

Aranui Home & Hospital Limited - Aranui Home and Hospital

Introduction

This report records the results of a Surveillance 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 The DAA Group 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:	Aranui Home and Hospital Limited
Premises audited:	Aranui Home and Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 2 October 2018 End date: 3 October 2018
Proposed changes to current services (if any):	Nil.
Total beds occupied across all premises included in the audit on the first day of the audit:	86

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

Aranui Home and Hospital provides care for up to 89 residents requiring rest home, dementia, and hospital level medical and geriatric care.

This unannounced surveillance audit was conducted against the Health and Disability Services Standards and the provider's contract with the district health board. The audit process included the review of policies, procedures, residents' and staff files, observations and interviews with residents, families, a general practitioner, management and staff. A new general manager has been employed since the last audit.

The two areas requiring improvements from the previous audit related to ensuring chemicals are stored securely, that hot water is kept within the required temperature range and maintaining the building have been addressed. There are no areas requiring improvement at this audit.

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.	Green	Standards applicable to this service fully attained.
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The service demonstrates residents' rights to full and frank information and open disclosure principles are met. Independent interpreter services are available when required.

Complaints management is well documented. All processes are undertaken to meet the standard's requirements.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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The organisation's philosophy and goals are identified in the 2017/2018 business plan. The updated mission statement and values are displayed in the facility main entrance. The general manager and the clinical manager work together to ensure the service planning covers business strategies and care provision. The management team are appropriately experienced.

The quality and risk system and processes support effective, timely service delivery. Policies and procedures are developed by an external consultant and updated to reflect Aranui Home and Hospital services. The quality management systems includes an internal audit programme, compliments, complaints management, incident/accident reporting, benchmarking infection rates with other facilities, resident and staff satisfaction surveys, and monitoring the use of restraint. Quality and risk management activities and results are shared with the two owners, management team and staff. Corrective action planning is occurring and is documented.

New staff have an orientation. Staff participate in relevant ongoing education. Applicable staff and contractors maintain current annual practising certificates. Residents and families confirmed during interview that all their needs were met. The service has a documented rationale for staffing which is implemented. There is at least one registered nurse on duty at all times.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.



Standards applicable to this service fully attained.

The service is coordinated in a manner that promotes continuity in service delivery and promotes a team approach to care delivery. The processes for assessment, planning, provision, evaluation, review and exit are provided within timeframes that safely meet the needs of the residents and contractual requirements.

All residents have interRAI assessments completed and individualised care plans related to this programme. When there are changes to the resident's needs a short-term plan is developed and integrated into a long-term plan, as needed. All care plans are evaluated at least six monthly.

The service provides planned activities meeting the needs of the residents as individuals and in group settings. Families reported that they are encouraged to participate in the activities of the facility and those of their relatives.

The onsite kitchen provides and caters for residents with food available 24 hours of the day and specific dietary likes and dislikes accommodated. The service has a four-week rotating menu which has been approved by a registered dietitian. Residents' nutritional requirements are met.

A safe medicine administration system was observed at the time of audit.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The facility has a current building warrant of fitness. There have been no changes required to the fire evacuation plan. Regular fire drills are conducted. Chemicals are stored securely. A facility renovation programme has continued with residents' bedrooms refurbished as they become available. Applicable bathrooms have been renovated.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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The organisation has policies and procedures related to safe restraint practices. There were no enablers or restraints in use at the time of audit. Policy identifies that the use of enablers is voluntary for the safety of residents in response to individual requests. Staff demonstrated a sound knowledge and understanding of the restraint and enabler processes.

Infection prevention and control

<p>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.</p>		<p>Standards applicable to this service fully attained.</p>
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Aged care specific infection surveillance is undertaken, with data analysed, trended, benchmarked and results reported back to staff and management in a timely manner.

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	17	0	0	0	0	0
Criteria	0	41	0	0	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints policy and associated forms meet the requirements of Right 10 of the Code. Information on the complaint process is provided to residents and families on admission and is available at the main entrance. Residents and family members interviewed knew about the complaints process.</p> <p>The complaints register reviewed showed that nine complaints have been received in 2018, and actions taken, through to an agreed resolution, are documented and completed within the required timeframes for the sampled complaints. No complaints have been referred to the Health and Disability Commissioner's Office or Ministry of Health since the last audit. One complaint to the DHB in late 2017 has been closed. The recommendations made in relation to this complaint continue to be implemented by Aranui Home and Hospital staff and managers. The general manager is responsible for complaints management and follow up. All staff interviewed confirmed a sound understanding of the complaints process and what actions are required.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with</p>	FA	<p>Staff interviewed understood the principles of open disclosure which are supported by policies and procedures that meet the requirement of the Code. Residents and family members are asked during admission about when communication is to be made by staff with family members. Interpreter services are available and accessible via the DHB if required. Staff knew how to contact the service, although reported this was infrequently required. Some staff are able to communicate fluently in other languages to aid communication with residents on day to day care as required. Most residents in the facility can communicate in English. A family member is currently staying with a</p>

