

Tuapeka Community Health Company Limited - Lawrence Rural Health Centre

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:	Tuapeka Community Health Company Limited
Premises audited:	Lawrence Rural Health Centre
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 13 April 2018 End date: 13 April 2018
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	5



Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Lawrence Rural Health Centre can provide hospital (geriatric and medical) and rest home level care for up to seven residents. On the day of the audit there were five residents at the facility.

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 residents, relatives and general practitioner all spoke highly of the care and service provided at Lawrence Rural Health. The service has an established quality system that identifies ongoing quality improvement.

The manager is responsible for the overall management of the facility and is supported by the board, registered nurses and care staff.

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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Staff were able to demonstrate an understanding of residents' rights and obligations. This knowledge was incorporated into their daily work duties and caring for the residents. Residents were treated with respect and received services in a manner that considered their dignity, privacy and independence.

Information regarding resident rights, access to advocacy services and how to lodge a complaint was available to residents and their family. Residents and family members interviewed confirmed that their rights were met during service delivery; that staff are respectful of their needs; communication was appropriate; and they had a clear understanding of their rights and the facility's processes if these were not met.

The manager is responsible for the management of complaints and a complaints register was maintained. The residents can use the complaints forms, raise issues at the residents' meetings, or they can raise complaints directly with the manager, the registered nurse, or with any member of staff.

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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Lawrence Rural Health Centre is owned and governed by the Tuapeka Community Health Company Ltd. There is a quality and risk management system that supports the provision of clinical care and support. Policies are reviewed annually, and quality and

risk performance is reported through meetings at the facility and monitored by the manager through reports to the governing body. There was documented evidence of reporting on number of clinical indicators and quality and risk issues at meetings. There is an internal audit programme and audits are completed as per the programme.

There are human resource policies documented around recruitment, selection, orientation and staff training and development. Validation of current annual practising certificates for registered nurses and other health professionals has occurred. Staff files reviewed provided evidence that improvement is required to ensure all staff files have documentation of orientation, job descriptions and employment agreements.

The service has an annual training programme that provides staff with relevant information for safe work practice.

Staff identified that staffing levels were adequate and interviews with residents and relatives demonstrated that they had adequate access to staff to support residents when needed.

Resident information was entered into a register in an accurate and timely manner.

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 are assessed prior to entry to the service and a baseline assessment is completed upon admission. Registered nurses are responsible for care plan development with input from residents and family. Residents and family interviewed confirmed that the care plans were consistent with meeting residents' needs.

Planned activities are appropriate to the resident's assessed needs and abilities and residents advised satisfaction with the activities programme. Medications are managed and administered in line with legislation and current regulations.

Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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Lawrence Rural Health Centre has a current building warrant of fitness. Reactive and preventative maintenance is carried out. Chemicals are stored securely, and staff are provided with personal protective equipment. Hot water temperatures are monitored and recorded. Medical equipment and electrical appliances have been calibrated by an authorised technician.

Residents' rooms are of sufficient space to allow services to be provided and for the safe use and manoeuvring of mobility aids. There are sufficient communal areas within the facility including lounge and dining areas, and small seating areas. There is a designated laundry and cleaner's room. The service has implemented policies and procedures for civil defence and other emergencies and six-monthly fire drills are conducted. External garden areas are available with suitable pathways, seating and shade provided.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Restraint minimisation and safe practice policy records that if enablers were to be used, these will be voluntary and the least restrictive option to maintain independence, safety and comfort. Staff demonstrated knowledge of restraint and enabler use and confirmed none were in use at audit. There was no evidence of restraint or enabler use on audit day.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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Infection control management systems are in place to minimise the risk of infection to residents, service providers and visitors. Documented policies and procedures are in place for the prevention and control of infection and reflect current accepted good practice and legislative requirements. Infection control education is provided to all staff as part of their orientation and also as part of the ongoing in-service education programme. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Results of surveillance are acted upon, evaluated and reported to relevant personnel.

