

# Warkworth Hospital Limited - Warkworth Hospital

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Warkworth Hospital Limited
<b>Premises audited:</b>	Warkworth Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 8 May 2018      End date: 9 May 2018
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	35

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Warkworth Hospital Limited is the governing body and is responsible for the services provided at Warkworth Hospital. The organisation provides rest home and hospital care for up to 36 residents. There have been no changes to the organisation or the facility since the last audit.

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

Two areas requiring an improvement were identified. These include care planning and testing and tagging of electrical equipment.

## 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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The organisation provides services that are in line with the requirements of the Code of Health and Disability Services Consumer Rights (the Code). Residents' rights are understood and met in everyday practice. Communication channels are defined and interviews and observation confirmed that communication is effective. Information on the rights and services is provided in an appropriate and timely manner. Individual values and beliefs are respected. The complaints process is implemented as required.

Residents are free from discrimination and have access to advocacy services if required. Informed consent requirements are in place and confirm that choice is given and informed consent is facilitated. Community links are supported and facilitated. Visitors are free to come and go as they please.

## 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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There are two owners/directors. The directors set the strategic direction and monitor organisational performance. Day to day operations are the responsibility of the nurse manager and the operations manager. Both managers are suitably experienced.

There is a documented quality and risk management programme that supports the provision of clinical care. Quality and risk data is recorded and shared with staff and management. Quality data collected covers the key components of service delivery. There is well established internal auditing process. The adverse event reporting system complies with policy and staff document and report adverse, unplanned or untoward events. Improvements are made as required. Resident records are secure and include the required information.

Human resources practices are implemented. The staffing skill mix is appropriate for the level of care and services provided.

## Continuum of service delivery

<p>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.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The service has admission and entry policies and procedures. Needs assessments are required prior to entry and service requirements are made available on entry or enquiry. The registered nurses are responsible for each stage of service provision. Care plans and assessments are developed and evaluated.

The planned activities are meaningful to the residents, and aim to develop and maintain residents' strengths, skills, resources and interests. In interviews, residents and family/whanau expressed satisfaction with the activities programme.

A medication management system complies with current legislation and best practice guidelines for aged care. Medications are administered by the nursing team with current medication competencies. Medication charts are reviewed by the general practitioner (GP) as required.

Nutritional needs are provided in line with nutritional guidelines and residents with special dietary needs are catered for. The kitchen was observed to be clean, tidy and meets food safety standards.

## Safe and appropriate environment

<p>Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Building requirements are maintained. Maintenance is completed as required. The residents' rooms, furnishings, fitting and equipment are well maintained and fit for purpose. Lounges, dining areas and various other alcoves are available for residents to sit. External areas are available for sitting and shading is provided.

An appropriate call bell system is available and emergency and security systems are in place. Sluice facilities are provided and protective equipment and clothing is provided and used by staff. Chemicals, soiled linen and equipment are safely stored. All laundry is washed on site and cleaning and laundry systems include appropriate monitoring systems are in place to evaluate the effectiveness of these services.

There is a planned addition to the facility to increase bed numbers. This project is in the planning stage.

## Restraint minimisation and safe practice

<p>Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.</p>		<p>Standards applicable to this service fully attained.</p>
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The required processes for the minimisation and safe management of restraints and enablers are in place. There was one resident who used an enabler at the time of the audit. No residents were using a restraint at time of the audit. Staff received the required training.

## 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, visitors and other service providers. The infection control programme is documented and has been reviewed within the past year. The infection control coordinator is responsible for co-ordinating education and training of staff. Infection data is collated monthly, analysed and reported during staff meetings. The infection control surveillance and associated activities are appropriate for the size and complexity of the service. Surveillance for infection is carried out as specified in the infection control programme.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
<b>Standards</b>	0	43	0	0	2	0	0
<b>Criteria</b>	0	91	0	0	2	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

