

Capital Residential Care Limited - Ocean View Residential Care

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: Capital Residential Care Limited

Premises audited: Ocean View Residential Care

Services audited: Rest home care (excluding dementia care)

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

Proposed changes to current services (if any):

Total beds occupied across all premises included in the audit on the first day of the audit: 15

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Oceanview rest home is privately owned and operated. The service is certified to provide rest home care for up to 20 residents with 15 residents on the days of audit. The owner is the designated acting manager. An administrator, second owner, and clinical nurse manager support the manager. Residents and one family member interviewed were complimentary of the care and support provided.

This certification audit was conducted against the health and disability sector standards and the district health board contract. The audit process included the review of policies and procedures, the review of resident and staff files, observations and interviews with residents, family members, staff and management.

Improvement is required in relation to; training relevant to rest home management for the owner/acting manager, quality system implementation and follow-up, education for staff, assessment process, care plan interventions, medication competencies for staff and medication documentation, consent forms for residents, and first aid competencies for staff.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Some standards applicable to this service partially attained and of low risk.
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Staff at Oceanview strive to ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. Information about the code of rights and services is easily accessible to residents and families. Policies are implemented to support residents' rights. Information on informed consent is included in the admission agreement and discussed with residents and relatives. Staff interviewed were familiar with processes to ensure informed consent. Care plans accommodate the choices of residents and/or their family/whānau. Complaints and concerns policies are documented, and the complaints process is known by residents and relatives.

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 medium or high risk and/or unattained and of low risk.
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Oceanview is certified to provide rest home level of care. The acting manager (owner) has the responsibility of running the facility with support by a clinical manager. The quality and risk management programme includes service philosophy, goals and a quality planner. Residents meetings have been held and residents and families have been surveyed. Health and safety policies, systems

and processes are implemented to manage risk. Incidents and accidents are reported and managed. Staff files are maintained, and annual appraisals have been conducted. A roster provides sufficient and appropriate coverage for the effective delivery of care and support.

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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There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision and reviews residents' needs, outcomes and goals with the resident and/or family/whānau input. Care plans viewed in resident records demonstrated service integration and were evaluated at least six monthly. Resident files included notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. The service has implemented an electronic medication system. The general practitioner reviews the medication charts three monthly.

A relieving diversional therapist coordinates the activity programme for the residents. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural and cognitive abilities and preferences.

All meals are prepared and cooked on-site. Residents' food preferences and dietary requirements are identified at admission and accommodated. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines.

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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There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade. Resident bedrooms are personalised. There are adequate numbers of communal toilet/shower facilities. Cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services. Documented systems are in place for essential, emergency and security services. There are call bells in resident rooms and communal areas.

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 service has policies and procedures to ensure that restraint is a last resort and safely used when required, and that enabler use is voluntary. There were no residents using restraints or enablers at the time of the audit.

Infection prevention and control

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

Standards applicable to this service fully attained.

A registered nurse is the designated infection control coordinator and oversees the infection prevention and control programme. The infection control coordinator can contact the DHB infection control nurse specialist or GP at any time for advice and information. The infection prevention and control policies are comprehensive. Infections are collated monthly, and trends are identified and used to identify education needs or generate improvement in practice. Staff have annual infection control training and there are implemented internal audits around the environment and cleanliness that ensures that infection control is monitored.

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	37	0	4	4	0	0
Criteria	0	82	0	7	4	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) policy and procedure is implemented. Discussions with staff (two caregivers, one activities coordinator, two registered nurses (one RN and one clinical nurse manager) the manager/owner and owner) confirmed their familiarity with the Code. Interviews with six residents and one relative 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>	PA Low	<p>There are established informed consent policies/procedures and advanced directives. General consents were obtained on admission as sighted in three of five resident files reviewed (three long-term, one respite care and one under 65 years). Advance directives if known were on the resident files. Resuscitation plans were sighted in the four long-term resident files. Copies of EPOA were on files as required.</p> <p>Systems are in place to ensure residents, and where appropriate their family/whānau, are provided with appropriate information to make informed choices and informed decisions. The care staff interviewed demonstrated a good understanding in relation to informed consent and informed consent processes.</p>

