

Inglewood Welfare Society Incorporated - Marinoto Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Inglewood Welfare Society Incorporated

Premises audited: Marinoto Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 23 April 2018 End date: 23 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: 20

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Marinoto rest home is a charitable trust governed by a trust board. Marinoto provides rest home level care for up to 23 residents. On the day of the audit there were 20 residents.

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

The facility manager/registered nurse has been in the role 16 months and is supported by an assistant manager and registered nurse. They are supported by caring and long-serving staff. Residents and family interviewed were complimentary of the care and services they receive.

This certification audit identified areas for improvement around aspects of the quality system, care plan interventions and first aid training.

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.
--	--	--

The staff at Marinoto Rest Home ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. The service functions in a way that complies with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Discussions with families identified that they are fully informed of changes in their family member's health status. Information about the Code and advocacy services is easily accessible to residents and families. Complaints policies and procedures meet requirements and residents and families are aware of the complaints process.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some standards applicable to this service partially attained and of low risk.
---	--	---

Marinoto Rest Home has a documented quality and risk management system. Quality data related to incident and accidents, infection control, restraint and complaints are collected. There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation programme that provides new staff with relevant information for safe work practice. There is an education programme covering relevant aspects of care and external training is supported. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care.

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>
---	--	---

Residents/relatives confirmed the admission process and the admission agreement was discussed with them on or prior to admission. The registered nurse is responsible for each stage of service provision. The assessments and care plans are developed in consultation with the resident and their whānau/support person. The GP reviews the resident at least three monthly.

An activity coordinator is employed five days a week. The activities offered are a reflection of the residents group and individual recreational preferences. Community links are maintained.

Medication education and competencies are completed annually for the registered nurses and healthcare assistants responsible for administration of medicines. Medication policies reflect legislative requirements and guidelines.

All meals are prepared on-site. Resident's individual food preferences, dislikes and dietary requirements are met. There is a dietitian review of the four-weekly menu. The cooks are trained in food safety and hygiene.

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>
---	--	---

Marinoto Rest Home has a current building warrant of fitness. There is adequate room for residents to move freely about the home using mobility aids as required. Communal areas are spacious and well utilised for group and individual activity. Four bedrooms have ensuites. There are adequate numbers of communal toilets and showers. Outdoor areas are readily accessible and provide seating and shade. There is adequate equipment for the safe delivery of care. Emergency systems and supplies are in place in the event of a fire or external disaster. Chemicals are stored safely. The service maintains a tidy, clean environment and efficient laundry service.

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>
--	--	---

Marinoto Rest Home has restraint minimisation and safe practice policies and procedures in place. On the day of audit, there was one resident using a restraint and no residents using an enabler. Staff receive training around restraint minimisation. Assessment and approval process for restraint use is completed. Restraint evaluation is completed regularly. A restraint register is in place. A quality review of restraint use is reviewed through the quality management programme.

Infection prevention and control

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

Standards applicable to this service fully attained.

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

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	47	0	1	2	0	0
Criteria	0	98	0	1	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)
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. An information pack is available to residents/families prior to admission and contains information of their rights. Discussions with four care staff (one registered nurse (RN), two HCAs and one activities coordinator) confirmed their familiarity with the Code. Six residents, and two family members interviewed confirmed the services being provided are in line with the Code.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>Residents and their families are provided with all relevant information on admission. Discussions are held with the resident and their whānau/representative regarding informed consent, choice and options regarding clinical and non-clinical services. Written informed consents were sighted in the five resident files sampled. Resuscitation forms were appropriately signed by the resident and general practitioner (GP). Signed admission agreements sighted also gives permission granted for release of medical information and photograph. Discussion with residents and relatives identified that the service actively involves them in decisions that affect the lives of the resident.</p>

