

# Tui House Limited - Tui House

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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 Q-Audit 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:

<b>Legal entity:</b>	Tui House Limited
<b>Premises audited:</b>	Tui House
<b>Services audited:</b>	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 4 April 2018      End date: 5 April 2018
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	66

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Tui House is an aged care residential facility and is one of three facilities privately owned and operated by Heritage Healthcare Limited. The owner/general manager (GM) is a registered nurse who is actively involved in the business.

This certification audit has been undertaken to confirm compliance with the Health and Disability Services Standards and the provider's contract with the district health board (DHB). The audit process included review of policies, procedures, residents and staff files, observations and interviews with residents, family/whanau, management, staff and the general practitioner (GP).

There were three areas relating to natural light in each bedroom, call bells and environmental safety identified for improvement during this audit

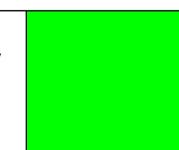
## Consumer rights

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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Residents are informed of their rights and are treated respectfully. Their privacy, independence and personal safety is protected. Care and support is provided in a manner which recognises the residents' culture, values and beliefs. Maori residents are supported. Discrimination of any sort is not tolerated by management. Service delivery is based on good practice principles.

Communication is open and resident choices are recorded and acted upon. Adequately documented processes are in place for informed consent. Residents and families are assisted and encouraged to formulate advanced directives. Advocacy information is available. Close links with families and the community are encouraged and supported. The complaints management system is readily accessible and managed in compliance with the Health and Disability Consumer Code of Rights.

## 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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Tui House strategic planning is undertaken by the GM with input from the members of senior management. The annual business plan and strategic goals reflect organisational planning outcomes.

The owner/general manager has over 15 years' experience in aged care having owned the two facilities for the last 10 years. She has completed training in aged care related management and clinical practice topics.

The clinical manager has over six years' experience in aged care including hospital and rest home and has Day to day operations are the responsibility of the facility manager. The facility manager has 15 years' experience in aged care work and has been in the role since 2008.

There is a documented quality and risk management system that supports the provision of clinical care. Policies are reviewed by the management team at least two yearly. Clinical protocols reflect current good practice and policies meet legislative requirements.

Quality and risk performance outcomes are reported and monitored by the organisation's senior management team. A program of internal audits is maintained. Corrective action planning is implemented to manage any areas of concern or deficits. Review of service delivery includes incidents/accidents, infections, complaints and trended data reports from the internal audit programme.

The adverse event reporting system identifies that staff comply with policy and staff document and report all adverse, unplanned or untoward events. A process to correct deficiencies and prevent recurrence is implemented.

Human resources practices reflect current good practice and policies meet legislative requirements. Staffing numbers and allocation levels are appropriate to the layout of the facility in two separate wings plus 12 stand-alone units. The staffing skill mix is appropriate for the level of care and services required. Every shift is covered by at least one registered nurse and three care givers. At least one staff member on each shift has a current first aid certificate. There is a scheduled program of staff training, including a documented orientation program for all new staff, and on-going training and competency reviews for current staff.

Review of residents' records and residents' and family/whānau interviews confirmed that the services provided meet residents' needs.

Resident information is collected, recorded, maintained and stored in accord with the health records standards. Resident consent is obtained for retaining and sharing of information and confidentiality is maintained. Archived information is held insecurely stored.

## Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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Residents' files sampled showed they receive timely and appropriate services that safely meet their assessed needs and desired outcome/goals. Care plans are developed in consultation with relevant people including residents and family/whānau where appropriate.

Planned activities are appropriate to the needs, age and culture of the residents. Individual activities are provided either within group settings or one on one basis. Residents and family/whanau interviewed confirmed their satisfaction with the programme in place.

An appropriate medicine management system is implemented. Policies and procedures sighted guide safe practice and identifies service providers' responsibilities. All medication charts are reviewed by the general practitioner (GP) three monthly or as when necessary according to policy.

Meal services meet individual food, fluids and nutritional requirements of the residents. The menu has been reviewed by the registered dietitian as meeting nutritional guidelines for older people.

