Real Living (Services) Limited - Kensington House

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:	Real Living (Services) Limited
Premises audited:	Kensington House
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 11 April 2018 End date: 12 April 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: 28	

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
	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

Kensington House rest home is privately owned and governed by a board of directors. The rest home is part of a retirement village and provides rest home level care for up to 32 residents. On the day of the audit there were 28 residents.

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

The village manager is appropriately qualified and has been in the role two years. She is supported by a general manager and experienced nurse manager/registered nurse who is responsible for the daily operations of the rest home. The residents, relative and general practitioner spoke very positively about the services, care and environment provided at Kensington House.

The service has achieved a continuous improvement rating around reduction of urinary tract infections.

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.

Kensington House staff provide care in a way that focuses on the individual resident. Cultural and spiritual assessment is undertaken on admission and during the review processes. Information about services provided is readily available to residents and families/whānau. The Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code) brochures are accessible to residents and their families. There is a policy to support individual rights. Care plans accommodate the choices of residents and/or their family. Complaints processes are implemented and managed in line with the Code. Residents and family interviewed verified ongoing involvement with community.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.

Kensington House has implemented a quality and risk management system. Key components of the quality management system include (but not limited to) management of complaints, implementation of an internal audit schedule, annual satisfaction surveys, incidents and accidents, review of infections, review of risk and monitoring of health and safety including hazards. Monthly quality data reports are available to staff and discussed at facility meetings. Human resource policies are in place including a documented rationale for determining staffing levels and skill mixes. There is a roster that provides sufficient and appropriate staff coverage for the effective delivery of care for rest home residents. There is an implemented orientation programme that provides new staff with relevant information for safe work practice. The education programme includes mandatory training requirements.

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.

There is an admission brochure available prior to or on entry to the service. Registered nurses are responsible for each stage of service provision. A registered nurse assesses and reviews residents' needs, outcomes and goals with the resident and/or family input. Care plans viewed demonstrate service integration and are reviewed at least six monthly. Resident files include medical notes by the contracted general practitioners and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses and senior caregivers who are medication competent are responsible for the administration of medicines. Medication charts are reviewed three monthly by the GPs.

The activities coordinator implements the activity programme to meet the individual needs, preferences and abilities of the residents. Residents are encouraged to maintain community links. There are regular entertainers, outings, and celebrations. The residents have access to many of the village facilities as well.

All meals are cooked in the village kitchen and transported to the rest home kitchen. Residents' food preferences, dislikes and dietary requirements are identified at admission and accommodated.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.

Chemicals are stored safely throughout the facility. Appropriate policies and product safety charts are available. The building holds a current warrant of fitness. There are ensuites with hand basins and toilets in each room and there are sufficient communal showers. External areas are safe and well maintained with shade and seating available. Fixtures, fittings and flooring are appropriate and ensuite/shower facilities are constructed for ease of cleaning. Cleaning and laundry services are monitored through the internal auditing system. There are emergency supplies and fire systems in place. There is a staff member on duty 24 hours with a current first aid certificate.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.

Restraint minimisation and safe practice policies and procedures are in place to guide staff in the use of an approved enabler and/or restraint should this be required. Staff receive regular education and training on restraint minimisation. No restraint or enabler was in use on the day of audit.

Infection prevention and control

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

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The registered nurses have responsibility for infection control across the service. The infection control coordinators have completed infection control education and coordinate education and training for staff. There is a suite of infection control policies and guidelines to support practice. Information obtained through surveillance is used to determine infection control activities and education needs within the facility. There have been no outbreaks.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	45	0	0	0	0	0
Criteria	1	91	0	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

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

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

For more information on the standards, please click here.

For more information on the different types of audits and what they cover please click here.