<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>Client right to access advocacy and services is identified for residents. Advocacy leaflets are available in the service reception area. The information identifies who the resident can contact to access advocacy services. The information pack provided to residents prior to entry includes advocacy information. Staff were aware of the right for advocacy and how to access and provide advocate information to residents if needed. Residents and family members that were interviewed were aware of their access to advocacy services.</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>Residents and relatives confirmed that visiting could occur at any time. Key people involved in the resident's life have been documented in the resident files. Residents verified that they have been supported and encouraged to remain involved in the community, including being involved in regular community groups. Entertainers are regularly invited to perform at the facility.</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>There is a complaints policy to guide practice, which aligns with Right 10 of the Code. The facility manager leads the investigation of any concerns/complaints in consultation with the RN for clinical concerns/complaints. Complaint forms are visible throughout the facility. A complaints procedure is provided to residents within the information pack at entry. A complaints register is maintained. There has been one complaint made in 2017 and three received in 2018 year-to-date since the last audit. The documentation for each complaint shows investigation and actions taken for resolution to the satisfaction of the complainant. An additional complaint made through the district health board (DHB) on 9 January 2018 was investigated and followed up. An email from the DHB on 14 February 2018 confirmed that the complaint had been closed off.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>The Code and advocacy pamphlets are located at the main entrance of 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. Residents and relatives 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>	FA	<p>Staff interviewed were able to describe the procedures for maintaining confidentiality of resident records, resident's privacy and dignity. Residents and relatives interviewed reported that residents are able to choose to engage in activities and access community resources. There is an abuse and neglect policy in place. Staff receive training around abuse and neglect.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>The service has guidelines for the provision of culturally safe services for Māori residents. There is a Māori health plan. On the day of the audit there were no residents that identified as Māori. The service has established links with local Māori groups, (ie, Tui Ora, a Kaupapa Māori organisation). Discussions with staff confirm that they are aware of the need to respond with appropriate cultural safety.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>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. Family members reported that they feel they are consulted and kept informed and family involvement is encouraged.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>The staff employment process includes the signing of house rules. Job descriptions include responsibilities of the position and ethics, advocacy and legal issues. The orientation programme provided to staff on induction includes an emphasis on 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 rest home level care. The quality programme has been designed to monitor contractual and standards compliance and the quality of service delivery in the facility. Staffing policies include pre-employment, the requirement to attend orientation and ongoing in-service training. The facility manager and assistant manager share</p>

		<p>the responsibility for coordinating the internal audit programme. Monthly staff and management/quality improvement meetings and monthly resident's meetings are conducted. Residents and relatives interviewed spoke positively about the care and support provided. Staff interviewed stated that they feel supported by the facility manager, assistant manager and the RNs.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>There is a policy to guide staff on the process around open disclosure. Residents and family are informed prior to entry of the scope of services and any items they have to pay for that are not covered by the agreement. Information is provided in formats suitable for the resident and their family. Residents and relatives interviewed confirmed on interview that the staff and management are approachable and available. Twelve accident/incident forms reviewed identified family were notified following a resident incident. Relatives interviewed confirmed they are notified of any accident/incidents. Families are invited to attend the monthly resident/relative meetings. Interpreter services are available as required.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Marinoto Rest Home is owned by the Inglewood Welfare Society Incorporated (board of six committee executives). Marinoto Rest Home provides rest home level care for up to 23 residents. On the day of the audit there were 20 residents in total. All residents are under the aged related residential care (ARRC) contract.</p> <p>The service is managed by a facility manager, who is a registered nurse (RN) with a current practising certificate. She has been in the role for 16 months and is supported by an experienced non-clinical assistant manager who has been in the position for 18 months and has worked in aged care for 35 years, and an RN who has been in the role for 18 months. The facility manager provides a monthly report to keep the Society up-to-date with progress (confirmed by two committee executives interviewed). There are six committee executives who meet monthly and have the ability to co-opt to other members as required. The facility manager reports directly to a board sub-committee and are available to the facility manager as required at other times.</p> <p>The current quality improvement and risk management plans have been implemented with progress toward goals and achievement of these documented. There is a strategic business plan (April 2016 to March 2018) with long-term strategies and short-term goals. The goals for 2018 and direction of the service are well documented. Progress toward goals is documented in an ongoing manner.</p> <p>The facility manager has maintained at least eight hours annually of professional development activities related to managing a rest home.</p>