		A family member and six residents interviewed, confirmed they have been made aware of and fully understand informed consent processes and that appropriate information had been provided. All resident's files reviewed had signed admission agreements
Standard 1.1.11: Advocacy And Support Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.	FA	An advocacy policy and procedure includes how staff can assist residents and families to access advocacy services. Contact numbers for advocacy services are available in advocacy pamphlets that are available at reception.
Standard 1.1.12: Links With Family/Whānau And Other Community Resources Consumers are able to maintain links with their family/whānau and their community.	FA	Interviews with residents and a relative, confirmed that visiting can occur at any time. Family members were seen visiting on the days of the audit. Key people involved in the resident's life are documented in the care plans. Discussions with residents and a relative, verified that they are supported and encouraged to remain involved in the community. Oceanview's staff support ongoing access to the community. Entertainers are invited to perform at the facility.
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	The complaints procedure is provided to residents and relatives at entry to the service. A record of all complaints, both verbal and written is maintained using a complaints' register. There have been three complaints made in 2017 and none year-to-date for 2018. Three complaints reviewed for 2017 included one from the DHB and two from relatives. The DHB complaint had been investigated and closed out. One relative complaint had been followed up and responded to appropriately. Residents and the family member interviewed advised that they are aware of the complaints procedure. Information on the complaint's forms includes the contact details for the Health and Disability Advocacy Service. Complaints forms are available at reception.
Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.	FA	The service provides information to residents that includes the Code, complaints and advocacy information. Information is given to the family or the enduring power of attorney (EPOA) to read to and/or discuss with the resident. Interviews with residents and one relative identified they have been provided with information about the code. Resident meetings have been held providing the opportunity to raise concerns in a group setting.

		Advocacy pamphlets, which include contact details, are included in the information pack and are available at reception. The service has an advocacy policy that includes a definition of advocacy services, objectives and process/procedure/guidelines.
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 service has policies, which align with the requirements of the Privacy Act and Health Information Privacy Code. Staff could describe the procedures for maintaining confidentiality of resident records and personal privacy for residents. Residents and a relative interviewed confirmed the service is respectful and that they are given the right to make choices. Care plans reviewed identified specific individual likes and dislikes. Staff education and training on abuse and neglect has been provided (January 2018).
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	There is a Māori health plan and an individual's values and beliefs policy, which includes cultural safety and awareness. Discussions with staff confirmed their understanding of the diverse cultural needs of residents and their whānau. Three residents identify as Māori and caregivers interviewed were able to discuss cultural needs for these residents. Policies include guidelines about the importance of whānau. The service has links to a Māori cultural advisor and documents an annual review of cultural care and policies.
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	Care planning includes consideration of spiritual, psychological and social needs. Residents interviewed indicated that they are asked to identify any spiritual, religious and/or cultural beliefs. One relative reported that they feel they are consulted and kept informed. Family involvement is encouraged. Care plans reviewed included the residents' social, spiritual, cultural and recreational needs.
Standard 1.1.7: Discrimination Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.	FA	Job descriptions include responsibilities of the position and ethics, advocacy and legal issues. The orientation programme provided to staff on induction includes dignity and privacy and boundaries. Interviews with staff confirmed their understanding of professional boundaries.
Standard 1.1.8: Good Practice	FA	The service has a documented quality programme designed to monitor compliance and care. Staffing policies include pre-employment, and the requirement to attend orientation