## Safe and appropriate environment

<p>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.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The facility consists of two houses and twelve stand-alone units on the one campus.

All rooms have either an individual or twin en-suite. Each house has its own recreational and dining facilities. An elevator provides easy access between floors in Tui House for staff and residents. Improvement is required to ensure that residents cannot access stairs without staff assistance. The buildings, fittings and furnishings are regularly maintained. Improvement is required to ensure that full safety balustrades are installed where full length windows do not open onto a deck.

There are safe processes for management of waste, emergencies and security. Improvement is required to ensure that call bells are installed in one bathroom and bedroom used by a resident and that bells remain within reach of residents when bedroom furniture is moved. Cleaning and laundry processes are effective and meet regulatory standards. The atmosphere is light, airy and fresh. Improvement is required to ensure that one room used as a bedroom has a window that opens to outside light and air. Air conditioning / heating maintains temperatures at comfortable levels. The facility has a current building warrant of fitness.

## 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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There are clear and comprehensive documented guidelines on the use of restraints, enablers and challenging behaviours. There were no residents using restraint and five residents requesting the use of enablers at the time of the audit. Staff interviewed demonstrated a good understanding of restraint and enabler use and receive ongoing restraint education.

## 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 prevention and control policies and procedures are clearly documented and implemented to minimise any risk of infection to residents, staff and visitors. The type of surveillance is appropriate to the size and complexity of the service. Infection data is

collected, recorded, analysed and reported. Any recommendations to reduce the infection rates are discussed during staff meetings. All staff receive ongoing education on infection control.

## 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	42	0	2	1	0	0
Criteria	0	90	0	2	1	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>The mission, vision, values and goals of the facility are consumer-centred and reflect the Code of Health and Disability Services Consumers' Rights- the Code. Residents are informed about their rights on admission and residents and family interviews and observation on site indicated that care is provided in accord with consumer rights legislation. Review of staff training records indicated that all staff receive annual training in the application of the Code. Staff interviews confirmed that they understand their obligations under the Code.</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 documented policies defining the requirements for informed consent that comply with regulations, including those relating to advanced directives and powers of attorney. Review of residents' files indicated that 43 of 66 residents have made an advanced directive. The required signed records of consent and power of attorney are maintained and acted upon.</p> <p>Residents and family interviews confirmed that a detailed resident information pack is provided and explained on admission. Review of residents' files indicated that specific information and explanations are given, and records maintained for sharing of resident</p>

		information with other health care providers.
<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>Residents' and family interviews and review of the admission information pack confirmed that pamphlets from the national advocacy service are included in the pack and explained by the clinical manager on admission. The pamphlets are also available in communal areas in the facility. Review of staff training records indicated that all staff receive annual training relating to advocacy.</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>Open visiting hours are maintained, and family interaction is encouraged and supported. Information about family visiting is included in the resident information pack and clearly displayed at the entrance to the facility. Staff, residents' and family interviews confirmed that residents may receive visitors at any time. Where residents share a room, other private areas are available to ensure privacy.</p> <p>A facility van with a wheelchair lift is provided to take residents on trips out into the community each week. Observation on site and residents' and family interviews confirmed that residents' outings with family are facilitated by the staff. The facility will arrange transport for residents who need to attend appointments at other health services.</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>The documented complaints process meets the requirements of Right 10 of the Code. Complaints information and forms are available in communal areas and a drop box is provided at the nurses' station in each house. Review of sampled records indicated that the complaints process is implemented in practice.</p> <p>Residents and family interviewed were aware of their right to complain and the process by which they may do this. They confirmed that they would feel comfortable raising any issues with the facility manager and staff.</p> <p>A complaints register is maintained that records the names; date; summary of complaint; actions taken and sign off when completed. The complaints sampled are addressed within time frames of the Code. The staff demonstrated knowledge of the complaint management process and what to do if a resident made a complaint to them.</p>