<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>The facility manager reported that in the event of her temporary absence the assistant manager fills the role with support from the RNs and other care staff.</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>	PA Low	<p>Marinoto Rest Home has a documented quality and risk management system. The facility managers' monthly report to the board of trustees covers staffing, resident occupancy, quality improvement activities, accident/incident data, audits (internal and external) and any complaints/compliments. There are policies and procedures implemented to provide assurance that the service is meeting accepted good practice and adhering to relevant standards, including those standards relating to the Health and Disability Services (Safety) Act 2001. The service has in place a range of policies and procedures to support service delivery that are developed by an external consultant and reviewed regularly. Staff interviewed confirmed they are made aware of new/reviewed policies. Quality data trends analysis related to incident and accidents, infection control, restraint and complaints are collected, however there was no documented evidence that meeting minutes included discussion around quality data trends analysis and what actions were required by staff.</p> <p>Management/quality improvement and general staff meetings are held monthly. There is an annual internal audit calendar in place, however, not all internal audits for 2017 had been completed as per the required schedule. There is a health and safety and risk management system in place including policies to guide practice. Health and safety is discussed at the monthly management/quality improvement and general staff meetings. Hazard identification forms are completed for any accidents or near misses. There is a hazard register in place that is reviewed annually. The resident/relative satisfaction survey completed in June 2017 had a 99% satisfaction result. A corrective action was put in place around an improvement with the cleaning service which was completed and signed off. Fall prevention strategies are in place that include the analysis of falls accident/incidents and the identification of interventions on a case-by-case basis to minimise future falls.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or</p>	FA	<p>There is an accident/incident reporting policy that includes definitions and outlines responsibilities. Twelve accident/incident forms for the month of April 2018 were reviewed. All document timely RN review and follow-up. Neurological observations were fully completed for two resident falls that resulted</p>