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	The Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code) brochures are accessible to residents and their families. A policy relating to the Code is implemented and care staff interviewed (three caregivers and two registered nurses) could describe how the Code is incorporated into their everyday delivery of care.
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and	FA	The service has in place a policy for informed consent. Completed resuscitation consent forms were evident on all resident files reviewed (six rest home). General consent forms were evident on files reviewed. Discussions with staff confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care. Enduring power of attorney evidence is filed in the residents' charts. Residents and relatives interviewed could describe consents obtained.

give informed consent.		
Standard 1.1.11: Advocacy And Support Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.	FA	Health and Disability advocacy brochures are displayed at the main entrance. Residents and family interviewed were aware of the role of advocacy services and their right to access support. The residents also have access to a Justice of the Peace in the village. The complaints process is linked to advocacy services. Staff receive education and training (last December 2017) on the role of advocacy services, which begins during their induction to the service and as part of their training programme.
Standard 1.1.12: Links With Family/Whānau And Other Community Resources Consumers are able to maintain links with their family/whānau and their community.	FA	The home encourages their residents to maintain their relationships with friends and community groups. Residents may have visitors of their choice at any time. Assistance and transport is provided by the service to ensure that the residents participate safely as desired, in community groups such as the mobile library, inter-home competitions, church services and U3A – connection with university group meetings. Residents, as able, join with village residents (under supervision) for social gatherings and some outings for shopping and lunch trips.
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	There is a complaints policy to guide practice which aligns with Right 10 of the Code. The nurse manager is the privacy officer and leads the investigation of any concerns/complaints in consultation with the RN/2IC for clinical concerns/complaints. Concerns/complaints are reported to the village manager and discussed at the monthly staff meetings as sighted in the meeting minutes. Complaints forms are visible. There have been ten concerns raised for 2017 and two to date for 2018, which have been managed appropriately. There have been no formal written complaints. Residents and families interviewed are aware of the complaints process. The complaints policy is attached to the admission agreement. A complaints register is maintained.
Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.	FA	Details relating to the Code and the Health and Disability Advocacy Service are readily available to new residents and their families. The nurse manager or registered nurse/second in charge (2IC) discusses aspects of the Code with residents and their family on admission. Discussions relating to the Code are also held during the staff and resident meetings. Five residents and three family members interviewed reported that the residents' rights were being upheld by the service.
Standard 1.1.3:	FA	Caregivers interviewed reported that they knock on bedroom doors prior to entering rooms as observed on the

Independence, Personal Privacy, Dignity, And Respect Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.		days of audit. Care staff confirmed they promote the residents' independence by encouraging them to be as active as possible. Residents and families interviewed, and observations during the audit confirmed that the residents' privacy is respected. All resident rooms are single. Guidelines on abuse and neglect are documented in policy. Staff receive education and training on abuse and neglect (April 2017), which begins during their induction to the service. The residents' personal belongings are not used communally.
Standard 1.1.4: Recognition Of Māori Values And Beliefs 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.	FA	The service is committed to ensuring that the individual interests, customs, beliefs, cultural and ethnic backgrounds of Māori are valued and fostered within the home. There is a Māori Health plan in place that identifies the importance of active participation and input from the family/whānau in the day-to-day care of Māori residents. There are cultural safety guidelines for the care of Māori residents. There is access to Māori cultural advisors as required. There were no Māori residents on the day of audit.
Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.	FA	The service identifies the residents' personal needs, culture, values and beliefs at the time of admission. This is achieved in collaboration with the resident/family and/or their representative. Beliefs and values are incorporated into the residents' care plans in the six resident files reviewed. Residents and family interviewed confirmed they were involved in developing the resident's plan of care, which included the identification of individual values and beliefs.
Standard 1.1.7: Discrimination	FA	Professional boundaries are discussed with each new employee during their induction to the service. Professional boundaries are also described in job descriptions. Interviews with the care staff confirmed their understanding of professional boundaries including the boundaries of the caregivers' role and responsibilities. Staff sign a non-

Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.		disclosure, confidentiality and privacy code on employment. Professional boundaries are reconfirmed through education and training sessions, staff meetings and performance management if there is infringement with the person concerned.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	Good practice was evident. A nurse manager or registered nurse is available on duty and on call. Staff attend training relevant to their roles. Policies and procedures reflect best practice. Resident meetings provide residents an opportunity to feedback on all areas of service. Residents and family/whānau interviewed reported that they are very satisfied with the services received. The service focuses on individualised care within a homely environment which was evidenced on the day of audit. A resident/family satisfaction survey is completed annually and confirmed satisfaction with the services received. The management team are committed to continually improved quality care.
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	There is a policy to guide staff on the process around open disclosure. Residents interviewed confirmed the admission process and agreement was discussed with them and they were provided with adequate information on entry. Incident forms reviewed identified family were notified following a resident incident. The RNs confirmed family are kept informed. Family members interviewed confirmed they are notified promptly of any incidents/accidents and are informed of any GP visits and outcomes. The nurse manager is available to residents and families and encourages open communication. Resident meetings are held six monthly where facility matters and areas of service are discussed. There are monthly village newsletters that keep village and rest home residents informed on activities, outings and building projects. Interpreters can be accessed as required.
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	The rest home currently provides care for up to 32 residents at rest home level of care. On the day of audit there were 28 residents including one respite resident. All other residents were under the ARC contract. Kensington House rest home and retirement village is privately owned and governed by a board of five directors with 38 years of experience who also govern four other facilities. The board of directors employ a general manager of operations. The village manager (non-clinical) reports to the general manager of operations. The village manager is supported by an experienced nurse manager (registered nurse) who has been in the role since 2001. The board of directors in consultation with the village manager and nurse manager have developed a strategic business plan that includes the services mission and vision and is reviewed annually prior to the end of the financial year and annual general meeting. The nurse manager meets with the village manager weekly, who provides reports to the general manager and directors. The rest home quality goals for 2017 have been reviewed

		and include an initiative for staff wellness and health monitoring, review of maintenance reporting system, reformatting of care plans to link with interRAI assessments and continuing to provide individual quality care for residents. The village manager (non-clinical) has been in the role for three years and has attended a two-day aged care conference and retirement village conference within the last year. The nurse manager has attended at least eight hours of professional development including an aged care study day that covered health and safety, leadership, employment and ethical dilemmas. The nurse manager is supported by three part-time registered nurses (RN). One RN has been in the role 20 years and is the second in charge and oversees the quality systems.
Standard 1.2.2: Service Management 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.	FA	The general manager provides cover for the village manager absence and the second in charge (2IC)/RN covers the nurse manager leave. There is a RN available on-call 24 hours.
Standard 1.2.3: Quality And Risk Management Systems The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.	FA	The quality and risk management plan and quality and risk policies describe Kensington's quality improvement processes. Policies and procedures are developed and reviewed by an external aged care consultant and evidence best practice. Staff are introduced to new/reviewed policies at the monthly staff meetings. Staff confirmed they are required to read and sign a policy review form (as sighted). Quality management systems are linked to incident and accident reporting, health and safety reporting, infection control data, internal audits, surveys and complaints management. Data that is collected, is analysed and compared monthly for a range of adverse event data (for example skin tears, bruising, falls, challenging behaviours and medication errors). Corrective actions are documented and implemented where improvements are identified. Information is shared with all staff as confirmed in the monthly staff meeting minutes and during staff interviews. Internal audits include environmental, health and safety, infection control and clinical audits. Audits are completed as scheduled with corrective action plans developed for audits where results are less than expected. Corrective action plans are signed off when completed. Resident surveys are completed annually,