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	0	93	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
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Policies and procedures are in place that meet with the requirements of the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and relevant legislation. Staff receive education on the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) during their induction to the service and through the in-service education programme. Interviews with five staff (two registered nurses (RN), two health centre aids (HCA) and one activities coordinator) confirmed their understanding of the Code. Staff were observed to maintain residents' privacy, giving residents' choices and encouraging their independence. The auditors noted respectful attitudes towards residents on the day of the audit.</p> <p>The information pack provided to residents on entry to the service includes how to make a complaint, code of rights pamphlet and advocacy information.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice</p>	FA	<p>There is an informed consent policy and procedure that directs staff in relation to obtaining informed consent. Staff, residents and family interviewed confirmed that residents and family were aware of care plan interventions. All resident files identified that informed consent was documented. Interviews with staff confirmed their understanding of the informed consent processes. The registered nurses discuss informed consent processes with residents and their families/whānau during the admission process.</p>

are provided with the information they need to make informed choices and give informed consent.		The policy and procedure included guidelines for consent for resuscitation/advance directives. A review of files noted that all had appropriately signed advanced directives.
Standard 1.1.11: Advocacy And Support Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.	FA	Information on advocacy services through the Health and Disability Commissioner's (HDC) office is provided to residents and families on admission. Resident information around advocacy services is available at the facility. Discussions with family and residents identified that the service provides opportunities for the family/EPOA to be involved in decisions and they stated that they have been informed about advocacy services. The residents' files included information on residents' family/whānau and chosen social networks.
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	Residents' family members are invited to the residents' meetings, confirmed at interviews with the manager, staff, residents and family. A newsletter is produced by the facility and sent to family members. The manager stated there is an up-to-date family database for families outside of the district to inform them of the service happenings via email. The service has an open visiting policy, which was evident at the audit. Residents may have visitors of their choice at any time. Families interviewed confirmed they could visit at any time and are always made to feel welcome. Residents are encouraged to be involved in community activities and to maintain family and friends' networks.
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	The complaint policy and procedure reference's the Code of Rights. The complaint forms are provided to the resident and their family on admission and are available at the facility. A complaints register is in place and up-to-date. There have been no complaints since 2014. Staff interviewed were able to describe the process if a complaint was received. Residents and family members interviewed stated that they would feel comfortable complaining and were able to describe their rights and advocacy services in relation to the complaints process. The manager stated that there had been no complaints with the Health and Disability Commission since the previous audit or with other authorities.
Standard 1.1.2: Consumer Rights During Service Delivery	FA	The Code and advocacy pamphlets are available at the service. On admission, the manager or RN discusses the information pack with the resident and the family/whānau. This includes the Code, complaints and advocacy information. The service provides an open-door policy for concerns/complaints. Information is given to the family or the enduring power of attorney (EPOA) to read to and/or discuss with the resident. Five

<p>Consumers are informed of their rights.</p>		<p>residents and two-family members interviewed identified they are well informed about the Code.</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>The service has policies and procedures that are aligned with the requirements of the Privacy Act and Health Information Privacy Code. The initial and the ongoing residents' assessments included gaining details of the residents' beliefs and values. Resident files reviewed identified that cultural and/or spiritual values and individual preferences are addressed. The activities coordinator interviewed confirmed church services are held at the facility.</p> <p>Discussions of a private nature are held in the resident's room and there are areas in the facility which are used for private meetings and discussions.</p> <p>There is a policy on abuse and neglect and staff received training in May 2017.</p> <p>Residents and families interviewed, and auditor observation, confirmed the residents' privacy was respected.</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>The service has a documented Māori health plan and cultural safety procedures to eliminate cultural barriers. The rights of the residents/family to practise their own beliefs are acknowledged in the Māori health plan. There were no Māori residents residing at the facility during the audit. Discussions with staff confirm that they are aware of the need to respond with appropriate cultural safety. There are two staff members who identified as Māori.</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,</p>	<p>FA</p>	<p>Care planning and activities goal setting includes consideration of spiritual, psychological and social needs. Residents and family members interviewed indicated that they are asked to identify any spiritual, religious and/or cultural beliefs. Relatives reported that they feel they are consulted and kept informed and family involvement is encouraged.</p>