<p>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>in a potential head injury. Discussions with the facility manager confirmed an awareness of the requirement to notify relevant authorities in relation to essential notifications including section 31 notifications. There have been no section 31 notifications lodged since the last audit.</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>There are human resources policies to support recruitment practices. Five staff files (one facility manager, one RN, one HCA, one cook and one activities coordinator) were reviewed. The recruitment and staff selection process require that relevant checks are completed to validate the individual's qualifications, experience and suitability for the role. Annual performance appraisals were up-to-date. Current practising certificates were sighted for the RNs. One of the two RNs has completed interRAI training. The service has an orientation programme in place to provide new staff with relevant information for safe work practice. The RNs and HCAs complete competencies relevant to their role such as medications. There is an education planner in place that covers compulsory education requirements over a two-year period.</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>Staff rostering, and skill mix policy is in place. Staff are rostered on to manage the care requirements for residents in the rest home. The facility manager and assistant manager (a qualified HCA) are on duty Monday to Friday. The facility manager and RNs share the 24/7 on call duty. Two registered nurses cover the seven-day week on morning shifts. There are two HCAs on full shifts for the morning, afternoon and night shifts. There is a dedicated cleaner on Monday to Friday and kitchen staff carry out cleaning duties in the weekends when they have finished in the kitchen. The activities coordinator is on duty from 9.00 am to 4.00 pm Monday to Friday. Interviews with HCAs, relatives and residents confirm that staffing is adequate to meet the needs of residents. There is not always a first aid trained staff member on duty 24/7 (link 1.4.7.1).</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. 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 for services has been identified.</p>	<p>FA</p>	<p>A needs assessment is required prior to entry for rest home level of care. The facility manager/registered nurse or registered nurse (RN) is responsible for the screening of residents to ensure entry is appropriate. Six residents and two relatives interviewed state they received all relevant information prior or on admission.</p> <p>The admission agreement reviewed aligns with the ARC contract. Exclusions from the service are included in the admission agreement.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>The RN (interviewed) described the transfer documentation that is sent with the resident for discharge and transfers. Families were informed of transfers and encouraged to accompany the resident to hospital. Follow-up occurs to check that the resident is settled, or in the case of death, communication with the family is made and documented.</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>	<p>FA</p>	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. The supplying pharmacy delivers the regular and 'as required' medication in robotic rolls. All medications are checked on delivery by the RN and caregiver against the medication chart and sign a checklist. Senior healthcare assistants and RNs who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided annually. Medications were stored safely. The medication fridge has daily temperature checks recorded. All eyedrops were dated. All medications were within the expiry date.</p> <p>A procedure is in place for the self-administration of medicines. On the day of audit there was one resident self-medicating with a self-medication competency completed. Self-administration monitoring is completed.</p> <p>Ten medications charts were reviewed. Allergies and photographic identification are on the medication administration chart. Prescribing of medications met legislative requirements. Administration of medications corresponded with the medication charts. The GP had reviewed the medication charts at least three monthly.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are</p>	<p>FA</p>	<p>Food service policies and procedures are appropriate to the service setting with a seasonal four-weekly menu. The menu was last reviewed by a dietitian in November 2016. Submission of the food control plan has been extended until 31 May 2018 (as the facility is part of an aged care provider group who are working together on their food control plan). The service provides meals on wheels in the</p>

<p>met where this service is a component of service delivery.</p>		<p>community.</p> <p>All baking and meals are cooked on-site by qualified cooks. The qualified cook (interviewed) has completed a food safety course. The cook receives a resident dietary profile and is notified if there are any dietary changes. Special diets such as diabetic desserts and vegetarian diet is accommodated. Alternative choices for dislikes are provided.</p> <p>A daily food control plan of chiller, freezer and end cooked meat temperatures is completed as sighted. Food stored in the fridge and chillers is covered and dated. Dry goods are stored in sealed containers labelled with the re-filled and expiry dates. A cleaning schedule is maintained.</p> <p>Residents can feedback on the food services at the residents meeting. Residents/relatives interviewed generally spoke positively about the food provided.</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 organisation, where appropriate.</p>	<p>FA</p>	<p>The referral agency and potential resident and/or family member would be informed of the reason for declining entry. The service policy for entry to services outlines the reasons for declining entry such as there are no beds available or where the acceptance of the admission could potentially affect other residents, or the home cannot provide the level of care required.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>The RN is responsible for completing first interRAI assessments and six monthly, as part of the long-term care plan evaluation. Initial assessments had been completed within 24 hours of admission including risk assessment tools as applicable. Information gathered from the resident/relative, other health professionals and discharge/transfer documentation is used to form the basis of the care plans. The outcomes and supports identified in assessments were not always reflected in the long-term care plan (link 1.3.5.2).</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>PA Moderate</p>	<p>An initial support plan is completed within 24 hours in consultation with the resident/relative or support person. The initial support plan and input from care staff, helps to inform the long-term care plans. Care plans identify the resident goals and nursing interventions to provide required supports. Short-term care plans were used to document short-term changes in health needs. One of five long-term resident care plans reviewed included nursing diagnosis and the required support and interventions to meet the resident goals.</p> <p>There was documented evidence of resident/family/whānau involvement in the care planning process.</p>