<p>Consumers receive services of an appropriate standard.</p>		<p>and ongoing in-service training. Policies and procedures are in place and document an annual review. Staff meetings and residents' meetings have been conducted. Residents and one relative interviewed, spoke very positively about the care and support provided. There are clear ethical and professional standards and boundaries within job descriptions.</p>
<p>Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>There is a policy to guide staff on the process around open disclosure. The facility manager and clinical manager confirmed family are kept informed. One relative interviewed, stated they are notified promptly of any incidents/accidents. Residents/relatives have the opportunity to feedback on service delivery through annual surveys and open-door communication with management. Resident meetings encourage open discussion around the services provided (meeting minutes sighted). Accident/incident forms reviewed evidenced relatives are informed of any incidents/accidents. Relatives interviewed stated they are notified promptly of any changes to residents' health status.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. There is access to an interpreter service as required.</p>
<p>Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>PA Moderate</p>	<p>Oceanview is privately owned and operated. One of the owners is the acting manager following the recent resignation of the manager. The service is certified to provide rest home care to up to 20 residents, with 15 residents on the day of audit. One resident was a respite resident, all other residents were under the age-related residential care services agreement.</p> <p>Oceanview has documented goals and objectives for business management, quality and risk management, the service environment and resident service delivery. The mission statement includes; providing quality care and independence within a happy, safe, friendly environment. An annual review of the quality and risk management programme has been completed.</p> <p>The owner/acting manager has been in the role since March and he is supported by a co-owner and an experienced clinical nurse manager. The acting manager has not attended professional development including around the management of an aged care home. An administrator, a registered nurse and care staff also support the manager's.</p>

<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>In the short-term absence of the manager, the clinical nurse manager (a senior registered nurse) assumes the role with support from the other registered nurse.</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>	<p>PA Low</p>	<p>Oceanview has a documented quality and risk programme. There are annual reviews documented for activities, health and safety, risk management, complaints, infection control and medications. This information has been used to formulate ongoing business and quality plans.</p> <p>There are policies and procedures documented 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. Staff confirmed they are made aware of any new/reviewed policies.</p> <p>The Oceanview owners have visited the service regularly (staff reported three times a week) prior to the manager resigning. The owner/acting manager is now on-site daily.</p> <p>Two-monthly quality meeting minutes sighted evidenced staff discussion around accident/incident data, health and safety, infection control, audit outcomes, concerns and survey feedback. The service collates accident/incident and infection control data. Two weekly quality meetings have also recently been introduced for the owner(s) and senior staff to discuss and monitor the progress of processes and plans for the service. The staff interviewed were aware of quality data results, trends and corrective actions.</p> <p>There is an internal audit programme that covers all aspects of the service and aligns with the requirements of the Health and Disability Services (Safety) Act 2001. Internal audits have been completed as per schedule. However, not all have been reported to the quality meetings and not all corrective actions have been signed off.</p> <p>There is an implemented health and safety and risk management system in place including policies to guide practice. There is a current hazard register. Staff confirmed they are kept informed on health and safety matters at meetings.</p> <p>A resident survey for 2017 notes dissatisfaction with the environment. There is a documented action plan and observation of the service evidences that substantial refurbishment has been implemented.</p> <p>Falls management strategies include assessments after falls and individualised strategies.</p>