and beliefs.		
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>In interviews, staff were aware of good practice and professional boundaries relating to discrimination, abuse and neglect, harassment and exploitation. Policies and procedures; job descriptions; employment agreements and code of conduct record professional boundaries and are available to staff. The orientation process includes privacy and personal boundaries.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>The service meets the individualised needs of residents with needs relating to hospital (medical) and rest home level care. They provide an integrated health service run out of the same building it is easier for the residents to have consistent care and extra care when needed. There is a medical centre attached to the facility with two of the seven beds specific hospital-medical beds used for acute care.</p> <p>The quality programme has been designed to monitor contractual and standards compliance and the quality of service delivery in the facility. The service has made a number of improvements to documentation and their quality system since their last audit.</p> <p>Staffing policies include pre-employment, the requirement to attend orientation and ongoing in-service training. The manager is responsible for coordinating the internal audit programme. Monthly staff/quality meetings and regular residents' meetings are conducted. There is a regular in-service education and training programme for staff. Staff interviewed stated that they feel supported by the manager and RNs.</p> <p>Evidence-based practice is evident, promoting and encouraging good practice. An RN is on-call when not on-site. A general practitioner (GP) is employed by the health centre for 32 hours per week and is available for the facility to complete three monthly reviews and on call as needed. A podiatry clinic operates at the facility six weekly. A physiotherapy service provides staff training and resident consultations as required. The service receives support from the local district health board (DHB). Physiotherapy services are provided on-site, as required. The service has links with the local community and encourages residents to remain independent. Residents and relatives interviewed spoke positively about the care and support provided.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and</p>	FA	<p>Accident/incidents, the complaints procedure and the open disclosure procedure alert staff to their responsibility to notify family/enduring power of attorney of any untoward event. Family were informed if the resident had an incident, accident, and change in health or a change in need, as evidenced in completed accident/incident forms and in residents' files. Interviews with family members confirmed they were kept informed of the care requirements and health status of their family member and are able to attend resident</p>

<p>provide an environment conducive to effective communication.</p>		<p>meetings.</p> <p>There were no residents requiring interpreting services. The information pack was available in large print and this could be read to residents. There is access to other interpreting services as needed.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Lawrence Rural Health Centre is owned and governed by the Tuapeka Community Health Company Ltd. The health centre includes a medical centre as well as the medical/aged care facility.</p> <p>The seven beds are divided into five rest home beds and two GP-funded medical beds used for respite and short stay. On the day of audit there were five residents – all permanent rest home level care. There were no hospital (medical) level residents and all residents were on the ARC contract. The manager advised the two medical beds were not used for long-term residents assessed as requiring hospital level of care.</p> <p>The service has a current strategic and business action plan and quality plan and the scope, direction and goals of the organisation are identified. There was evidence of the annual review of the business plan.</p> <p>The manager is responsible for the overall management of the facility and reports to the board of directors. The board includes three community representative plus two others - a local registered nurse and a local doctor nominated representative. The manager has been in the role for over five years with previous experience as a director of the organisation. The manager has completed at least eight hours training relevant to their role per year. The manager lives locally and is available 24 hours per day, seven days a week if necessary. The manager is supported by experienced registered nurses.</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>	<p>FA</p>	<p>The manager is supported by the board, receptionist, registered nurses and long-standing and experienced care staff. The manager stated that the receptionist provides cover for the role in their absence.</p>
<p>Standard 1.2.3: Quality And Risk Management</p>	<p>FA</p>	<p>The service has a quality and risk management system that includes a business plan and a quality plan. There was evidence of the manager's reports to the trust. Interview with one of the directors confirmed the manager attends board meetings and reports provide up-to-date information. The strategic and business</p>

<p>Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>action plan 2017 to 2020, documents the business goals and the required initiatives and outcomes to achieve these. The service had a contract audit in 2017 and has made a number of improvements since that audit and addressed the corrective actions required.</p> <p>The service has policies and procedures to support service delivery to residents. The manager stated all policies were reviewed annually and as required, with all policies current. New and revised policies are presented to staff to read and staff sign to say that they have read and understood these.</p> <p>Service delivery is monitored through review of incidents and accidents, implementation of an internal audit programme and complaints. Corrective action plans are documented and implemented when shortfalls are identified.</p> <p>Meeting minutes evidenced communication with staff around aspects of quality improvement and risk management. The resident meeting minutes evidenced residents and family were informed of any changes. Staff reported that they were kept informed of quality improvements.</p> <p>There was an annual family and resident satisfaction survey with a high level of satisfaction documented.</p> <p>The organisation has a risk management programme in place. A health and safety programme is in place, which includes managing identified hazards. Health and safety is incorporated in the monthly staff meeting conducted each month. Health and safety policies and procedures are documented along with a hazard management programme. Hazards are addressed, or risks minimised or isolated.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>The service is committed to providing an environment in which all staff are able and encouraged to recognise and report errors or mistakes. Staff understood the adverse event reporting process and their obligation to documenting all untoward events. The manager's monthly and three-monthly reports to the trust were reviewed and evidenced reporting of incidents, accidents, infections, complaints and internal audit results.</p> <p>Seven resident related incident forms were reviewed over the last six months. Each event involving a resident reflected a clinical assessment and follow-up by a RN. Care staff interviewed were very knowledgeable regarding the care needs (including high falls) for all residents. Discussions with the owner/manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. This has not been required. There was evidence of open disclosure for each recorded event.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes</p>	<p>FA</p>	<p>There are human resource policies including recruitment, selection, orientation and staff training and development. Five staff files (one RN, two HCAs, one diversional therapist and one cook) reviewed, evidenced implementation of the recruitment process, employment contracts, completed orientation and annual performance appraisals. The registered nurses have current annual practising certificates along with</p>