		Healthcare assistants interviewed were knowledgeable regarding resident cares and 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	<p>Residents and relatives interviewed, reported that residents' individual needs were appropriately met, and they were kept informed of any changes to resident's health status and GP visits. Family/whānau/resident representative contact sheets were sighted in resident files and are maintained by the RN. There is evidence that family members were notified of any changes to their relative's health including (but not limited to) accident/incidents, infections, health professional visits and changes in medications. When a resident's condition alters, the RN initiates a GP or nurse specialist review. Healthcare assistants reported that they are informed of any changes in health status at handover. Short-term care plans are used to document short-term needs.</p> <p>Adequate dressing supplies were sighted. Wound management policies and procedures are in place. There is access by referral to the district nursing service. Wound assessments and evaluations, six residents with skin tears/lesions and one chronic ulcer was reviewed. There were no pressure injuries.</p> <p>Continence products are available and resident files included a continence assessment where appropriate.</p> <p>Observation charts and monitoring records were in place for an enabler, pain, blood sugars, behaviour, food/fluid intake, weight and bowel monitoring.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>The activities coordinator has been in the role at Marinoto for three years and is progressing through the diversional therapy qualifications. She attends regional DT workshops, training days and completed the on-line 'Understanding Dementia' course. The activities coordinator works from 9.00 am to 4.00 pm Monday to Friday,</p> <p>The activities programme is planned to reflect resident preferences and suggestions from the monthly resident meetings. Activities include (but not limited to); exercises, adult colouring, music, quizzes and inter-home bowls challenge. Community visitors include K9 friends, local day care children, inter-home events and church services. An Ironside van is hired for regular outings into the community such as shopping, cafes and other community functions. Marinoto committee members are actively involved in one-on-one activities and the library service. Festive occasions and birthdays are celebrated.</p> <p>A resident social profile and cultural assessment is completed following admission and an individual activity plan developed. Activity plans are reviewed six monthly as part of the six-monthly MDT review.</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>Evaluation of care plans against resident goals is conducted by the RN with input from the resident, family, healthcare assistants and activities coordinator. Families are notified of any changes in the resident's ability to meet their desired goals. Residents/relatives interviewed confirmed their participation in care plan evaluations. The long-term care plans are reviewed at least six monthly. There is at least a three-monthly review by the GP.</p> <p>Short-term care plans are used for short-term changes in health status and had been reviewed, resolved or if an ongoing problem transferred to the long-term care plan.</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>	<p>FA</p>	<p>Referral to other health and disability services is evident in the resident files reviewed. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. Examples of referrals sighted were; physiotherapist, heart failure clinic, speech language therapist, retinal screening, dietitian, and diabetes clinic.</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>The service has waste management policies and procedures for the safe disposal of waste and hazardous substances. All chemicals were stored safely throughout the facility. There is an incident reporting system that includes investigation of incidents. Safety datasheets were readily accessible. There was appropriate protective equipment and clothing for staff. Staff attend chemical safety training.</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 building has a current building warrant of fitness that expires 8 April 2019. The responsibility for maintenance is shared between the facility manager and assistant manager. Staff record requests for repairs in a maintenance request book that is checked daily and actioned. There is a planned maintenance schedule in place that includes electrical testing and calibrations of clinical equipment. Essential contractors are available 24 hours. Environmental improvements include new outdoor furniture, purchase of hospital beds and sensor mats.</p>

		<p>Hot water temperatures are checked monthly and corrective actions taken for temperatures above 45 degrees Celsius.</p> <p>There is sufficient space for residents to safely mobilise using mobility aids and communal areas are easily accessible. There is safe access to the outdoor areas where seating and shade is provided.</p> <p>The healthcare assistants interviewed stated they have sufficient equipment to safely deliver the cares as outlined in the residents' 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 hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>Four resident rooms have ensuites. There are adequate numbers of communal toilets and showers with privacy locks. There is safe flooring, seating and hand rails appropriately placed in the shower rooms. Residents interviewed confirmed staff provide the resident with privacy when attending to personal hygiene cares.</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>There are 19 single rooms and two double rooms. All rooms had single occupancy on the day of audit. The double rooms can have privacy curtains in place where a room is shared. The bedrooms are personalised (as viewed) and spacious enough for residents to move safely around the room with the use of mobility aids. The staff report there is adequate space to carry out the resident cares.</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>There is easy access to the communal areas. There is one large open plan dining and lounge area which opens out onto a deck. Most activities take place in the larger lounge. There is also a conservatory lounge that divides into two smaller seating areas where residents can have visitors or enjoy quieter activities or chats. Residents were observed moving safely between their bedrooms and communal areas.</p>
<p>Standard 1.4.6: Cleaning And</p>	FA	<p>There is a dedicated housekeeper, for three hours a day Monday to Friday and a home assistant for</p>