		The service has emergency plans covering all types of emergency situations and staff receive ongoing training around this.
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>The service collects incident and accident data and enters them into a register. They are monthly reports which are discussed at the quality and health and safety meetings. The clinical manager documents an in-depth evaluation of incident each month.</p> <p>Seven incident forms were reviewed for January and February 2018, three falls, three behaviours that challenge and one sudden death. All incident forms identified a timely RN assessment of the resident and corrective actions to minimise resident risk. Neurological observations had been completed for unwitnessed falls and any known head injury. The sudden death has been signed off by the coroner and a section 31 completed.</p> <p>The next of kin had been notified for all required incidents/accidents. The caregivers interviewed could discuss the incident reporting process. The clinical manager collects incident forms, investigates and reviews and implements corrective actions as required.</p> <p>The clinical nurse manager interviewed could describe situations that would require reporting to relevant authorities. They have had one coroner's enquiry.</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>	PA Moderate	<p>There are human resources policies to support recruitment practices. Five staff files were reviewed (two RNs, two caregivers and one cook). All files contained relevant employment documentation including current performance appraisals and completed orientations. Current practising certificates were sighted for the registered nurses. All required staff have been employed and appropriate employment practices followed. The service has an orientation programme in place that provides new staff with relevant information for safe work practice in the provision of care. Staff interviewed believed new staff are adequately orientated to the service on employment.</p> <p>There is an annual education planner in place, the service provides both online training and in-service training. The planner and individual attendance records are updated after each session. Not all subjects have been provided (link also to medication competencies 1.3.12.3 and first aid 1.4.7.1).</p> <p>The clinical nurse manager has completed interRAI training.</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>There is a policy to determine staffing levels and skill mixes for safe service delivery. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. The acting facility manager/owner (non-clinical) and the clinical manager/RN are on duty during the day Monday to Friday. A casual RN is also available when needed.</p> <p>The AM staffing includes; two caregivers, one 7.00 am to 3.00 pm and one 7.00 am to 1.00 pm. The PM staffing includes; two caregivers, one 3.30 pm to 11.00 pm and one 3.00 pm to 9.00 pm. There is one caregiver on a night shift.</p> <p>There is a cook and a kitchenhand, seven days a week and a laundry/housekeeper, seven days a week.</p> <p>Residents and a relative interviewed stated there were adequate staff on duty at all times. Staff stated they feel supported by the RN, and clinical nurse manager who respond quickly to after-hour calls.</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 resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Residents' files are protected from unauthorised access by being locked away in the nurses' stations. Other residents or members of the public are unable to view sensitive resident information.</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>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Pre-admission information packs are provided for families and residents prior to or on admission. Admission agreements were sighted for the four long-term residents. 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>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families were involved for all exit or discharges to and from the service.</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>PA Moderate</p>	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. Registered nurses and senior caregivers are responsible for the administration of medications. While a database evidenced medication training completed by staff, medication competencies were not sighted for all staff administering medication. The services have used an electronic medication system for the last 18 months. The regular and 'as required' medications are delivered in blister packs and there is evidence of medication reconciliation carried out by the clinical nurse manager. All medications are stored safely. There is no stock held and all medications sighted are prescribed for the resident.</p> <p>There are three residents self-medicating with a medication competency that has not been reviewed three monthly.</p> <p>Ten medication charts and signing sheets were reviewed on the electronic medication system. All charts had photo identification and allergy status identified. Prescribing for 'as required' medications had indications for use prescribed. Not all 'as required' medications administered recorded the effectiveness of the medication.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>All meals and baking at Oceanview are prepared and cooked on-site by cooks, Monday to Friday. The cooks are supported by a breakfast kitchenhand. One afternoon caregiver heats and serves the pre-prepared evening meal. The four-weekly menu has been reviewed by a dietitian April 2018. Dietary needs are known with individual likes and dislikes accommodated. Dietary requirements, cultural and religious food preferences are met. Gluten-free, high protein diets and diabetic desserts are accommodated.</p> <p>Fridge and freezer temperatures are taken and recorded daily. End cooked food temperatures are recorded daily and re-heating temperatures are taken on the evening meal. Chemicals are stored safely. A cleaning schedule is maintained.</p> <p>Resident meetings provide residents with an opportunity to feedback on the meals and food services generally. Residents and the relative interviewed were satisfied with the food and confirmed alternative food choices were offered for dislikes.</p> <p>The food control plan is in the process of being submitted to the council once the staff have completed their food safety training (link 1.2.7.5).</p>
<p>Standard 1.3.2: Declining Referral/Entry To</p>	<p>FA</p>	<p>There is an admission information policy. The reasons for declining entry would be if the</p>

<p>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>service is unable to provide the care required or there are no beds available. Management communicate directly with the referring agencies and family/whānau as appropriate, if entry was declined.</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 completes an initial assessment on admission (link 1.3.3.3) including risk assessment tools. An interRAI assessment is undertaken within 21 days of admission and six monthly, or earlier due to health changes. Resident needs and supports are identified through the ongoing assessment process in consultation with the resident/relative and significant others. InterRAI assessments, assessment notes and summary were in place for all resident files sampled.</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 Low</p>	<p>Resident care plans reviewed had been developed within three weeks of admission. Not all resident supports, and needs were included in the care plans for all resident files reviewed. Care plans evidenced resident (as appropriate) and family/whānau involvement in the care plan process. The relative interviewed confirmed they were involved in the care planning process. Resident files demonstrate service integration.</p> <p>There was evidence of allied health care professionals involved in the care of the resident including physiotherapist, podiatrist, and older person's community mental health team.</p>
<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>	<p>FA</p>	<p>When a resident's condition alters, the registered nurse initiates a review and if required, GP or nurse specialist consultation. 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. Discussions with families and notifications are documented in the resident file reviewed on the family communication form. The relative and residents interviewed stated their needs were being met.</p> <p>Adequate dressing supplies were sighted in the treatment room. Wound management policies and procedures are in place. Wound assessments, treatment and evaluation forms are available for use in the management of wounds. There were no wounds on the day of audit. The service has access to wound nurse specialists.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified.</p>

