regularly.</p> <p>Rata Park has two buses' and a people mover to transport residents to appointments and shopping trips. The owner is a registered nurse with a current first aid certificate and is the driver of the vehicles. A ramp has been installed on one of the buses, so wheelchairs can be accommodated.</p> <p>Residents interviewed stated they enjoyed all the activities and the trips away.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>All initial care plans are evaluated by the registered nurses within three weeks of admission. The long-term care plan is reviewed at least six monthly or earlier if there is a change in health status. There is at least a three-monthly review by the GP. Changes in health status are documented and followed-up by the registered nurse. Care plan reviews are completed at least six monthly, the evaluation page shows progress to meeting goals of care. Short-term care plans are evaluated and resolved or added to the long-term care plan if the problem is ongoing as sighted in resident files sampled. Where progress is different from expected, the service responds by initiating changes to the care plan.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability</p>	FA	<p>The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. The nurses initiate referrals to nurse specialists and allied health services.</p>

<p>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>		<p>Other specialist referrals are made by the GPs. Referrals and options for care were discussed with the family as evidenced in interviews and medical notes. The staff provided examples of where a resident's condition had changed, and the resident was reassessed.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>There are documented processes for the management of waste and hazardous substances and incidents are reported in a timely manner. Material safety data sheets are available and accessible for staff. The staff orientation process addresses chemical usage, hazard management and the use of material safety data sheets.</p> <p>There is appropriate protective clothing and equipment that is used in management of waste or hazardous substances. Hazardous substances are correctly labelled and securely stored. The cleaning storage room and the sluice room are locked when not in use. Appropriate sharps containers are available.</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>	PA Low	<p>The service displays a current building warrant of fitness, which expires on 27 June 2018. Maintenance books and records were sighted. Testing and tagging of electrical equipment has been completed and are next due on 18 March 2019. Medical equipment, the sling hoist, syringe driver and stand on scales have all been checked and calibrated by an external provider. Fixtures and fittings are appropriate to meet the needs of the residents. Monthly hot water temperature checks are conducted and recorded. The interior is maintained with a home-like décor and furnishings. There is a communal lounge, dining area and communal bathroom and toilet facilities throughout the rest home. Part of a wing is currently closed-off due to low resident numbers. There is an external covered garden area which rest home residents can access. Interviews with caregivers confirmed there is adequate equipment to carry out the cares according to the resident needs as identified in care plans.</p> <p>Staff interviewed confirmed they know the processes they should follow if any repairs/maintenance is required and that requests are appropriately actioned by the manager. Residents interviewed confirm they are able to move freely around the facility and that the accommodation meets their needs.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p>	FA	<p>There are adequate numbers of toilets and showers with access to a hand basin and paper towels. The communal toilets and showers are well signed, identifiable and have privacy locks on the door indicating if</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>the facility is engaged. Facilities were viewed to be kept in a clean and hygienic state. Residents interviewed state their privacy and dignity is maintained while attending to their personal cares and hygiene. Fixtures, fittings, floor and wall surfaces are made of accepted materials to support good hygiene and infection control practices for this environment. Two bedrooms are double rooms with fixed curtain screening between each bed area.</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>The resident's rooms in all areas are spacious and appropriate to the needs of the residents. Resident's rooms are decorated with personal belongings in order to allow the residents to feel at home and have a sense of belonging. Each resident room has a wash hand basin. Mobility aids can be managed in the rooms, confirmed at the caregiver's interviews. All rooms have adequate space to accommodate resident's mobility needs and safety requirements. There are five double rooms. Only two are shared (one married couple and two ladies that insist on sharing). The double rooms are of sufficient size for two residents. One double room (used as a single) is occupied by the hospital level resident and the room is large with adequate room for use of the hoist. The other is occupied by two consenting residents. Curtain screens ensure privacy.</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>Rata Park Rest Home has a lounge area and a separate dining room. There are also informal areas for residents to sit and meet with their family or visitors. Group entertainment and activities are conducted in the lounge and residents have enough space to mobilise with safety. There is a fish tank and a turtle tank in the lounge.</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>The laundry is of sufficient size with a dirty and clean laundry flow. Laundry and cleaning services have been monitored for effectiveness. Laundry services and cleaning audits have been completed. Cleaning chemicals were securely stored. Chemical safety data sheets are kept. Care staff (who complete the laundry service) have received training around the use of the chemicals. The residents confirmed they are happy with the management of their laundry. Visual inspection evidences the implementation of cleaning and laundry processes.</p>