<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>FA</p>	<p>The clinical manager discusses the Code, including the complaints process with residents and their family on admission.</p> <p>Discussions relating to the Code can also be held at the residents' meeting. Residents interviewed confirmed their rights are being upheld by the service.</p> <p>Residents rights to advocacy is confirmed in the resident handbook and advocacy service leaflets were available at the entrance to the service. If necessary, staff will read and explain information to residents as stated by staff interviewed. Information was also given to next of kin or enduring power of attorney (EPOA) to read and to be discussed with the resident in private.</p> <p>Residents and family members were able to describe their rights and advocacy services particularly in relation to the complaints process.</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>	<p>FA</p>	<p>There are documented policies and guidelines relating to maintaining the independence, privacy and dignity of the resident. Staff have received training in communication and interaction with older people. Resident interviews and observation confirmed that residents' privacy and dignity is preserved. Privacy curtains are installed in shared bedrooms. Residents interviewed confirmed that they are treated with respect and supported to make their own decisions about their life. The environment is set up to enable residents to maintain as much physical independence as possible. Mobile phones are available for residents and they may also install a phone in their own room.</p> <p>Residents' interviews and review of residents' files confirmed that individual values and preferences are identified on admission and incorporated into their individual care plan as far as possible. There are suitable processes defined for management of potential or actual abuse. Staff have received training in recognizing possible neglect or abuse.</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>	<p>FA</p>	<p>There is a Maori health plan and documented policies in place in relation to recognition of the Treaty of Waitangi, tikanga guidelines for staff and access to Maori and Pacific Island cultural advice and support staff. Maori staff members provide on-going support and advice to staff regarding tikanga. Staff interviews and training records confirmed that they receive annual training in cultural safety that includes caring for Maori and Pacific Island residents.</p> <p>A Maori staff member runs a wananga group twice a week for residents. Residents are supported to attend a local citizens group and the local Mormon Maori church as they wish.</p>

		<p>Maori residents interviewed expressed satisfaction with the respect and support shown for their values and beliefs. Interaction with whanau and the local marae is supported by the staff.</p> <p>A Maori resident interviewed confirmed that they are encouraged and supported to maintain links with their whanau and the local marae.</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>There is adequate access to resources and documented procedures to ensure recognition of individual values and beliefs for residents is recognised. There are documented policies providing appropriate guidelines for staff in relation to responding to the needs, values, cultural and spiritual beliefs of residents.</p> <p>Observation during the audit, interviews with residents and staff, and results of resident and family surveys confirmed that residents are treated with dignity and respect. Spiritual care from various denominations is available. Residents are supported to attend external church services as they wish. Resident interviews confirm there is an appropriate service delivery manner.</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>There are documented processes against discrimination, harassment or coercion of any kind. There is a documented policy disallowing gifts to staff. Resident property is identified and respected. Staff training records indicate that all staff have received training in professional boundaries and the meaning of exploitation.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>Policies and procedures comply with relevant legislation and reference good practice sources.</p> <p>The clinical manager and the owner / general manager (RN) review all clinical protocols annually. Best practice is referenced where relevant. There is access to the internet and district health board clinical advisers are consulted as necessary. The facility belongs to the NZ Aged Care Association of NZ. The managers attend local meetings and receive regular updates on clinical practice and management related to aged care. Implementation is supervised by the clinical manager and team leaders. Review of residents' records confirmed that clinical protocols are implemented in practice.</p> <p>Review of monthly quality meeting minutes confirmed that clinical and management issues are regularly reviewed and strategies to improve standards are developed and</p>