		Residents are weighed monthly or more frequently if weight is of concern. Monitoring occurs for observations, blood sugar levels, pain and challenging behaviour.
<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 service currently has a vacancy for an activity person. A relieving diversional therapist (DT) is employed to implement the Monday to Thursday activity programme from 9.00 am to 1.00 pm. Activities include (but not limited to); newspaper reading, reminiscing, board games, walks, arts and crafts and exercises. There are regular entertainers who attend in the weekends. Community visitors include church visitors and pet therapy visitors. There are visits into the community with Māori and non-Māori residents attending cultural events. There have been outings to the film festivals and museums.</p> <p>An activity assessment and plan are completed on admission in consultation with the resident/family (as appropriate). Activity plans in all files were reviewed six monthly.</p> <p>The service receives feedback and suggestions for the programme through direct feedback and meetings. The service has a van. The relieving DT accompanies the driver on outings. Van drives and outings have just been re-introduced. The residents interviewed stated that they were happy with the current programme (since January 2018).</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>All initial assessments for long-term residents were evaluated by the clinical nurse manager within three weeks of admission. Long-term care plans have been reviewed against the resident goals at least six monthly or earlier for any health changes. Short-term care plans are reviewed regularly with ongoing problems transferred to the long-term care plan if an ongoing problem. The GP reviews the residents at least three monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the progress notes. The resident/relative had been involved in the review of care plans.</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>Referral to other health and disability services is evident in the resident files sampled. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files.</p> <p>There are documented policies and procedures in relation to exit, transfer or transition of residents. The residents and the families are kept informed of the referrals made by the service.</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>Documented processes for the management of waste and hazardous substances are in place to ensure incidents are reported in a timely manner. Material safety datasheets are readily accessible for staff. Chemicals are stored safely throughout the facility. Personal protective clothing is available for staff and seen to be worn by staff when carrying out their duties on the day of audit.</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 is two levels, with two resident rooms and a flat downstairs. The building has a current building warrant of fitness that expires 7 June 2018.</p> <p>The owner oversees the maintenance programme. Staff use a maintenance and request form for repairs, which is signed off once addressed. There is a planned maintenance programme in place. Hot water temperatures are maintained below 45 degrees Celsius.</p> <p>Essential contractors are available 24 hours. Electrical testing has been completed and calibration of medical equipment has been carried out. Environmental improvements include ceiling insulation, new dining room curtains, refurbishment of main hallways and upgrading of call bell system. Resident rooms are refurbished as they become vacant.</p> <p>The facility has corridors with sufficient space for residents to safely mobilise using mobility aids. There is safe access to the outdoor areas. Seating and shade is provided.</p> <p>The caregivers interviewed stated they have sufficient equipment to safely deliver the cares as outlined in the resident 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>	<p>FA</p>	<p>Communal toilet and shower facilities are of an appropriate design to meet the needs of the residents. There are adequate numbers of communal bathrooms/toilets with a system that indicates if it is engaged or vacant. Residents interviewed state their privacy is respected when staff are attending to their personal hygiene needs.</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>	<p>FA</p>	<p>All rooms are single. There is adequate room for residents to safely manoeuvre with mobility aids. Residents are encouraged to personalise their rooms as viewed on the day of audit.</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>	<p>FA</p>	<p>Communal areas within the facility include a main lounge and dining area. Seating and space is arranged to allow both individual and group activities to occur. All communal areas are easily accessible for residents using mobility aids. All furniture is safe and suitable for the residents.</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>There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry and cleaning services. There is a dedicated laundry/cleaner on duty seven days from 9.30 am to 12.30 pm. There are weekly task lists and spring cleaning schedules to follow. Cleaning equipment is kept in a locked cupboard. The laundry is located downstairs, and laundry is delivered through a chute. Residents interviewed reported satisfaction 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>There are emergency/disaster plans in place to guide staff in managing emergencies and disasters. Emergencies and fire drills are included in the mandatory in-service. First aid training is offered, however, not all shifts are covered by a first aid trained staff member. The fire system has been upgraded and signed off by the fire service in November 2016.</p> <p>The service has sufficient food storage, water storage and alternative gas facilities for cooking in the event of a power failure/civil defence emergency. There is a battery backup system for emergency lighting. There are civil defence kits in the facility that are checked regularly. Call bells are evident in residents' rooms, lounge areas and toilets/bathrooms. The facility is secured at night with call bell access afterhours and sensor lighting in place.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an</p>	<p>FA</p>	<p>Residents were provided with adequate natural light, safe ventilation, and heating. The service has installed thermostat-controlled heating wall panels in each resident room. There are heat pumps on communal areas.</p>