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

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

For more information on the standards, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	The staff interviewed demonstrated their knowledge of the Code of Health and Disability Services Consumers' Rights (the Code). The Code is part of the staff orientation and in the annual in-service education programme. Staff observed on the days of the audit demonstrated knowledge of the Code when interacting with residents.  Residents interviewed reported that they are treated with respect and understand their rights. The relatives interviewed reported that residents are treated with respect and dignity.
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 give informed consent.	FA	The residents' files reviewed had consent forms signed by the residents, or when appropriate, signed by the enduring power of attorney (EPOA). The files contained copies of any advance care planning and the resident's wishes for end of life care. Staff acknowledged the residents' right to make choices based on information presented to them. Observations during the audit confirmed that staff seek consent from the residents on day to day matters.
Standard 1.1.11: Advocacy And	FA	Residents and family/whānau reported that they are provided with information regarding access to advocacy services. Families are encouraged to involve themselves as advocates. Contact details for

<p>Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>		<p>the Nationwide Health and Disability Advocacy Service is listed in the resident information booklet and pamphlets are available at reception. Education on advocacy and support is conducted as part of the in-service education programme. A health and disability advocate provides in service training for staff annually.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>There are no set visiting hours and relatives are encouraged to visit at any time. Family/whānau reported that there were no restrictions to visiting hours. Residents are supported and encouraged to access community services with visitors or as part of the planned activities programme. This was observed during the audit and confirmed in interviews with residents.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints policy meets the Right 10 of the Code. The complaints process is introduced to residents and their family members during the admission process. Information about the residents' right to complain is displayed. Complaint forms are situated at the entrance to the facility on the front desk. Residents and family members interviewed confirmed their knowledge of the complaints process.</p> <p>Management reported that they operate an open-door policy and are available to speak to family or residents in the event a concern is raised. This was confirmed through observations during the audit. A family member interviewed was also able to provide an example of how accessible and responsive management are if a concern or query is raised. Residents are also provided the opportunity to raise any concerns, and provide feedback, during the residents' meetings. Records of the residents' meetings included feedback from residents regarding day to day matters such as laundry, meals and activities.</p> <p>The last formal complaint was in January 2017. The complaint had been added to the register. The register included the required information and confirmed that the complaint had been resolved in a timely and appropriate manner, in line with the Code. The nurse manager confirmed that complaints are used as an opportunity to improve services as required. Complaints are a standing agenda item for staff meetings.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their</p>	FA	<p>Information about the Code, advocacy services and the complaints process is provided on admission and displayed at the reception. The Code is available in Maori and English respectively.</p> <p>Residents and families interviewed were aware of their rights and confirmed that information was</p>

rights.		provided to them during the admission process. Warkworth Hospital's information pack was also sighted and outlines services provided. Signed residents' admission agreements were sighted in records reviewed. Service agreements meet the requirements of this standard and district health board requirements.
Standard 1.1.3: 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.	FA	The privacy and dignity policy explains how staff are to ensure the privacy of residents, ensuring the protection of personal property and maintaining the confidentiality of residents' related information. The process for accessing personal health information is detailed and the care planning process identifies and records interventions for respecting residents' individual beliefs and values. Rooms are either single or shared occupancy, which maintain physical, visual and auditory privacy. Personal property is maintained in a secure manner. Policies and procedures on abuse and neglect include definitions and reporting requirements.
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 cultural awareness policy includes guidance for staff on the provision of culturally appropriate care to Maori residents. Treaty of Waitangi process is observed. Family/next of kin input and involvement in service delivery/decision making is sought if applicable. The staff interviewed reported that they understand and have attended cultural training and demonstrated the importance of whanau to Maori residents. A Maori health plan is documented.
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 residents' files reviewed recorded the cultural and/or spiritual needs of the residents in consultation with the resident and family as part of the admission process. Specific health issues and food preferences are identified on admission. The care plan is developed to provide guidance on delivery of individualised support in a culturally and/or spiritually sensitive manner. Staff interviewed reported on the need to respect individuals' culture and values. The residents reported that cultural and religious beliefs are respected and reported there is access to church services if they wished to go.
Standard 1.1.7: Discrimination  Consumers are free from any discrimination, coercion,	FA	The employment position description and the Code define residents' rights relating to discrimination. Staff interviewed verbalised they would report any inappropriate behaviour to the nurse manager. The nurse manager reported that a formal action is taken as part of the disciplinary procedure if there was