<p>consumers and provide an environment conducive to effective communication.</p>		<p>resident who is unable to communicate effectively with staff.</p> <p>Family members interviewed stated they were kept well informed about any changes to their relative`s health status and were advised in a timely manner about any incidents or accidents. These communications were documented in the resident`s progress notes and incident records sampled. The family are also contacted about the outcomes of regular and/or any urgent medical reviews.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>The business plan 2017/2018 details an overview of the service, the scope of service and history, comparison with other facilities and future business goals. This is reviewed by the general manager annually. The general manager reports to one of the two business owners on a regular basis. The mission and values of the organisation have been reviewed and changed since the last audit and are displayed in the front entrance of the facility and are included in the staff orientation programme.</p> <p>The service is managed by the general manager who was appointed to this role in February 2017. The general manager is a registered nurse with a current annual practising certificate (APC), works 20 hours a week on site, and also manages another aged related residential care facility approximately 20-30 minutes drive away. The general manager is normally on site at least four hours each weekday and is available by phone or email when not on site. The general manager is assisted by the fulltime clinical manager who has been in this role at Aranui Home and Hospital for over four years, the quality manager and the administration manager. The general manager reports the management team works very well together to ensure the day to day functioning of the facility is occurring in an appropriate manner. The general manager is appropriately experienced, is on the Auckland District Health Board (ADHB) residential care steering group, attends other meetings with aged residential care providers, and maintains professional development as required to meet the provider`s contract with ADHB. The general manager confirmed knowledge of the sector, regulatory and reporting requirements.</p> <p>The service holds contracts with Auckland District Health Board (ADHB) for the provision of Age-Related Residential Care (ARRC) at rest home, hospital, and dementia levels of care. Another contract with ADHB is held for Long Term Support, Chronic Health Conditions (LTS CHC). There is also a resident specific contract with ADHB and Waitemata DHB for a client under the care of mental health services. This resident was receiving care in the DHB inpatient services at the time of audit. A contract is also held with the Ministry of Health (MoH) for Residential Non-Aged Care. At the time of the audit there are 25 residents receiving services at dementia level of care, 26 residents receiving rest home level of care and 35 residents receiving hospital level of care. There are five residents present at audit that are under the age of 65 years of age. One resident under the age of 65 years is receiving hospital level care under the MoH contract, two residents under 65 years of age are under the LTS CHC contract at hospital level care and one at rest home level of care, and one resident is receiving dementia level of care. There are no boarders. The general manager advises the dementia unit has 25 beds and is called Lavender Unit, and states that `all the other beds are able to be used for the care of rest home or hospital level care residents`. The rest home wing is called Kowhai Wing and the Hospital Wing called Pohutakawa, although staff advise these names were</p>

		<p>established prior to the beds being able to be used for either rest home or hospital level care.</p> <p>Aranui Home and Hospital also has a contract for the provision of a Dementia Day Activity Programme. Clients accessing this service were not included in the scope of this audit.</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>FA</p>	<p>Aranui Home and Hospital has a quality and risk management system which is understood and implemented by service providers. This includes internal audits, satisfaction surveys, incident and accident reporting, benchmarking infection rates, health and safety reporting, hazard management, monitoring the use of restraint, and complaints/compliments management.</p> <p>Regular internal audits are conducted, which cover relevant aspects of service including aspects of care, documentation and medicine management. The results are communicated to staff and managers.</p> <p>A resident and a family satisfaction survey has occurred, and the results summarised and acted upon.</p> <p>If an issue or deficit is found, a corrective action is put in place to address the situation. This included incidents/accidents, complaints and in response to audit findings. If corrective actions are expected to take some time to be addressed, they are recorded on a separate corrective action register to enable monitoring over time until the desired outcome has been achieved.</p> <p>Quality information is shared with all staff via shift handover as well as via the monthly meetings of staff, the registered nurse/enrolled nurse and team leader meetings, and the health and safety infection control/quality and risk meetings. The minutes of meetings are made available to applicable staff. Staff interviewed verified they were kept well informed of relevant quality and risk information via meetings or at shift handover. Opportunities for improvement are discussed, along with the organisation's expectations/policies.</p> <p>Meetings are held three monthly with residents to obtain resident feedback on the facility, services, food, and activities as well as obtain information for future planning. The minutes of the last two meetings were sighted.</p> <p>Policies and procedures were readily available for staff. Policies are reviewed at least every two years or sooner where required and are approved by the general manager and clinical manager, after review and input by the registered nurses. Since the last audit, policies have been sourced from an external quality consultant and localised to reflect the needs of Aranui Home and Hospital. Key changes are discussed with staff at the monthly meetings. Procedures are reviewed in response to changes in policy, or where necessary in response to incidents/accidents, or where processes/systems are identified as needing improvement. Two folders with a paper copy of policy documents are available for staff (one in the dementia unit and one copy shared between the rest home and hospital wings). The quality manager is responsible for document control processes.</p> <p>Staff, resident and family members interviewed were happy with the services provided at Aranui Home and Hospital.</p> <p>Actual and potential hazards and risks are identified in the risk and hazard registers. These contained potential and</p>