		implemented.
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>The residents and families reported that they feel information is provided in an open and frank manner. The incident forms reviewed indicated the family/whanau are appropriately informed of adverse events.</p> <p>All residents can communicate effectively in English. Eight languages are spoken by staff. The interpreter policy identifies how to access an interpreter if this is required, including sign language interpreters. All residents, family/whanau and staff interviewed reported effective communication occurs.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>The facility consists of two adjacent houses on one site: Tui House (30 beds) and Cecelia House (21 beds), plus 12 stand-alone units of 19 beds, a total of 70 beds.</p> <p>Contracts are held for Aged Related Residential Care; LTSCHC; ACC; Residential Non-aged Care.</p> <p>Forty three of the 70 residential care beds are suitable for either rest home or hospital level care (dual purpose). 66 beds were occupied during the audit, 21 residents requiring hospital level care and 45 requiring rest home level care. There are 8 clients under the age of 65, with 7 clients on the LTS-CHC contract and the remaining client on the residential non-aged care contract. Of these total 8 clients, 5 are in the rest home and 3 in the hospital.</p> <p>The owner / general manager is a registered nurse who governs the organisation with input from a chartered accountant, a lawyer and an employment adviser.</p> <p>The senior management team consists of the owner/manager, a facility manager and a clinical manager.</p> <p>Strategic planning is undertaken annually by the owner / general manager with input from the members of senior management. The vision, mission, values and goals of the service are published in the residential information pack. The organization philosophy, strategic plan and 2017-2018 business plan reflect a person/family - centred approach, are reviewed on an annual basis and monitored through monthly senior management meetings.</p> <p>The owner / manager is a registered nurse (RN) with a current practicing certificate (sighted) who has managed the service for over 10 years and has previous experience as</p>

		<p>a clinical manager and registered nurse in aged care. The facility manager, previously a caregiver, has overall responsibility for the daily management of the care facility and has been in the current role for over six years. The clinical manager is a registered nurse who maintains professional development hours for nursing and management. Authority, accountability and responsibility are confirmed in the relevant position descriptions.</p> <p>The residents and family/whānau reported satisfaction with the care and service delivery. This is also supported through the satisfaction survey results.</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 facility manager is responsible for overall management of the facility, meeting contractual requirements, staffing and operational matters. The clinical manager is responsible for clinical management and standards and has completed an NZQA 8086 audit course and the InterRAI training. The clinical manager has been employed in the role since 2010. The facility manager deputises for the owner/general manager and the clinical manager deputises for the facility manager. Senior registered nurses deputise for the clinical manager.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>The facility has a documented quality and risk management system that supports the provision of clinical care and services. Documented policies are provided to guide clinical care, including implementation of the interRAI assessment system. The policies are formally reviewed by the management team at least three yearly with interim reviews as required by changing circumstances. Clinical protocols reflect current good practice and policies meet legislative requirements. There is a documented risk management plan and processes to identify and eliminate or manage risks are in place.</p> <p>Quality and risk performance data are collected monthly and collated by a quality manager. Outcomes are graphed and posted on the staff notice board. Results are monitored by the organisation's senior management team. A program of internal audits is maintained. Corrective action planning is implemented to manage any areas of concern or deficits. Review of service delivery includes incidents/accidents, infections, complaints and trended data reports from the internal audit programme.</p> <p>The owner/manager meets weekly with the senior managers to review quality and risk outcomes. There is evidence that prompt action is taken to address any issues and reverse any negative trends.</p>

<p><b>Standard 1.2.4: Adverse Event Reporting</b></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>The adverse event reporting system identifies that staff comply with policy and staff document and report all adverse, unplanned or untoward events. A process to correct deficiencies and prevent recurrence is implemented. Incident forms record the actions taken and any communications with the resident/family. The senior management team review incident responses at their weekly meeting and monitor results to ensure remedial actions have been effective.</p> <p>The managers are aware of requirements for reporting events to external agencies. Notifications to the Ministry of Health were sighted by the auditors. Contact details are available.</p>
<p><b>Standard 1.2.7: Human Resource Management</b></p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>Human resources practices confirm to current legislation and work health and safety requirements. A register of staff qualifications and scope of practice including registration where required is maintained. Currency is verified annually.</p> <p>There is a scheduled program of staff training, including a documented orientation program for all new staff, and on-going training and competency reviews for current staff. Seven of eight registered nurses and the clinical manager have completed interRAI training and interRAI assessments are maintained up to date. Competency verification requirements are clearly documented. Staff training records confirmed that they are implemented and up to date.</p>
<p><b>Standard 1.2.8: Service Provider Availability</b></p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>There is a documented staffing plan. Staffing levels and allocation are appropriate to the layout of the facility in two separate wings plus twelve stand-alone units. The staffing skill mix is relevant for the level of care and services required. Every shift is covered by at least one registered nurse and three care givers. At least one staff member on each shift has a current first aid certificate. Cover for absence or for increased workloads is provided from part time staff. Bureau staff are not used. Review of resident records and residents and family/whānau interviews confirmed that staffing provided meets residents' needs.</p>
<p><b>Standard 1.2.9: Consumer Information</b></p>	FA	<p>The administrator enters the resident's details into the data system on admission and</p>