harassment, sexual, financial, or other exploitation.		an employee breach of conduct.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	<p>The planned yearly education programme sighted included sessions that cover good practice topics. There is specialist advice available if required. There is regular in-service education and staff access external education that is focused on aged care, dementia care and best practice. Staff reported that they were satisfied with the relevance of the education provided.</p> <p>Policies and procedures are linked to evidence-based practice, there are regular visits by the general practitioner (GP) and links with the local district health board. The GP interviewed confirmed confidence with good practice nursing interventions. The organisation is a member of the New Zealand Aged Care Association (NZACA) and the nurse manager attends NZACA meetings.</p>
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	<p>Documentation of open disclosure following incidents/accidents was evident on the event report analysis forms. Family/whanau reported they are informed of any accident or incident and this is documented in the family contact event notes. Staff, residents and family members interviewed all confirmed that management have an open door policy.</p> <p>Staff education has been provided related to appropriate communication methods. The service has not required any access to interpreting services for the residents. Policies and procedures are in place if interpreter services are needed to be accessed.</p>
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	<p>The organisation is governed by two owners/directors. The mission statement and purpose are documented. Strategic planning is undertaken at a governance level each year. Annual business goals are documented. The current business strategy includes some large additions to the service over the next few years.</p> <p>Day to day operations are delegated to two managers. The nurse manager is a registered nurse (RN) and has been in the role for 12 years. The operations manager has previous health experience and has been in the role for 10 years. One of the directors visits the facility regularly and meets with the managers. Records of these meeting confirmed discussion regarding business and operations. Both members of the management team attend the required hours of education and training covering clinical and management topics. The nurse manager has recently commenced attending local aged care management meetings in the region.</p> <p>The facility can provide care for up to 36 residents. There are 26 designated hospital level beds, and 10 beds which can be used for residents who require either rest home of hospital level care. On the</p>

		day of the audit there were 35 residents. This consisted of seven rest home residents and 28 hospital residents. There were no residents under the age of 65 years.
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>Management duties are shared between the operations manager and the nurse manager. There is a senior registered nurse who is able fulfil the nurse managers role in the event of their temporary absence. One of the directors is also available to meet business requirements.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>There is a documented quality and risk management system. Policies and procedures are available to guide staff actions. There is an archive system in place for obsolete documents. The management team take joint responsibility for updating documents. All documents are controlled and password protected. There is a mechanism for alerting staff to new documents. Policies and procedures are updated in an ongoing manner.</p> <p>Quality goals are documented. Achievement towards quality goals is reported to the directors. A range of quality data is collected. This includes: internal audits; resident satisfaction; adverse events; health and safety; restraint; complaints and infection control. There is evidence that data is used in a manner to improve services if required. There is a process for communicating quality activities to staff. This includes staff and registered nurse meetings. These meetings include issues, suggested actions and outcomes.</p> <p>Actual and potential risks are identified and documented in the hazard register and in the risk management plan. These were both sighted. Newly found hazards and risks are communicated to staff and residents as appropriate. Hazards on site during the day were isolated. Risk management processes are reviewed annually by the directors with input from the nurse manager and the operations manager.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically</p>	FA	<p>The nurse manager and the operations manager confirmed their understanding regarding their obligations in relation to essential notification requirements including reporting under Section 31 of the Health and Disability Services (Safety) Act 2001.</p> <p>All adverse events are documented. Records of events sampled confirmed that the immediate actions</p>