		actual hazards and risks. Mitigation strategies have been documented. Staff confirmed that they understood and implemented documented hazard identification processes, with discussions summarised in the meeting minutes sighted.
<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>Policy and procedure details the required process for reporting incidents and accidents including near miss events. Staff are provided with education on their responsibilities for reporting and managing accidents and incidents during orientation and as a component of the ongoing education programme. Applicable events are being reported, and actions taken in response to incidents are documented and monitored for effectiveness. In the event that an event/incident was not reported in a timely manner, and/or communication with family did not occur in a timely manner, these events were followed up formally by the general manger via human resources processes as observed in sampled files. Incidents are recorded on a register in individual resident's files as observed during audit. A review of incidents reported in 2018, in three residents' files sampled, including falls, skin tears, bruising, challenging behaviour, and medicine related events demonstrated investigations were conducted and appropriate actions taken in response to each event. The events are also referenced during the residents' care plan reviews. The general practitioner advised he is informed of appropriate events in a timely manner.</p> <p>A summary of incidents, per area (rest home, hospital and dementia units), each month is made with trends and general discussion points noted. These are discussed at the monthly staff and quality/H&S/infection control meetings.</p> <p>The general manager advised that essential notifications have been made in relation to services since the last audit. This includes a section 31 notification about pressure injuries present on a resident at readmission from acute care services, and recently a resident who has taken more that the contractually allowed time away from the facility in the last year. The owner is reported to have made the required notification related to the change in manager. The general manager advised Aranui Home and Hospital was asked to provide information to the Coroner on the general care needs of a discharged resident who had been admitted for short term respite care approximately three months prior to the individual's death. Care provided by Aranui Home and Hospital was reported to not be the focus of the Coroner's investigation. The general manager is able to detail the other events that require mandatory reporting.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are</p>	FA	<p>Recruitment processes include completing an application form, conducting interviews and reference checks. Police vetting is occurring. An employment contract (individual or collective), and a confidentiality declaration are in staff members' files. New employees are required to complete a health and safety induction and an orientation programme relevant to their role. A workbook/checklist is utilised to ensure all relevant topics are included. New employees are buddied with senior staff for at least three shifts in each unit (morning, afternoon and night shift in each) until the new employee is able to safely work on their own. Staff reported the orientation is thorough.</p>

<p>conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>Annual performance appraisals have been undertaken with staff who have been employed. These occur for new employees at three months, and then annually for all staff thereafter.</p> <p>Records are available that demonstrate all registered health professionals (both employed and contracted) have a current annual practising certificate.</p> <p>A staff education programme is in place with in-service education provided regularly. The topics are scheduled to align with Aranui Home and Hospital's contract with ADHB, residents' care needs, and in response to quality and risk data. Mandatory education days are scheduled twice a year with staff rostered to attend these days in groups. The topics change for each of the two annual days to ensure all required mandatory training is included and that all staff attend. This is monitored via the quality and risk/H&S and infection prevention and control monthly meeting. The managers and staff interviewed advised this process works very well.</p> <p>Caregiving staff are encouraged to complete an industry approved qualification. There are currently 10 staff working to complete an industry approved qualification. Two staff members are doing a level four qualification, seven staff are completing a level three qualification, and one staff member is completing diversional therapy training according to the education provider's list of staff in training that was sighted at audit.</p> <p>Some staff have completed external education related to the provision of palliative care, oral health, cultural perspective of care, education sessions provided by other ARRC facilities, attended conferences, and have attended ADHB training days for registered nurses and health care assistants. Records of education are maintained, and copies of education certificates were present in the staff files reviewed.</p> <p>Annual competencies for health care assistants and registered nurses are in place. These included medicines competency for applicable staff (blood glucose monitoring and insulin administration, warfarin, oxygen therapy, syringe pumps, and general medicine), hand hygiene and manual handling/use of the hoist.</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>A policy details staffing levels and skill mix requirements, and this aligns with the requirements of the provider's contract with Auckland District Health Board and safe staffing indicators. The clinical manager, general manager, quality manager, registered nurses and enrolled nurse have current first aid certificates as do at least 15 caregivers, a maintenance staff member, all the diversional therapists and some of the household and kitchen staff.</p> <p>Five of the RNs and one EN has interRAI competency. Nurses are allocated hours for undertaking infection prevention and control activities and interRAI assessments.</p> <p>The rosters for two weeks were reviewed including the week of audit. Any changes in hours worked or the personnel working that is different to that noted on the roster, is recorded. The rosters sighted demonstrated:</p> <p>The clinical manager (CM) is on duty Monday to Friday (40 hours a week). The CM hours are additional to the RNs hour's rostered providing day to day care.</p>