<p>are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>other health practitioners involved with the service.</p> <p>The service has in place an orientation programme that provides new staff with relevant information for safe work practice.</p> <p>Discussions with the manager and clinical staff confirmed that an in-service training programme is in place that covers relevant aspects of care and support. The programme exceeds eight hours annually. Staff have access to on-line training as an additional learning opportunity. Staff had up-to-date performance appraisals, confirmed at interviews and sighted in files. First aid certificates are held in the staff files. There are two RNs interRAI trained.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>The staffing policy is the foundation for workforce planning and includes staffing requirements for all certified levels of care. Staffing levels were reviewed and identified numbers and appropriate staff skill mix for service delivery to residents. Rosters sighted reflected staffing levels that met resident acuity and bed occupancy. There is one registered nurse on each morning with on-call provided by the registered nurses and the manager. There are health centre aides that are rostered on to support the RNs.</p> <p>Residents and families interviewed confirmed staffing was adequate to meet the residents' needs.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	<p>FA</p>	<p>The service retains relevant and appropriate information to identify residents and track records. This includes information gathered at admission with the involvement of the family. Staff can describe the procedures for maintaining confidentiality of resident records and sign confidentiality statements. Entries were legible, dated and signed by the relevant staff and included their designation in files sampled. Files and relevant care and support information for residents is able to be referenced and retrieved in a timely manner.</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</p>	<p>FA</p>	<p>Residents are assessed prior to entry to the service by the needs assessment team and an initial assessment is completed on admission. The service has specific information available for residents/families/whānau at entry and it included associated information such as the Health and Disability Code of Rights, advocacy and complaints procedure. The admission agreements reviewed align with the ARC contract. All five residents had signed agreements on file.</p>

for services has been identified.		
<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>The transfer/discharge/exit procedures included a transfer/discharge form and the completed form is placed on file. The service stated that a staff member escorts the resident if no family were available to assist with transfer, and copies of documentation are forwarded with the resident.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication management policies and procedures comply with medication legislation and guidelines. Medicines are appropriately stored in accordance with relevant guidelines and legislation and include weekly checks for required medications. Medication administration practice complies with the medication management policy for the medication round sighted. The facility has recently introduced an electronic medication system. The facility uses individualised medication blister packs on a four-week rotation. The registered nurse checks all medications on delivery to the service, and reports errors to the pharmacy. Medications are reviewed three monthly with medical reviews by the attending GP. Resident photos and documented allergies or nil known were on all five medication charts reviewed. An annual medication administration competency was evident for all staff completed in August 2017, and Medimap training was held in March 2018.</p> <p>There is a self-medicating resident's policy and procedures in place. There were no residents who self-administered medications on the day of the audit.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>All meals at Lawrence Rural Health Centre are prepared and cooked on-site. There is a manual available to guide staff. The facility has registered with the local council, the certificate expires on 21 February 2019. Cleaning schedules were sighted and maintained. Temperatures of freezers and refrigerators are monitored daily, pie warmer and hot water temperatures are checked weekly and are within recommended ranges. Food temperatures are recorded.</p> <p>There is a four-weekly winter and summer menu which has been reviewed by a dietitian. Meals are prepared in a well-appointed kitchen and served to the residents in the dining room. Kitchen staff are trained in safe food handling and food safety procedures are adhered to. Residents were observed in the dining room at lunch time. Diets are modified as required. Resident dietary profiles and likes and dislikes are known to food services staff and any changes are communicated to the kitchen via the registered nurse. Supplements are provided to residents with identified weight loss issues. Snacks are available to residents when the kitchen is</p>