<p>recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>		<p>and investigation were completed in an appropriate and timely manner. Remedial actions and improvements are made. There was evidence of open disclosure where required. Staff interviewed confirmed they report and record all incidents and accidents.</p> <p>A summary of adverse events is maintained and reported monthly. The year to date summaries were sampled and confirmed collation and trending by category, with a full analysis of each event category.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>Policies and procedures identify good employment practice; reflect good practice and meet requirements. Job descriptions describe staff responsibilities and accountabilities.</p> <p>Staff files sampled confirmed that staff have completed an orientation programme appropriate to their role. The orientation programme includes the essential components of service delivery and emergency management. Staff that require professional qualifications have them validated as part of the employment process and annually, as confirmed in staff files sampled.</p> <p>There is an annual education calendar for on-site education. Mandatory topics are defined and include: consumer rights; infection prevention and control; manual handling; restraint and emergency management. It was noted that attendance to education sessions has been low recently, however management are trialling a range of strategies to improve attendance. Additional in-service and outsourced education is available to staff. Staff records sampled confirmed that the registered nurses have attended a broad range of clinical education relevant to their role. There are currently two registered nurses who have completed interRAI training. The required competencies are maintained. This includes advanced nursing skills and medication competencies. All of the registered nurses have a current first aid certificate. The cleaners have had chemical safety training and all kitchen staff are scheduled to complete an update on their food handling requirements in response to the changes in food safety legislation.</p> <p>Staff performance is monitored. Current staff appraisals were sighted in all staff files sampled.</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>Policy related to staff skill mixes and experience is reflected in the roster to meet and exceed contractual requirements. There is a combination of 12 and eight-hour shifts. Care givers and registered nurses are provided with set numbers of residents on their duty/task lists. These lists contain up to six residents per staff member. Care giver patients' lists identify the resident name and acuity level.</p> <p>There are sufficient staff on duty per rostered shift, with six care givers in the morning. This is reduced to five after 3 pm, four after 7pm, then two overnight. There are three registered nurses on in the morning, two in afternoon, and one at night. There are designated additional service staff such as:</p>

		<p>cleaners; laundry; activities and kitchen staff.</p> <p>There is evidence that gaps in the roster are filled. It was reported by management that in the event a gap in the roster that could not be filled there are still sufficient staff to safely cover shifts. Regular team meetings and registered nurse handovers/meetings ensure continuity between shifts.</p> <p>The nurse manager and the operations manager are on site Monday to Friday during business hours.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>Hard copy residents' records are maintained. These are stored in a secure manner. Archived records are securely stored and accessible on site. Both the registered nurses and the care givers maintain progress and write an entry in the records every shift.</p> <p>All residents' records sampled included the name and designation of the writer. Records were integrated. Allied health and GP's entries are included. All records were legible.</p> <p>A resident register is maintained for both the hospital residents and rest home residents.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>Warkworth Hospital entry to service policy includes all the required aspects on the management of enquiries and entry. The information pack contains all the information about entry to the service. Assessments and entry screening processes are documented and clearly communicated to residents, family/whanau of choice where appropriate, local communities and referral agencies.</p> <p>Records reviewed confirmed that admission requirements are conducted within the required time frames and are signed on entry. The admission agreement clearly outlines services provided as part of the agreement to entry. The residents and family/whanau interviewed confirmed that they received sufficient information regarding the services to be provided.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>There is a planned and coordinated transition, exit, discharge or transfer managed by the GP, nurse manager and the RNs. Yellow envelopes are used for transfers to the local DHB using the DHB transfer forms. Sighted transfer documents in sampled files demonstrated safe transfer process for residents. To minimise risks associated with transfers, contact is established with the next service before transfer and at times follow up to ensure that the resident is safe.</p>
<p>Standard 1.3.12: Medicine</p>	FA	<p>There is a documented policy on the management of the medication system. Allergies are indicated, identification photos are uploaded and three-monthly reviews are completed. The RN was observed</p>