		and results fed back to staff and residents. A 2018 risk management plan is in place. The village manager, nurse manager and 2IC have attended health and safety updates with a health and safety consultant. Staff receive health and safety training, watch a video and complete a knowledge questionnaire as part of their induction and ongoing education programme. Health and safety and hazard management is a topic in the monthly staff meetings. Actual and potential risks are documented on the hazard register, which identifies and documents actions to eliminate or minimise the risk. Falls management strategies are developed and documented in the resident care plan for each resident who is at risk of falling.
Standard 1.2.4: Adverse Event Reporting 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.	FA	There is an incident reporting policy that includes definitions and outlines responsibilities. Individual reports are completed for each incident/accident with timely RN assessment and follow-up. Five incident reports reviewed included follow up by a RN. Incident/accident data is linked to the organisation's quality and risk management programme and discussed at monthly staff meetings. The nurse manager reported she is aware of the responsibility to notify relevant authorities in relation to essential notifications. There had been no reportable events to report.
Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.	FA	There are human resources policies to support recruitment practices. Five staff files reviewed (one registered nurse, three caregivers and one activity coordinator) had all relevant employment documentation. The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and suitability for the role. Performance appraisals were current. Current practising certificates were sighted for the RNs, physiotherapist and general practitioners. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The 2IC coordinates the orientation and education programme for all staff. Staff interviewed believed new staff were adequately orientated to the service on employment. An annual training programme is implemented monthly in conjunction with staff meetings, and individual attendance records are maintained. Clinical staff complete competencies relevant to their role including medication competencies and manual handling. Staff have the opportunity to attend external training. There are embedded quality systems. Interviews identified that staff are long serving and knowledgeable in the

		care of current residents. The 2IC/RN and another part-time RN have been interRAI trained.
Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.	FA	There is a documented rationale for determining staffing levels and skill mixes for safe service delivery. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. The nurse manager is on duty Monday to Friday and does RN duties twice a week. The 2IC/RN completes two RN duties a week and three days a week on quality systems and education. Two other part-time RNs do afternoon duties and weekend morning or afternoon duties. One of the part-time RNs completes interRAI assessments. On morning shift there is one caregiver on the full shift and two on short shifts. There are two caregivers on the full afternoon shift or one caregiver and one RN and one caregiver short shift. On night shift there are two caregivers on duty. The RNs share the on-call requirement. There is a designated laundry person, three and a half days a week. Cleaning duties are completed by a contracted service. The residents and relatives interviewed, informed there are sufficient staff on duty at all times.
Standard 1.2.9: Consumer Information Management Systems Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.	FA	The residents' files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into each resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Residents' files are protected from unauthorised access by being held in secure rooms. Residents' files demonstrate service integration. Entries are legible, dated, timed and signed by the relevant caregiver or RN, including designation.
Standard 1.3.1: Entry To Services Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their	FA	There are policies and procedures to safely guide service provision and entry to services including an admission policy. The service has an information brochure available for residents/families at entry. The admission agreements reviewed meet the requirements of the ARCC. Exclusions from the service are included in the admission agreement. All six admission agreements for permanent residents (sighted) were signed and dated.

need for services has been identified.		
Standard 1.3.10: Transition, Exit, Discharge, Or Transfer Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.	FA	Policy describes guidelines for death, discharge, transfer, documentation and follow-up. A record of transfer documentation is kept on the resident's file. All relevant information is documented and communicated to the receiving health provider or service. A transfer form accompanies residents to receiving facilities and communication with family is made.
Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. There were no residents self-administering on the day of audit. There are no standing orders in use. The facility uses a paper-based and blister pack system. Medications are checked on arrival and any pharmacy errors recorded and fed back to the supplying pharmacy. RNs and senior medication competent CGs administer medications. Staff have up-to-date medication competencies and there has been medication education in the last year. The medication fridge is maintained at an acceptable temperature. Eye drops are dated once opened. Staff sign for the administration of medications. Twelve medication charts were reviewed. Medications are reviewed at least three monthly by the GP. There was photo identification and allergy status recorded. 'As required' medications had indications for use charted.
Standard 1.3.13: Nutrition, Safe Food, And Fluid Management A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.	FA	The service has a kitchen coordinator who works 20 hours a week. There is one chef and one cook who cover Monday to Sunday. There are 12 part-time kitchenhands who cover all shifts between them. The kitchen coordinator has a food legislation certificate and she ensures the education (including food hygiene) of all kitchen staff. The kitchen coordinator oversees the procurement of the food and management of the kitchen. There is a well-equipped kitchen and all meals are cooked in the main village kitchen. Meals are transported from the village kitchen in hot boxes and transferred to the rest home kitchens bain marie before being served to residents in the dining room. Meals going to rooms on trays have covers to keep the food hot. Special equipment such as lipped plates are available. On the day of audit meals were observed to be hot and well-presented and residents stated that the meals were good. There is a kitchen manual and a range of policies and procedures to safely manage the kitchen and meal services. Audits are implemented to monitor performance. Kitchen fridge and freezer temperatures are monitored and recorded weekly. Food temperatures are checked, and these were all within safe limits. The residents have a nutritional profile developed on admission which identifies dietary requirements and