		closed. Resident meetings and surveys allow for the opportunity for resident feedback on the meals and food services generally. Residents and family members interviewed indicated satisfaction with the food service. The facility provides meals on wheels for the community. The cook goes to meet all residents to get to know them and their food preferences.
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/whānau. Anyone declined entry is referred back to the needs assessors or referring agency for appropriate placement and advice.
Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	All residents are admitted with a care needs level assessment completed by the needs assessment and service coordination team prior to admission. Personal needs information is gathered during admission which forms the basis of resident goals and objectives. Initial assessment and care plan are completed within expected timeframes. InterRAI and risk assessments are completed on admission and reviewed at least six monthly. Long-term care plans were reviewed at least six monthly, and when there is a change in resident condition.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	All long-term care plans reviewed described aspects of the support required to meet the resident's goals and needs and identified allied health involvement under a range of template headings. The service has a specific short-term care plan (current nursing intervention page) for acute needs. Resident files reviewed identified that family were involved in the care plan development and ongoing care needs of the resident. Relatives and residents confirmed this during interviews.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate	FA	Care plans sampled were current, and interventions reflected the assessments conducted and the identified requirements of the residents. Interviews with staff and relatives confirmed involvement of families in the care planning process. Dressing supplies are available, and a treatment room was stocked for use. There were three wounds on the day of the audit (two superficial skin tears and a chronic venous ulcer). There are no

<p>services in order to meet their assessed needs and desired outcomes.</p>		<p>pressure injuries at present. Each wound chart contained an assessment, plan and evaluation. The wound care specialist nurse is available via email or visits the facility if required. Continence products are available and resident files included a urinary continence assessment, bowel management, and continence products identified for day use and night use. Monitoring charts sighted included vital signs, weight chart, and wound documentation.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The diversional therapist provides an activities programme over three afternoons each week, with extra as required for special functions or events. The programme is planned monthly with ideas and suggestions discussed with residents at an informal monthly meeting. Residents receive a personal copy of planned monthly activities. A diversional therapy assessment and plan is developed for each individual resident, based on their assessed needs. Residents were encouraged to join in activities that were appropriate and meaningful and were encouraged to participate in community activities. Attendance records are maintained, and monthly summaries are documented. The service has a van that is used for resident outings and regular respite residents and other older people in the community are included in these events. Resident meetings are held three monthly and include a BBQ or social event and provide a forum for feedback relating to activities. The facility hosts an annual autumn games where other local rest home and older residents of the community are invited to participate. Residents continue to enjoy a walk to the local shops and swimming pool on a regular basis. Residents and family members interviewed discussed enjoyment in the programme and the diversity offered to all residents. A monthly newsletter is provided for residents, families and the local community.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Care plans reviewed were updated as changes were noted in care requirements. Care plan evaluations sampled were comprehensive, related to each aspect of the care plan and recorded the degree of achievement of goals and interventions. Short-term care plans (current nursing interventions) are utilised for residents and any changes to the long-term care plan are dated and signed. Care plans sampled were evaluated within the required timeframes.</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</p>	<p>FA</p>	<p>The service facilitates access to other services (medical and non-medical) and where access occurred, referral documentation is maintained. Residents' and/or their family/whānau are involved as appropriate when referral to another service occurs.</p>

<p>health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</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>	<p>FA</p>	<p>All chemicals are labelled with manufacturer labels. There are designated areas for storage of cleaning/laundry chemicals and chemicals were stored securely. Laundry and the sluice room are locked when not in use. Product use charts were available, and the hazard register identifies hazardous substances. Gloves, aprons, and goggles are available for staff.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>The service displays a current building warrant of fitness which expires on 13 December 2018. Hot water temperatures are monitored. Medical equipment and electrical appliances have been tested and calibrated. Regular and reactive maintenance occurs. Residents were observed to mobilise safely within the facility. There are sufficient seating areas throughout the facility for residents, activities and family/whānau visiting. The exterior has been well maintained with safe paving, outdoor shaded seating, lawn and gardens. Health care aides interviewed, confirmed there was adequate equipment to carry out the cares according to the resident needs as identified in the care plans.</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</p>	<p>FA</p>	<p>There are two large communal showers and one ensuite bathroom. There were sufficient numbers of resident communal toilets in close proximity to resident rooms and communal areas. The communal toilets and showers are well signed and identifiable and include vacant/in-use signs. Visitor toilet facilities are available. Residents interviewed stated their privacy and dignity was maintained while attending to their personal cares and hygiene.</p>