<p>Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>administering medication correctly. Medication reconciliation is conducted by the RNs' when a resident is transferred back to the service.</p> <p>The service uses pharmacy pre-packed packs that are checked by the RN on delivery and updated in the electronic medication system used for e-prescribing; administration and ordering. The controlled drug (CD) register is current and correct. Weekly and six-monthly stock takes are conducted. A pharmacist completes the six-monthly CD stock take. All medications are stored appropriately. There were no residents self-administering medication. There is a policy and procedure for self-administration of medication if required.</p> <p>An annual medication competency is completed for all staff administering medications and medication training records were sighted. The medicines management system complies with legislation, protocols and guidelines.</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>Meal services are prepared on site and served in the allocated dining rooms. The service employs two cooks, who are assisted by kitchen hands.</p> <p>The menu was reviewed by a registered dietitian to confirm it is appropriate to the nutritional needs of the residents. Diets are modified as required and the cook confirmed awareness of the dietary needs required by the residents. The residents have a dietary profile developed on admission which identifies dietary requirements, likes and dislikes and is communicated to the kitchen including any recent changes made. Meals are served warm in sizeable portions required by residents and any alternatives are offered as required. Residents' weights are completed monthly and supplements are provided to residents with identified weight loss issues.</p> <p>The kitchen and pantry were sighted and observed to be clean, tidy and adequately stocked. Labels and dates are on all containers and records of food temperature monitoring, fridges and freezers temperatures are maintained. Regular cleaning is undertaken and all services comply with current legislation and guidelines. The residents and family interviewed expressed satisfaction with the food service. There is a four-weekly rotating winter and summer meal menu in place.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the</p>	FA	<p>The RN and the nurse manager reported that all consumers who are declined entry are referred back to the referral agency to ensure that they will be admitted to the appropriate service provider. The service will note the reason for declining service entry to residents should this occur and communicates this to residents' and family/whānau.</p>

organisation, where appropriate.		
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	Admissions are completed by the registered nurse and the general practitioner (GP) within the required time frame. InterRAI assessments are completed within the required timeframes and information gathered from the assessment is included in the care plans (refer standard 1.3.5). The identified needs, outcomes and goals of the residents are documented and serve as a basis for service delivery.
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	PA Moderate	Care plans are resident centred, integrated and provide continuity of service delivery. The assessed information is used to generate long term care plans and short-term care plans for acute needs. The residents and family/whanau interviewed confirmed care delivery and support is consistent with their expectations and plan of care. An improvement is required to ensure that the interRAI assessments are evaluated in conjunction with long term plans and diversional therapy care plans.
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	The documented interventions in the short term care plans and the long term care plans are sufficient to address the assessed needs and desired goals/outcomes (refer standard 1.3.5). Significant changes are reported in a timely manner and prescribed orders carried out as confirmed by the GP in the interview conducted. Progress notes are completed on every shift. Monthly observations are completed and are up to date. Adequate clinical supplies were observed and the staff confirmed they have access to enough supplies.
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>Activities are appropriate to the needs, age and culture of the residents. The activities coordinator develops a monthly activity planner and daily/weekly activities are posted on the notice boards. Residents' files have a documented activity plan that reflects the residents' preferred activities of choice. Over the course of the audit residents were observed being actively involved in a variety of activities and residents interviewed expressed satisfaction with the activities in place.</p> <p>Activity plans are reviewed every six months or when there is any significant change in participation and this is completed in consultation with the RN. The activities vary from bingo: music; movies; exercises/walking; quiz; van outings; quoits; cooking demonstrations. The activities coordinator reported that they have group activities in the morning and engage in one on one activities in the afternoon with some residents. Activities are modified depending on abilities and cognitive function. The residents' activities participation log is being utilised.</p>