environment that is maintained at a safe and comfortable temperature.		Bedrooms have external opening windows.
Standard 3.1: Infection control management There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.	FA	Oceanview has an established infection control programme. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. It is linked into the incident reporting system. The clinical nurse manager (registered nurse) is the designated infection control coordinator with support from all staff. The programme has a documented annual review.
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	There are adequate resources to implement the infection control programme for the size and complexity of the organisation. The IC coordinator and IC team (comprising all staff) have good external support from the local IC nurse specialist at the DHB. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.
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	There are infection control policies and procedures appropriate for the size and complexity of the service. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. The policies have been reviewed and updated.
Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.	FA	The infection control policy states that the facility is committed to the ongoing education of staff and residents. Formal infection control education for staff has occurred. The infection control coordinator attends the infection control forums at the DHB and is provided with education and updates through this forum. Information is provided to residents and visitors that is appropriate to their needs and this is documented in medical records.
Standard 3.5: Surveillance	FA	There is a policy describing surveillance methodology for monitoring of infections. Definitions of infections are in place, appropriate to the complexity of service provided. The

<p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>		<p>infection control coordinator collects the infection rates each month, identifies trends and uses the information to initiate quality activities within the facility including training needs. Care staff interviewed were aware of infection rates. Systems are in place that are appropriate to the size and complexity of the facility. There have been no outbreaks.</p>
<p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. There are clear guidelines in the policy to determine what a restraint is and what an enabler is. Enablers are assessed as required for maintaining safety and independence and are used voluntarily by the residents. On the day of audit, the service had no residents using a restraint. There were no residents using an enabler.</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 1.1.10.4</p> <p>The service is able to demonstrate that written consent is obtained where required.</p>	PA Low	<p>There is an informed consent form that covers general consents including release of medical information, door names, photographs and outings. Specific consents are obtained for procedures such as influenza vaccine. Three long-term residents have signed general consents in their files</p>	<p>There were no signed consents in the resident file for the respite care resident and the resident under 65 years of age</p>	<p>Ensure general consents are signed on admission to the service for all residents</p> <p>90 days</p>
<p>Criterion 1.2.1.3</p> <p>The organisation is managed by a suitably qualified and/or experienced person with authority, accountability, and responsibility for the provision of</p>	PA Moderate	<p>The service is currently being managed by the owner following the resignation of the previous manager. The owner has not completed any training around managing an aged care facility. The owner is supported by a clinical nurse manager.</p>	<p>The owner/acting manager is new to this role and the management of elderly care. The acting manager/owner has not attended training relevant to the role.</p>	<p>Ensure that the acting manager/owner attends training relevant to the management of elderly care in a</p>