<p>Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>		<p>maintains it up to date. Residents' names and information are not displayed where they can be seen by a casual observer.</p> <p>Residents' health and personal information is collected, recorded, maintained and stored in accord with the health records standards. The resident's name, date of birth and hospital number are used to uniquely identify each resident's record. Residents' clinical information is held in one file plus a medication record. Information is legible and signed by the service provider.</p> <p>Resident consent is obtained for retaining and sharing of information and confidentiality is maintained. Archived information is held in locked cabinets and retained for at least seven years.</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>The entry to service policy includes all the required aspects on the management of enquiries and entry. A pre-entry assessment form is completed, and Tui House's welcome pack contains all the information about entry to the service. Assessments and entry screening processes are documented and clearly communicated to the resident and family/whanau of choice where appropriate, local communities and referral agencies.</p> <p>Records sampled confirmed that admission requirements are conducted within the required time frames and signed on entry. The admission agreement clearly outlines services provided as part of the agreement to entry. Relatives/whanau and residents interviewed confirmed that they received sufficient information regarding the services to be provided.</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 is a documented process for the management of transfers and discharges. A standard transfer form notification from the DHB and a community geriatric service referral form are utilised when residents are required to be transferred to the public hospital or another service. Residents and their families are involved in all exit or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this.</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</p>	FA	<p>The medicine management system is implemented to ensure that residents receive medicines in a secure, safe and timely manner. Medication charts sampled complied with current legislation, protocols and guidelines. Medications are stored in a safe and secure way in the locked drug trolley and cupboards. Medication reconciliation is conducted by the</p>

<p>guidelines.</p>		<p>RNs when the residents are transferred back to service. The service uses a pre-packaged medication system. All medications are reviewed every three months and as required by the GP. Allergies are clearly indicated, and photos taken for easy identification.</p> <p>The controlled drug register is current and weekly and six-monthly stock takes are completed and all medications are stored appropriately. There were no expired medications that needed to be returned to the pharmacy.</p> <p>An annual medication competency is completed for all staff administering medications and medication training records were sighted. The RNs were observed administering medication correctly in the two respective wings.</p> <p>There were residents self-administering medication at the time of the audit and are assessed as competent. Medication records were sighted. Medications are stored in lockable drawers and containers. There is a policy and procedure for self-administration of medication.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>Meal services are prepared on site in the two houses and served in the respective dining areas. The menu has been reviewed by a dietitian. The kitchen staff have current food handling certificates. Diets are modified as required and the cook confirmed awareness on dietary needs of the residents. The residents have a nutritional profile developed on admission which identifies dietary requirements, likes and dislikes. The resident's weight is monitored regularly, and supplements are provided to residents with identified weight loss issues.</p> <p>The kitchen and pantry were observed to be clean, tidy and stocked. Labels and dates are on all containers and records of temperature monitoring on fridges and freezers are maintained. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. The residents and family/whanau interviewed indicated satisfaction with the food service. All decanted food had records of use by dates recorded on the containers and no expired items were sighted.</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</p>	<p>FA</p>	<p>The clinical manager reported that whenever a consumer is declined entry, family/whanau are informed of the reason for this and other options or alternative services available and this is recorded on the pre-entry assessment form. The consumer is referred to the referral agency to ensure that the consumer will be admitted to the appropriate service provider.</p>