<p>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>weekends to complete cleaning duties. The cleaner's trolley is stored in a locked area when not in use. The laundry has a defined clean and dirty area with entry and exit door. All personal clothing and linen is laundered on-site by a home assistant seven day a week. Care staff complete laundry duties such as ironing, as time permits on night shift. Personal protective equipment is available for cleaning and laundry duties. Residents interviewed expressed satisfaction overall with the cleaning and laundry service.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>PA Moderate</p>	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service dated 17 April 2002. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Six monthly fire evacuation drills are completed with the last fire evacuation drill occurring on 19 March 2018. There is a civil defence kit and pandemic/outbreak supplies available in the facility that are checked annually. A contracted service provides checking of all facility equipment including fire equipment. Fire training and security situations are part of the orientation for new staff.</p> <p>Emergency equipment is available at the facility. There are adequate supplies in the event of a civil defence emergency including dry food, water, blankets and alternate gas cooking (BBQ and gas hobs in the kitchen). Short-term back-up power (battery bank) for four hours emergency lighting is in place. A minimum of one person trained in first aid is required at all times, however there is not a first aid trained staff member on duty 24/7, with HCAs that work together on night duty who are not first aid trained. There are call bells in the residents' rooms and lounge/dining room areas. Residents were observed to have their call bells in close proximity.</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>There is adequate natural light in all communal rooms. Bedrooms have an external window and some bedrooms open out to the outdoors. There are individually adjustable ceiling panels for heating in bedrooms with heat pumps and night store heaters in communal areas.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service</p>	<p>FA</p>	<p>The RN has responsibility for infection control which is described in the job description. The infection control coordinator oversees infection control for the service and is responsible for the collation of infection events. The infection control programme is reviewed annually as part of the policy and procedure review.</p> <p>Visitors are asked not to visit if unwell. Hand sanitisers are appropriately placed throughout the facility.</p>

providers, and visitors. This shall be appropriate to the size and scope of the service.		Residents are offered the influenza vaccine.
Standard 3.2: Implementing the infection control programme There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.	FA	The infection control coordinator has completed infection control and prevention education on-site provided by the DHB infection control nurse June 2017. There is access to infection control expertise within the DHB, wound nurse specialist, district nurses and an external aged care consultant.
Standard 3.3: Policies and procedures Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.	FA	The service has infection control policies developed by an aged care consultant. The infection control manual includes a comprehensive range of standards and guidelines including defined roles and responsibilities for the prevention of infection; and training and education of staff. Infection control procedures developed in respect of the kitchen, laundry and housekeeping incorporate the principles of infection control.
Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.	FA	The infection control coordinator is responsible for coordinating/providing education and training to staff. Training on infection control is included in orientation and as part of the annual training schedule last in June 2017. Staff complete hand hygiene competencies. Resident education is expected to occur as part of providing daily cares.
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed	FA	There is a policy describing surveillance methodology for monitoring of infections. The infection control coordinator collates information obtained through surveillance to determine infection control activities and education needs in the facility. Infection control data is discussed at the monthly staff meeting.