services.				rest home environment. 60 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	There is an internal audit programme that monitors all aspects of the service including clinical and non-clinical. The service process is to report and discuss internal audits at quality meetings. Not all audits have been documented as undertaken or reported to meetings.	Outcomes from internal audits completed were not always documented as reported to staff (Privacy audit and admission audit January and February 2018 as examples).	<p>Ensure that internal audit outcomes are reported to facility meetings.</p> <p>90 days</p>
<p>Criterion 1.2.3.8</p> <p>A corrective action plan addressing areas requiring improvement in order to meet the specified Standard or requirements is developed and implemented.</p>	PA Low	The clinical nurse manager takes responsibility of all clinical aspects of internal audits, follow-up and sign off. The manager or administrator takes responsibility for all non-clinical audits, follow-up and sign off.	A review of internal audits documented that not all action plans have been followed up and signed off. Examples include; resident care plan audit, resident files check, hand hygiene, manual handling and pressure injuries (May to September 2017).	<p>Ensure that action plans developed as a result of internal audit short falls, are followed up and signed off.</p> <p>90 days</p>
<p>Criterion 1.2.7.5</p> <p>A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.</p>	PA Moderate	The service is implementing online training for staff. A review of records documents very good uptake by the caregivers. There is a training calendar for 2018, which has been followed year-to-date. 2017 training records do not document that all training was provided as per plan, however has been re-scheduled for 2018.	(i)Manual handling training and use of the new hoist has not been provided to staff as required by the manual handling internal audit completed September 2017. (ii) The cook and kitchenhands have not attended a food safety refresher course.	<p>(i)-(ii) Ensure that all training is provided as required</p> <p>90 days</p>

<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	<p>PA Low</p>	<p>Medication charts met legislative prescribing requirements. All 'as required' medications had indications for use, but the effectiveness of the medication was not documented. Medication charts are reviewed by the GP at least three monthly.</p>	<p>There was no effectiveness of 'as required' medications recorded in the electronic system or progress notes for two of 10 'as required' medications administered as prescribed.</p>	<p>Ensure the effectiveness of 'as required' medications is documented.</p> <p>90 days</p>
<p>Criterion 1.3.12.3</p> <p>Service providers responsible for medicine management are competent to perform the function for each stage they manage.</p>	<p>PA Moderate</p>	<p>The service has used an electronic medication system for the last 18 months. On-line medication education had been completed by all staff who administer medication. Staff administering medications are in the process of completing their annual medication competencies.</p>	<p>Evidence could not be found to support that all staff administering medication have current medication competencies. Advised that staff are currently working on completing their annual competencies.</p>	<p>Ensure all staff who administer medications have completed annual medication competencies.</p> <p>60 days</p>
<p>Criterion 1.3.12.5</p> <p>The facilitation of safe self-administration of medicines by consumers where appropriate.</p>	<p>PA Low</p>	<p>There were three residents self-medicating. The first self-medication assessment had been completed by the RN and authorised by the GP. The self-medication competencies had not been reviewed three monthly. Medications were stored safely and there was monitoring of self-medicating residents.</p>	<p>The self-medication competencies had not been reviewed three monthly.</p>	<p>Ensure self-medication competencies are reviewed three monthly.</p> <p>90 days</p>
<p>Criterion 1.3.3.3</p> <p>Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the</p>	<p>PA Low</p>	<p>Initial assessments and nursing care summaries had been completed for long-term residents but not the respite care resident. Initial assessments include identifying clinical risk and admission observations including weight.</p>	<p>There was no initial assessment, in place for the respite care resident. Progress notes indicated the resident was at moderate risk of falls, however, no falls risk assessment had been completed and there were no</p>	<p>Ensure respite care residents have a completed initial assessment completed within 24 hours of</p>

consumer.			admission observations or weight taken as required, as part of the initial assessment.	admission. 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>	PA Low	Long-term care plans for one long-term resident and one younger person reflected the resident's current supports and assessed needs. Two of four long-term care plans reviewed did not include interventions to support all current assessed needs. Short-term care plans are developed for short-term needs.	Two of four long-term care plans did not reflect interventions to support all the resident's current assessed needs (i) a resident with behaviours as identified in the interRAI assessment and (ii) a resident identified as a medium falls risk.	<p>Ensure care plans include interventions to support the resident's current assessed 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>	PA Moderate	First aid training is offered for staff. Not all shifts have a current first aid trained staff member including the diversional therapist.	(i) Over a two-week period reviewed; all of the PM shifts and all of the night shifts did not have a trained first aid staff member on duty and (ii) the DT does not have a current first aid certificate to accompany residents on outings.	<p>(i) Ensure each shift has a first aid trained staff member on duty, and (ii) Ensure staff accompanying residents on outings have a current first aid certificate.</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.