<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Care plans are evaluated six monthly and whenever required if there are any changes to residents' condition. The RNs are responsible for evaluating the care plans using outcomes from interRAI assessment, input from other nursing staff, residents and family/whanau. Evaluations in residents' care plans are resident focused and indicate the degree of achievement or response to interventions. In reviewed records, amendments are made to ensure interventions remain relevant to address the residents' current identified needs. Short-term care plans are evaluated regularly and signed off when conditions are resolved.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>There is a documented process for the management of all referrals. The service utilises a standard referral form when referring residents to other service providers. The GP confirmed that processes are in place to ensure that all referrals are followed up accordingly. Resident and family/whanau are kept informed of the referrals made by the service. All referrals are facilitated by the nurse manager, RN or GP.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>There is a documented policy and procedure regarding waste and sharps disposal. There are sufficient supplies and waste bins for regular council disposal. The required personal protective equipment is available, as are sharps containers for used needles. Chemicals are stored in a locked storage area. Material safety data sheets are provided. The management of hazardous substances is included on the risk management plan. There have been no adverse events regarding the management of waste or hazardous substances.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	PA Moderate	<p>The facility is purpose built and is maintained. The current building warrant of fitness is displayed. The operations manager has oversight of the maintenance programme. There is also a maintenance person on site Monday to Friday. External contractors are used for plumbing, electrical and other specialist areas.</p> <p>Medical equipment is fit for purpose and calibration reports for medical equipment were sighted. Floorings, furnishings and fittings were well maintained. Corridors are wide and residents were</p>

		<p>observed to be safely passing each other; safety rails are secure and are appropriately located.</p> <p>External areas and decks are available for residents and these are maintained to an adequate standard and are appropriate to the residents. Residents are protected from risks associated with being outside including provision of adequate and appropriate seating and shade; and ensuring safe areas are available for recreation or evacuation purposes. External hazards are identified and isolated.</p> <p>An improvement is required regarding electrical testing and tagging.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>All bedrooms have wash hand basins. There are adequate number of accessible showers and toilets for residents with a combination of communal facilities and private ensembles. Toilets and showers are of an appropriate design and number to meet the needs of the residents. Hot water temperatures are monitored and maintained at a safe temperature.</p> <p>Toilets have appropriate access for residents based on their needs and abilities. Communal toilets and showers have a system that indicates if it is vacant or occupied. Appropriately secured and approved handrails are provided along with other equipment/accessories that are required to promote resident independence.</p> <p>Management are currently refurbishing the communal bathrooms in response to normal wear and tear.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>With the exception of two double bedrooms, all bedrooms provide single accommodation. Shared rooms have privacy curtains. All rooms are sufficient in size and have one and a half doors and adequate personal space is provided in bedrooms to allow residents and staff to move around safely. Rooms are personalised to varying degrees. All rooms have hospital beds.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>Adequate access is provided to the lounges, sitting areas and dining areas. Residents were observed moving freely within these areas. Residents confirmed there are alternate areas available to them if communal activities are being run in one of these areas and they do not want to participate in them.</p>