<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Emergency management training is provided to all staff during orientation and induction and as part of their ongoing training programme. Training includes fire drills and emergency evacuation drills, and these have taken place six monthly. Civil defence resources are available. There is a generator available if needed. There is an emergency management manual and a fire and evacuation manual. Fire system monitoring, and maintenance is provided by an external contractor. There is a staff member with a current first aid certificate 24/7. The manager and nurse manager live next door and are available as needed.</p> <p>There is an approved New Zealand Fire Service fire evacuation scheme. The facility has emergency lighting, gas hot water heating and gas cooking facilities in the kitchen. Emergency food and water supplies are maintained and are sufficient for at least three days. The service has a wood fire.</p> <p>A call bell system is available in all areas including bedrooms, toilets, bathrooms and communal lounges and dining areas. The building is secured during the hours of darkness. Staff on afternoon duty conducts security checks.</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>The facility is heated via a mixture of heat pumps, a wood fire and individual heating panels in resident's rooms. The facility is bright and airy, and rooms are well ventilated and light. All bedrooms have external windows. Indoor temperature is comfortable, and resident and staff interviews confirmed that the facility is maintained at a comfortable temperature. Smoking is permitted in the outside smoking shelter.</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>Rata Park has an established infection control programme. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The manager (RN) with support from the nurse manager is the designated infection control nurse. Audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation. An annual review of the infection control programme was last completed 9 January 2018. There is a specific staff with infections policy.</p>
<p>Standard 3.2: Implementing the</p>	FA	<p>The manager at Rata Park is the designated infection control (IC) nurse. There are adequate resources</p>

<p>infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>		<p>to implement the infection control programme for the size and complexity of the organisation. The IC nurse and IC team (comprising all staff) has external support from the local laboratory infection control team and IC nurse specialist at the DHB. Infection control is a heading at the regular staff meetings. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	<p>FA</p>	<p>There are infection control policies and procedures appropriate for the size and complexity of the service. The infection control manual outlines a range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. The policies were developed by an external contractor and have been reviewed and updated.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>Infection control education for staff has occurred on a regular basis and questionnaires are completed. The infection control nurse has completed infection control training with the DHB. Visitors are advised of any outbreaks of infection and are advised not to attend until the outbreak has been resolved. Information is provided to residents and visitors that are appropriate to their needs and this is documented in medical records.</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</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in Rata Park Rest Home's infection control manual. Monthly infection data is collected for all infections based on signs and symptoms of infection. An individual resident infection form is completed which includes signs and symptoms of infection, treatment, follow-up, review and resolution. Surveillance of all infections is entered onto a monthly infection summary and an analysis is completed. This data is monitored and evaluated monthly and annually. Outcomes and actions are discussed at management and staff meetings. If there is an emergent issue, it is acted upon in a timely manner. Reports are easily</p>

programme.		accessible to the manager. No outbreaks have been reported since the previous audit.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	The service has documented systems in place to ensure the use of restraint is actively minimised and is restraint free. There were no enablers in use. Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0. Staff education on restraint minimisation and enablers and management of challenging behaviours has been provided.

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.4.3</p> <p>The service provider documents adverse, unplanned, or untoward events including service shortfalls in order to identify opportunities to improve service delivery, and to identify and manage risk.</p>	PA Low	<p>Follow-up by a registered nurse was evident in all 14 incident forms reviewed for February 2018. Progress notes reviewed for a sample of residents, evidenced that all incidents and accidents have been reported. Of the 14 incidents forms reviewed, five were unwitnessed. One resulted in a head injury that did not evidence neurological observations had been completed</p>	<p>Of the 14 incidents forms reviewed, five were unwitnessed. One resulted in a head injury that did not evidence neurological observations had been completed.</p>	<p>Ensure neurological observations have been completed where a potential head injury is suspected.</p> <p>90 days</p>
<p>Criterion 1.4.2.4</p> <p>The physical environment minimises risk of harm, promotes</p>	PA Low	<p>The rest home is safe for residents who require mobility aids. Outside areas are easily accessible to residents. Communal areas are large and spacious, however not all floor coverings are compliant with health and safety</p>	<p>The vinyl on the dining room floor is worn in places causing a potential trip hazard.</p>	<p>Vinyl on dining room floor to be</p>

safe mobility, aids independence and is appropriate to the needs of the consumer/group.		requirements.	The affected areas are not areas of high use therefore low risk.	replaced. 365 days
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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, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display

End of the report.