		likes and dislikes. Changes to residents' dietary needs have been communicated to the kitchen. Special diets and likes and dislikes were recorded. The four-weekly menu cycle is approved by a dietitian. All residents and family member interviewed were satisfied with the meals.
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 service records the reason for declining service entry to potential residents should this occur and communicates this to potential residents/family. The reasons for declining entry would be if the service is unable to provide the assessed level of care or there are no beds available. Potential residents would be referred back to the referring agency.
Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	Files reviewed indicated that all appropriate personal needs information is gathered during admission in consultation with the resident and their family where appropriate. The interRAI assessment tool is implemented. InterRAI assessments had been completed for all long-term residents whose files were reviewed. Care plans reviewed were developed on the basis of these assessments.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	Care plans reviewed evidenced multidisciplinary involvement in the care of the resident. All care plans reviewed were resident-centred. Interventions documented support needs and provide detail to guide care. Short-term care plans are in use for changes in health status. Residents and relatives interviewed stated that they were involved in the care planning process. There was evidence of service integration with documented input from a range of specialist care professionals including the podiatrist, physiotherapist and mental health care team for older people. The care staff interviewed advised that the care plans were easy to follow.
Standard 1.3.6: Service Delivery/Interventions	FA	When a resident's condition changes the registered nurse initiates a GP consultation. Staff state that they notify family members about any changes in their relative's health status. All care plans reviewed had interventions

Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.		documented to meet the needs of the resident. Care plans have been updated as residents' needs changed. Resident falls are reported on accident forms and documented in the progress notes. Care staff interviewed state there are adequate clinical supplies and equipment provided including continence and wound care supplies. Wound assessment, wound management and evaluation forms are in place for all wounds. Wound monitoring occurs as planned. There are currently two wounds and one stage one pressure injury being treated. Staff are using a turning chart for the resident with the pressure injury. The service is able to hire an air alternating mattress if required. Monitoring forms are in use as applicable, such as weight, vital signs and wounds. Behaviour charts are available for any residents that exhibit challenging behaviours.
Standard 1.3.7: Planned Activities 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.	FA	There is one activities coordinator and two activities assistants. They cover Monday to Friday for two and a half hours per day. On the days of audit, residents were observed watching the Commonwealth games on TV, doing exercises to music and listening to musical entertainment. There is a weekly programme in large print on noticeboards and on a whiteboard in the main lounge. Residents have the choice of a variety of activities in which to participate, and every effort is made to ensure activities are meaningful and tailored to residents' needs. These include exercises, Tai Chi, games, quizzes, music, word builders and walks outside. Those residents who prefer to stay in their room or who need individual attention have one-on-one visits to check if there is anything they need and to have a chat. There are monthly interdenominational church services held in the facility and Catholic church members come in to give communion. There are van outings at least once a week and residents may also join the village van outings. There are regular entertainers visiting the facility. Special events like birthdays, Easter, Mothers' Day, Anzac Day and the Melbourne Cup are celebrated. The facility has a cat and the nurse manager's dog comes in daily Monday to Friday. There is community input from the mobile library, pre-schools and schools and visitors who bring pets in or entertain (one family member plays the ukulele). The residents also have access to the movie theatre in the village complex. There is also a large communal lounge with tea making facilities in the village complex and residents may visit here and socialise with friends and family. When the village complex swimming pool and spa is opened, residents will have access to this as long as they are supervised. Residents have an activity assessment completed over the first few weeks following admission that describes the residents past hobbies and present interests, career and family. Resident files reviewed, identified that the activity