<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>Cleaning and laundry policy and procedures are available. There are policies and procedures for the safe storage and use of chemicals / poisons. All linen is washed on site and there is separation of dirty and clean linen. Laundry staff are responsible for management of laundry. Staff described the management of laundry including the transportation, sorting, storage, laundering, and the return of clean laundry to the residents. The effectiveness of the cleaning and laundry services is audited via the internal audit programme and completed audits for laundry and cleaning were reviewed.</p> <p>Observations provided evidence that safe and secure storage areas are available and staff have appropriate and adequate access to these areas as required; chemicals were labelled and stored safely within these areas; chemical safety data sheets or equivalent were available; appropriate facilities exist for the disposal of soiled water/waste (i.e., sluices), convenient hand washing facilities are available, and hygiene standards are maintained in storage areas.</p> <p>Residents and family interviewed stated they were satisfied with the cleaning and laundry service and this was also confirmed during the review of the regular resident's meetings.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>Documented systems are in place for essential, emergency and security services. Policy and procedures documenting service provider/contractor identification requirements along with policy/procedures for visitor identification are available. Policy/procedures for the safe and appropriate management of unwanted and/or restricted visitors are available.</p> <p>A New Zealand Fire Service letter dated 24 July 2006 was reviewed and confirmed the fire evacuation scheme is approved. Six monthly fire drills are conducted.</p> <p>All registered nurses and management have a current first aid certificate. Emergency and security management education is provided as part orientation of the in-service education programme.</p> <p>Information in relation to emergency and security situations is readily available/displayed for service providers and residents; emergency equipment is accessible, stored correctly, not expired, and stocked to a level appropriate to the service setting. Observations evidenced emergency lighting, torches, gas for cooking, extra food supplies, emergency water supply, blankets, radio and cell phones.</p> <p>There is a call bell system in place that is used by the resident or staff member to summon assistance if required and is appropriate to the resident group and setting. Call bells are accessible / within reach, and available in resident areas. Residents confirmed they have a call bell system in place which is accessible and staff respond to it in a timely manner.</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>Procedures are in place to ensure the service is responsive to resident feedback in relation to heating and ventilation, wherever practicable. Residents and family interviewed confirmed the facility is maintained at an appropriate temperature. During cooler periods warm air is ducted into the building and there are vents in every room.</p> <p>Observations evidenced that the residents are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</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 hospital provides an environment that minimises the risk of infection to residents, staff and visitors by implementing an appropriate infection prevention and control programme. The RN is the infection control coordinator (ICC) and has access to external specialist advice from a GP and DHB infection control specialists when required. A documented job description for the ICC including role and responsibilities is in place.</p> <p>The infection control programme is reviewed annually and is incorporated in the monthly meetings and a review of the education programme is conducted. Staff are made aware of new infections through daily handovers on each shift and in progress notes. The infection control programme is appropriate for the size and complexity of the service.</p> <p>There are processes in place to isolate infectious residents when required. Hand sanitisers and gels are available for staff and visitors to use. There have been no outbreaks reported and infection control guidelines are adhered to. Staff interviewed demonstrated an understanding of the infection prevention and control programme.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	<p>FA</p>	<p>The ICC is responsible for implementing the infection control programme and indicated there are adequate human, physical, and information resources to implement the programme. Infection control reports are discussed at the management meetings and monthly staff meetings. The ICC has access to all relevant resident data to undertake surveillance.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and</p>	<p>FA</p>	<p>The organisation has documented policies and procedures in place that reflect current best practice. Staff were observed complying with the infection control policies and procedures. Staff demonstrated knowledge on the requirements of standard precautions and able to locate policies and procedures.</p>

<p>procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>		
<p>Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>Staff education on infection prevention and control is conducted by the ICC. A record of attendance is maintained and was sighted. The training education information pack is detailed and meets best practice and guidelines. External contact resources included: GP; laboratories; external consultant and local district health boards. Staff interviewed confirmed an understanding on how to implement infection prevention and control activities into their everyday practice.</p>
<p>Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the organisation. Infection data is collected, monitored and reviewed monthly. The data is collated and analysed to identify any significant trends or common possible causative factors and action plans are instigated. Staff interviewed reported that they are informed of infection rates at monthly staff meetings and through compiled reports. The GP is informed within the required time frame when a resident has an infection and appropriate antibiotics are prescribed to combat the infection respectively.</p>
<p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>There are documented processes to guide safe practice and restraint minimisation. Restraint and enabler use is a mandatory staff training topic. At the time of the audit there was one resident using an enabler and no residents using a restraint. There was one resident who had a restraint approved, however the restraint has not been required as alternatives are proving successful. The enabler was a bed rail, requested by the resident and can be removed by the resident.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.5.2</p> <p>Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.</p>	<p>PA</p> <p>Moderate</p>	<p>Currently the long term care plans and the interRAI assessments are being developed/reviewed at different times. In some circumstances the long term care plan had been developed/reviewed prior to the interRAI assessment. This has resulted in some inconsistencies between the long-term care plan interventions/outcomes and the clinical assessment protocols (which were triggered following the interRAI assessment).</p>	<p>Not all care plans described the required support as identified following the assessment process.</p>	<p>Provide evidence that all clinical assessment protocols are included in the care planning process.</p> <p>60 days</p>
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	<p>PA</p> <p>Moderate</p>	<p>Routine inspection of electrical equipment confirmed that the required schedule for testing and tagging electrical equipment has not been maintained. All medical equipment is maintained in good working order and calibrated as required.</p>	<p>Testing and tagging of electrical equipment has not been</p>	<p>Maintain the required testing and tagging of electrical</p>

			maintained.	equipment. 60 days
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.