organisation, where appropriate.		
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	The initial assessments are completed within the required time frame on admission, while care plans and interRAI assessments are completed within three weeks of admission as required. Assessments and care plans are detailed and include input from the family/whanau and other health team members as appropriate. The nursing staff utilise standardised risk assessment tools on admission. In interviews conducted the resident and family/whanau expressed satisfaction with the assessment process.
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	Care plans are resident focussed, integrated and provide continuity of service delivery. The assessed information is used to generate long term care plans and problem/short term care plans for acute needs. Goals are specific and measurable, and interventions are detailed to address the desired goals/outcomes identified during the assessment process. Care plans sampled are integrated and included input from the multidisciplinary team. The residents and relatives interviewed confirmed care delivery and support is consistent with their expectations and plan of care.
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	The documented interventions in the problem/short term care plans and long- term care plans are adequate to address the assessed needs and desired goals/outcomes. Significant changes are reported in a timely manner and prescribed orders carried out satisfactorily as confirmed by the GP in the interview conducted. Progress notes are completed on every shift. Monthly observations are completed and are up to date. Adequate clinical supplies were observed, and the staff confirmed they have access to the supplies and products they needed.
<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	The planned activities are meaningful to the residents. The activities programme covers physical, social, recreational, emotional and cultural needs of the residents. The activities coordinator reported that they modify activities based on the residents' responses and interests and according to the capability and cognitive abilities of the residents. The activities coordinator is a trained early childhood educator who oversees activities on both sites with the help of the other activity member who has a background in social work. The workload is divided between the coordinators for residents under and over 65 years of age. The activities programme runs from Monday to Friday with weekends reserved for

		<p>family/whanau visits, outings, church services, movies and other community events like rugby and social gatherings. The under 65 years also engage in offsite courses of interest.</p> <p>The residents were observed to be participating in meaningful activities on the audit days. Residents were observed to be going offsite with family/friends and community organisations providing activities at the service. The residents and relatives interviewed reported overall satisfaction with the level and variety of activities provided.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Care plans and activity plans are evaluated in a comprehensive and timely manner. Reviews are fully documented and include current resident's status, any changes and achievements towards goals. Resident/family/whanau and staff input is obtained in all aspects of care and care plans are reviewed/evaluated accordingly. Problem/short term care plans are developed as per rising need. All care plans sampled were updated and reviewed every six months or as required.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>There is a documented process for the management of all referrals. The service utilises a standard referral form and a community geriatric service referral form when referring residents to other service providers. The GP confirmed that processes are in place to ensure that all referrals are followed up accordingly. Resident and family are kept informed of the referrals made by the service. All referrals are facilitated by the RNs or the GP.</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 guidelines in place for the management and storage of waste and hazardous substance. The protocols meet work health and safety, infection control and local body requirements. Staff receive training in safe handling of waste and chemicals. Protective gloves, masks and aprons, covered receptacles and secure storage facilities are provided. Staff were observed using appropriate protective clothing and methods during service delivery.</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 Moderate	<p>The facility consists of two adjacent houses and twelve self-contained units. All buildings are well maintained internally and externally. Internal areas are well lit; handrails are installed in all bathrooms and in corridors where the level changes. External decks have suitable seating and handrails. Improvement is required to ensure that all stairs have safety</p>

		<p>barriers to prevent residents from falling down them.</p> <p>All external areas are paved. Suitable external sheltered seating is provided.</p> <p>There is a maintenance program in place that is monitored by the facility manager. A current building warrant of fitness was sighted that expires on 13 October 2018.</p> <p>An equipment register is maintained by the facility manager and records confirm that the required functional and calibration checks are up to date. All electrical appliances and equipment are tested and tagged annually by a registered electrician. Current registrations were sighted for all technicians and trades people.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>The majority of bedrooms are single with four double rooms for those who prefer them. All bedrooms have either a shared ensuite bathroom with toilet, accessible shower and hand basin or a hand basin and adjacent shared bathroom. Privacy curtains are installed. Bathroom doors have reversible privacy locks. Hot water temperatures are monitored weekly and maintained at safe levels. There are separate facilities for staff and visitors to use.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>Residents' bedrooms are furnished with electric adjustable beds, side table and chair. There is adequate space for personal items, and mobility aids. Hospital rooms have wide doors and space to manoeuvre hoists and wheels chairs.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>Each house has a large lounge and recreation area. The dining room in each house is large enough to seat all residents and accommodate their mobility aids. All areas are accessible to wheelchairs. There is sufficient seating for all residents and a variety of seating styles is provided.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services</p>	FA	<p>There is a well- equipped laundry with clean and dirty areas clearly separated. Washing and drying machines are regularly checked and serviced. Temperatures are monitored and maintained to meet safe hygiene requirements. Food service linen and personal items are washed separately. Laundry and cleaning chemicals are labelled and securely stored.</p>