hygiene requirements or receiving assistance with personal hygiene requirements.		
<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	The resident rooms are spacious enough to meet the assessed resident needs. The bedrooms are personalised and provide adequate space to manoeuvre mobility aids around the bed and personal space. All beds are of an appropriate height for the residents. Caregivers interviewed reported that rooms have sufficient space to allow cares to take place.
<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	There is a large lounge and dining room, separate dining room, large conservatory and smaller family/whānau room. All areas are easily accessible for the residents. The furnishings and seating are appropriate for the resident group. Activities take place in any of the lounges. Residents interviewed reported they are able to move around the facility and staff assist them when required.
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	Lawrence Rural Health Centre monitors the effectiveness and compliance of cleaning and laundry policies and procedures. There is a separate laundry area where all personal clothing is laundered by health care aides. Residents can colour coordinate their linen and towels to suit their taste. This is regarded as personal linen and is laundered on-site. Communal linen is hired from an external company that collects and delivers to the facility weekly or more often if required. Large items such as blankets and respite linen are laundered off-site. Residents and family interviewed, reported satisfaction with the laundry service and cleanliness of the rooms/facility.
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p>	FA	The service has a fire and emergency procedures manual. The fire evacuation scheme was approved in 1997. Fire safety training has been provided. Fire drills have been conducted six monthly. Civil defence and first aid resources are available. A generator is set up to automatically start if there is a power failure. This has allowed the facility to run at near normal capacity following power outages and provide support to the local

<p>Consumers receive an appropriate and timely response during emergency and security situations.</p>		<p>community. Sufficient water is stored, and the facility has access to a rain water tank in the case of emergency. Alternative heating and cooking facilities are available. Emergency lighting is installed. All staff maintain a current first aid certificate. A call bell light over each door and a panel in the nurses' station, alerts staff to the area in which residents require assistance. Visitors and contractors sign in at reception when visiting. Security checks are conducted each night by staff.</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>	<p>FA</p>	<p>All communal and resident bedrooms have external windows with plenty of natural sunlight. General living areas and resident rooms are appropriately heated and ventilated. Residents and family interviewed stated the environment was warm and comfortable.</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>	<p>FA</p>	<p>The service has an established infection control (IC) programme. The infection control programme is appropriate for the size, complexity and degree of risk associated with the service and is linked into the incident reporting system. A registered nurse is the designated infection control nurse. Infection control matters are discussed at the monthly staff meetings. Minutes are available for staff. Regular audits have been conducted and education has been provided for staff. The infection control programme has been reviewed annually. There have been no outbreaks since the last audit.</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</p>	<p>FA</p>	<p>There are adequate resources to implement the infection control programme at Lawrence Rural Health Centre. The infection control (IC) nurse has maintained her practice by attending infection control updates. External resources and support are available when required. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.</p>

meet the needs of the organisation.		
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes roles, responsibilities, procedures, training and education of staff. The policies are reviewed and updated regularly.
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	The facility is committed to the ongoing education of staff and residents. Education is facilitated by the infection control nurse and external providers. All infection control training has been documented and a record of attendance has been maintained. Visitors are advised of any outbreaks of infection and will be advised not to attend until the outbreak had been resolved. Information is provided to residents and visitors that are appropriate to their needs and this was documented in medical records. Education around infection prevention and control has been provided in 2018.
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	Infection surveillance and monitoring is an integral part of the infection control programme and is described in infection monitoring policy. A registered nurse is the designated infection control nurse. Monthly infection data is collected for all infections based on signs and symptoms of infection. Surveillance of all infections is entered onto a monthly facility infection summary and staff are informed. The data is monitored and evaluated monthly and annually by the facility. There have been no outbreaks since the last audit.

<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>There was no recorded restraint or enabler use. Policy identified that if enablers were to be used these will be voluntary and the least restrictive option to maintain independence, safety and comfort. Staff demonstrated knowledge of restraint and enablers and confirmed none were in use at audit. No restraints or enablers were observed to be in use.</p>
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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, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display

End of the report.