		plan is based on this assessment. Activity plans are evaluated at least six monthly. Resident meetings are held six weekly.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	The six long-term care plans reviewed had been evaluated by the registered nurses six monthly, or when changes to care occurs. Short-term care plans for short-term needs are evaluated and signed off as resolved or added to the long-term care plan as an ongoing problem. Activities plans are in place for each of the residents, and these are also evaluated six monthly. The multidisciplinary review involves the RN, GP and resident/family if they wish to attend. There are three monthly reviews by the GP for all residents. The family members interviewed confirmed that they are informed of any changes to the care plan.
Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.	FA	Referral to other health and disability services is evident in the resident files reviewed. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. There was evidence of where residents had been referred to the physiotherapist and mental health services for older people. Discussion with the registered nurse identified that the service has access to a wide range of support either through the GP, specialists and allied health services as required.
Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste,	FA	There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. The hazard register identifies hazardous substance and staff indicated a clear understanding of processes and protocols. Gloves, aprons, and goggles are available for staff. A spills kit is available.

infectious or hazardous substances, generated during service delivery.		
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	The building holds a current warrant of fitness, which expires 22 July 2018. There are three maintenance men on-site, each for 40 hours a week. They also cover the village. Contractors are available when required. The facility has recently changed the system for contacting maintenance. They have discontinued the use of a maintenance book and now email all requests. When maintenance has completed tasks they now document this on-line which is then emailed back to rest home management. Electrical equipment has been tested and tagged. The manual hoist and scales are checked annually. Hot water temperatures have been monitored randomly in resident areas and were within the acceptable range. The communal lounges and hallways are carpeted. All corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external areas and gardens were well maintained. All outdoor areas have seating and shade available. There is safe access to all communal areas. There is an outdoor area where residents smoke. All other areas are smoke free. Caregivers interviewed, stated they have adequate equipment to safely deliver cares for rest home level of care residents.
Standard 1.4.3: Toilet, Shower, And Bathing Facilities 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.	FA	Each room has an ensuite with hand basin and toilet. All rooms share communal showers. Fixtures, fittings and flooring are appropriate. Ensuite/shower facilities are easy to clean. There is ample space in shower areas to accommodate shower chairs if required. There are privacy signs on all shower/toilet doors.

Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.	FA	All resident's rooms are single. There is sufficient space to allow care to be provided and for the safe use of mobility equipment. Staff interviewed reported that they have more than adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.
Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.	FA	There are large and small communal areas. Activities occur in the larger areas and the smaller areas are for residents who prefer quieter activities or for visitors to use. One lounge has facilities for residents/visitors to make a cup of tea as desired. The large lounge has a log fire (with a guard). There is a spacious dining room off the kitchen.
Standard 1.4.6: Cleaning And Laundry Services Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.	FA	All laundry is done on-site by a laundry person who works three and a half hours a morning. The laundry is divided into a 'dirty and clean' area. There is a laundry and cleaning manual. Cleaning and laundry services are monitored through the internal auditing system. The cleaner's equipment was attended at all times or locked away. All chemicals on the cleaner's trolley were labelled. There is a sluice room for the disposal of soiled water or waste and the sluicing of soiled linen if required. The sluice room and the laundry are kept closed when not in use.
Standard 1.4.7:	FA	Emergency, disaster policies and procedures are documented for the service. Fire drills occur every six months

Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations.		(last fire drill occurred in January 2018). The orientation programme and annual education/training programme include fire and security training. There is a fire evacuation scheme approved by the fire service 23 March 2012. There are adequate supplies available in the event of a civil defence emergency including food, water and gas cooker/barbeque for alternative cooking. Generators are available through a hire company (first priority). A call bell system is in place including all resident rooms and communal areas. All staff have a current first aid certificate. The building is secure after hours.
Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.	FA	All bedrooms and communal areas have ample natural light and ventilation. All heating is electrical, except for the main lounge which also has a log fire. Staff and residents interviewed stated that this is effective.
Standard 3.1: Infection control management 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.	FA	The nurse manager and 2IC/RN share the responsibility for infection control, which is described in the job description. The infection control coordinators oversee infection control for the service and is responsible for the collation of infection events. The infection control programme was last reviewed October 2017. Visitors are asked not to visit if unwell. Hand sanitisers are appropriately placed throughout the facility. Residents are offered the influenza vaccine. There have been no outbreaks.
Standard 3.2: Implementing the	FA	The infection control coordinators have attended a two-hour training with an external infection control specialist. There is access to infection control expertise within the DHB, rapid response team, gerontologist, continence

infection control programme There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.		specialist, wound nurse specialist, and an external infection control consultant.
Standard 3.3: Policies and procedures 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.	FA	The infection control policies include a comprehensive range of standards and guidelines including defined roles and responsibilities for the prevention of infection; and training and education of staff. Infection control procedures developed in respect of the kitchen, laundry and housekeeping, incorporate the principles of infection control.
Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff,	FA	The infection control coordinator/2IC is responsible for coordinating/providing education and training to staff. Training on infection control is included in orientation and as part of the annual training schedule. Infection control education is topical and relevant to staff including norovirus and outbreak management. Staff complete hand hygiene competencies six monthly. Infection control audits identify areas for improvement around infection control. Resident education occurs as part of providing daily cares.

and consumers.		
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	FA	There is a policy describing surveillance methodology for monitoring of infections. The infection control coordinators collate information obtained through surveillance to determine infection control activities and education needs in the facility. Infection control data is discussed at the monthly staff meeting. Trends are identified, analysed and preventative measures put in place. Laboratory results are received monthly for all specimens. Standard definitions are used for infections. The service has been successful in reducing urinary tract infections (UTIs). Systems in place are appropriate to the size and complexity of the facility.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	There are policies and procedures around restraints and enablers. The nurse manager is the restraint coordinator. There were no residents using restraints or enablers on the day of audit. Staff receive training around challenging behaviour and restraint minimisation. Care staff interviewed were able to describe the difference between an enabler and a restraint. The restraint approval group including the GP, meet annually.

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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 3.5.7 Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to relevant personnel and management in a timely manner.	CI	The service identified an improvement around reducing UTIs when completing monthly surveillance around infection rates. An action plan and education has resulted in a reduction of UTIs in comparison with 2017 surveillance	In February 2017, the UTI rates were 5, the highest rates per month since 2016. An action plan was developed that included increasing staff awareness around prevention of UTIs, discussion around infection prevention at the monthly staff meetings, increasing fluid rounds, resident review of continence status and review of incontinence product ensuring maximum quality and absorption for residents, staff education around products, incontinence, personal hygiene and handwashing audits six monthly. Resident education included the importance of personal hygiene and handwashing. Residents prone to UTIs were commenced on cranberry capsules and one resident commenced on Clinicians bladder support tablets recommended by the pharmacist. The GP has endorsed alternative therapies. In September 2017 the UTI rate had dropped to 1 per month, December 2017 was zero, January 2018 was 1 and February 2018 was zero compared with February 2017 at 5 UTIs. The service has maintained UTI rates between the upper limit of three and the lower limit of one for the past year.

		results.	

End of the report.