objectives, priorities, and methods that have been specified in the infection control programme.		Trends are identified, analysed and preventative measures put in place. The GP monitors the use of antibiotics. Infection rates are low and there have been no outbreaks. Systems in place are appropriate to the size and complexity of the facility.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. The restraint standards are being implemented, and implementation is reviewed through the management/quality improvement meetings. On the day of audit, the service had one resident using a restraint (comfort chair), and there were no residents using an enabler. Staff receive training around restraint minimisation, last occurring in December 2017.
Standard 2.2.1: Restraint approval and processes Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.	FA	An RN is the restraint coordinator. Assessment and approval process for restraint use included the restraint coordinator, registered nurses, resident/representative and medical practitioner. The restraint coordinator has a signed job description.
Standard 2.2.2: Assessment Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.	FA	Restraint assessments are based on information in the care plan, resident discussions and on observations by the staff. There was a restraint assessment tool completed for the one resident requiring a comfort chair for safety. Ongoing consultation with the resident and EPOA is also identified.
Standard 2.2.3: Safe Restraint Use Services use restraint safely	FA	The service has an approval process, as part of the restraint minimisation policy that is applicable to the service. The approval process includes ensuring the environment is appropriate and safe. The care plan of the one resident with restraint, identified observations and monitoring. Restraint use is reviewed through the three-monthly assessment evaluations, monthly management/quality improvement meetings and six monthly multidisciplinary meeting and includes family/EPOA input. A restraint register

		is in place, which has been completed for the one resident requiring restraint.
Standard 2.2.4: Evaluation Services evaluate all episodes of restraint.	FA	Evaluation has occurred three monthly as part of the ongoing reassessment for the resident on the restraint register, and as part of their care plan review. The family is included as part of the multidisciplinary meeting. Evaluation timeframes are determined by policy and risk levels.
Standard 2.2.5: Restraint Monitoring and Quality Review Services demonstrate the monitoring and quality review of their use of restraint.	FA	Individual approved restraint is reviewed at least monthly through the management/quality improvement meeting. The scheduled audit on restraint practices occurs annually and was last audited in April 2018.

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.3.6</p> <p>Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.</p>	PA Low	<p>Quality data trends analysis related to incident and accidents, infection control, restraint and complaints are collected, however there was no documented evidence that meeting minutes included discussion around quality data trends analysis and what actions were required by staff. There is an annual internal audit calendar in place, however not all internal audits for 2017 had been completed as per the required schedule.</p>	<p>i) There was no documented evidence that meeting minutes included discussion around quality data trends analysis and what actions were required by staff.</p> <p>ii) There was no documented evidence of internal audits being completed for July, August, October, November and December 2017 as per the required schedule.</p>	<p>i) Ensure that staff meeting minutes include discussion of quality data trends analysis and actions required, if any.</p> <p>ii) Ensure that all</p>

				internal audits are completed as per the required schedule. 90 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 Moderate</p>	<p>Care plans completed by an RN are goal orientated and reviewed at six monthly intervals. Not all the care plans fully described the interventions required to support the residents identified needs.</p>	<p>Four of five long-term care plans did not include the required support and interventions to meet the resident goals as follows; i) There were no documented cares and management for one resident with a suprapubic catheter. ii) For one resident there were no documented supports for behaviours or pain as identified through the interRAI assessment. iii) There was no documented signs/symptoms/treatment or management of hypo and hyperglycaemia for two insulin dependent residents.</p>	<p>Ensure that care plans document required supports and interventions to reflect the resident's current needs.</p> <p>90 days</p>
<p>Criterion 1.4.7.1</p> <p>Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	<p>PA Moderate</p>	<p>Fire training and security situations are part of the orientation for new staff. A minimum of one person trained in first aid is required at all times, however there is not a first aid trained staff member on duty 24/7.</p>	<p>There is not a first aid trained staff member on duty 24/7, as two HCAs that work together on night duty are not first aid trained.</p>	<p>Ensure that there is a first aid trained staff member on duty 24/7.</p> <p>90 days</p>

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.