<p>appropriate to the setting in which the service is being provided.</p>		<p>Both the laundry and cleaning staff have received training and documented guidelines are available.</p> <p>Cleaning is undertaken by facility cleaners. Cleaning guidelines and lockable cleaning trolleys are provided. There is safe storage for cleaning equipment and supplies. Cleaning schedules are maintained for daily and periodic cleaning. Cleaning audits are done monthly. Inspection on site confirmed that a high standard of cleanliness is maintained throughout the facility. Residents and family survey results indicate general satisfaction with laundry services and the standard of cleanliness maintained in the facility.</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>PA Low</p>	<p>There are suitable documented procedures for management of clinical, environmental and civil emergencies including a documented service continuity plan. Staff interviews and training records confirm that training in response to clinical and environmental emergencies is undertaken annually by staff.</p> <p>There are two barbecues with full gas bottles to provide cooking facilities in case of utility failure. Hot water is heated by gas. Alternative oil heaters are stored on site to warm the home if power goes off. There is a diesel generator that will run for eight hours plus extra fuel for another two hours. Food supplies would last for five days. Hygiene supplies for one week. Large torches are maintained to provide lighting. Alternative electricity supply is available for more than two hours from a diesel generator. Sufficient extra blankets are available to keep residents warm until alternative arrangements can be made. There are two water storage tanks x 1000 litres each and additional bottled drinking water.</p> <p>An emergency evacuation plan was sighted, approved by the New Zealand Fire Service. There have been no alterations to the building since the plan was approved. The plan of evacuation routes and assembly points is displayed at the nurses' station in each house. There is evidence that trial evacuation practices take place twice a year and that all staff attend at least one a year.</p> <p>There are call bells in the communal areas. Self-contained units have a call bell in the bathroom and living area. A call bell is within reach of the resident in all but one rest home bedroom and bathroom. The resident wears a pendant call button but could not find it on audit day. The bell in another room was behind a wardrobe. Bell audits and residents interviewed confirm that staff respond promptly to the bell. Monthly bell checks are done. Staff are aware of the emergency call sign. There are suitable processes in place for securing the facility after hours. The gates to the grounds are locked at night. External motion sensitive lighting is installed.</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>	PA Low	<p>The facility was observed to be light and airy and well ventilated. All but one bedroom have a window that opens. One room used as a bedroom in Cecelia House only has a high skylight and minimal natural light or ventilation. The facility is air conditioned. Residents interviewed confirmed that the facility is maintained at a comfortably warm temperature. The facility maintains a non -smoking policy indoors and limits smoking in the grounds to a sheltered gazebo outdoors.</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>Tui House provides an environment that minimises the risk of infection to residents, staff and visitors by implementing an appropriate infection prevention and control programme. The clinical manager is the infection control coordinator (ICC) and has access to external specialist advice from a GP and DHB infection control specialists when required. A documented role description for the ICC including role and responsibilities is in place.</p> <p>The infection control programme is reviewed annually and is incorporated in the monthly meetings and a review of the education programme is conducted. Staff are made aware of new infections through daily handovers on each shift and progress notes. An annual infection summary is completed, and quality meetings are held quarterly. The infection control programme is appropriate for the size and complexity of the service.</p> <p>There are processes in place to isolate infectious residents when required. Hand sanitisers and gels are available for staff and visitors to use. There have been no outbreaks documented and infection control guidelines are adhered to. Staff interviewed demonstrated an understanding of the infection prevention and control programme.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The ICC is responsible for implementing the infection control programme and indicated there are adequate human, physical, and information resources to implement the programme. Infection control reports are discussed at the management quality meetings and monthly staff meetings. The ICC has access to all relevant resident data to undertake surveillance.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the</p>	FA	<p>The organisation has documented policies and procedures in place that reflect current best practice. Staff were observed to comply with the infection control policies and procedures. Staff demonstrated knowledge on the requirements of standard precautions and were able</p>

<p>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>to locate policies and procedures.</p>
<p>Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>Staff education on infection prevention and control is conducted by the ICC and external specialist consultants. A records of attendance were sighted. The training education information pack is detailed and meets best practice and guidelines. External contact resources included: GP; laboratories; external IC consultant and local district health board. Staff interviewed confirmed understanding of how to implement infection prevention and control activities into their everyday practice.</p>
<p>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.</p>	<p>FA</p>	<p>The infection surveillance programme is appropriate for the size and complexity of the organisation. Infection data is collected, analysed, monitored and reviewed monthly. Infection incident report summary and yearly tracking of infections is done to check for trends. The data is collated and analysed to identify any significant trends or common possible causative factors and action plans are instigated. Staff interviewed reported that they are informed of infection rates at monthly staff meetings and through compiled reports. The GP is informed within the required time frame when a resident has an infection and appropriate antibiotics are prescribed to combat the infection respectively.</p>
<p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>Tui House has a commitment to providing quality services for residents in a safe environment and work to minimise the use of restraint. All staff receive education regarding restraint minimisation and management of challenging behaviours. Staff interviewed had understanding of the difference between a restraint and enabler use. The service currently has no residents using restraint and five residents using enablers for safety and comfort. These are used on a voluntary basis and include safety lap belts. The assessment, approval, monitoring and review process is the same for both restraints and enablers. A restraint register was sighted.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.4.2.4</p> <p>The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group.</p>	<p>PA</p> <p>Moderate</p>	<p>An exit door in Cecelia House has a 15cm step down to a deck from which a steep set of stairs descends to a pathway. There is no ramp and no gate at the steps to prevent residents from falling down them.</p> <p>There is a 60cm drop from a ranch slider that opens off one bedroom in Tui House onto a garden. A safety rail is in place at waist height but nothing below it to prevent a resident from slipping underneath and falling into the garden.</p> <p>There is set of stairs used by staff situated beside the dining room in Tui House. The stairs go down to the lower floor. The door to the stairs is not secured to prevent access by residents who could fall down them.</p>	<p>Not all exits, steps and stairs that are accessible to residents have suitable barriers to protect residents from falls.</p>	<p>Ensure that all steps and stairs that are accessible to residents have suitable barriers to protect residents from falls.</p> <p>30 days</p>

<p>Criterion 1.4.7.5</p> <p>An appropriate 'call system' is available to summon assistance when required.</p>	<p>PA Low</p>	<p>A call bell is not installed in one rest home bedroom and bathroom in Cecelia House. The resident wears a pendant call button but could not find it on audit day. The bell in another resident's room was inaccessible behind a wardrobe.</p>	<p>Not all resident bedrooms and bathrooms have a call bell installed within easy reach of the resident.</p>	<p>Ensure that all resident bedrooms and bathrooms have call bells within easy reach of the resident.</p> <p>Ensure that residents who have an alternative emergency pendant are capable of using it.</p> <p>30 days</p>
<p>Criterion 1.4.8.2</p> <p>All consumer-designated rooms (personal/living areas) have at least one external window of normal proportions to provide natural light.</p>	<p>PA Low</p>	<p>One resident's bedroom has a high skylight and minimal natural light or ventilation.</p>	<p>One resident bedroom does not have at least one window of normal proportions to provide natural light.</p>	<p>Reallocate room for non-resident use and provide the resident with a room with a normal window.</p> <p>30 days</p>

## Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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
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End of the report.