	<p>The general manager, quality manager, and administration manager/receptionists are on duty weekdays. There is an on-call roster for afterhours and weekends. The general manager works 20 hours onsite.</p> <p>The general manager advises bureau staff are used if necessary, although the majority of staffing needs including covering unplanned leave is able to be managed with existing staff. There are no staff vacancies at present. Seven of the HCAs interviewed have worked in this facility for between eight and 22 years.</p> <p>In the hospital wing there is:</p> <p>A RN rostered on duty every shift seven days a week.</p> <p>There are two healthcare assistants rostered on duty the full morning shift with two other HCAs starting at 7.45 am with one HCA finishing at 1.45 pm and one finishing at 2.45 pm.</p> <p>There are two healthcare assistants rostered on duty the full afternoon shift with two other HCAs starting at 4.30 pm and working to 10 pm.</p> <p>There are two HCAs on duty overnight in this unit. One of these HCAs is 'the floater' that goes to assist in other areas if necessary, and covers for staff breaks.</p> <p>In the rest home wing there is:</p> <p>A RN or enrolled nurse is rostered on duty each morning and afternoon shift seven days a week.</p> <p>There are two healthcare assistants rostered on duty the full morning shift with three other HCAs starting at 7 am or 7.30 am and one HCA finishing at 12.30 pm and two finishing at 2 pm.</p> <p>There are two healthcare assistants rostered on duty the full afternoon shift with a third HCA finishing at 10 pm. A fourth HCA works 4.30 pm to 8.30 pm.</p> <p>There is one HCA on duty overnight in this unit, who is supported by the 'floating' HCA from the hospital wing.</p> <p>In the dementia care unit:</p> <p>The unit coordinator normally works weekday mornings. The unit coordinator is a very experienced caregiver who works with the RN and ENs and other unit staff.</p> <p>A RN or enrolled nurse is rostered on duty each morning and afternoon shift seven days a week. A team leader is rostered only on morning and afternoon shifts if a RN or EN is not on duty. This is reported to be infrequent.</p> <p>There are two healthcare assistants rostered on duty the full morning shift with a third HCA finishing at 1 pm between two to four days a week on the days the unit coordinator is not on site.</p>
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<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>The medication management policy is current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>A safe system for medicine management using a paper-based system was observed on the day of audit. The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage (refer to 1.2.7).</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. The RN checks medications against the prescription. All medications sighted were within current use by dates. Clinical pharmacist input is provided as requested.</p> <p>Controlled drugs are stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>The records of temperatures for the medicine fridge and the medication room reviewed were within the</p>

		<p>recommended range.</p> <p>Good prescribing practices noted include the prescriber's signature and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines met. The required three-monthly GP reviews were consistently recorded on the medicine chart. Standing orders are used, were current and comply with guidelines.</p> <p>There were no residents self-administering medications at the time of audit. Appropriate processes are in place to ensure this is managed in a safe manner.</p> <p>There is an implemented process for comprehensive analysis of any medication errors.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>The food service is provided on site by cooks. The staff member interviewed has completed food safety training and worked in the kitchen for over 12 months. She is temporarily covering for the main cook who is on unplanned leave. The organisation is registered with the Auckland City Council for assessment of the Aranui Home and Hospital food safety plan. The service is awaiting a date for the plan to be reviewed and confirmation of this was sighted. The four-weekly menu was updated in February 2018 and has been subsequently reviewed by a dietitian to ensure it is appropriate for the service setting.</p> <p>All aspects of food preparation, ordering and storage of food complies with legislation. Temperature monitoring of the fridges and freezers is undertaken daily and recorded. The ordering of food is the responsibility of the main cook. There is enough food available on site in the event of an emergency.</p> <p>Positive feedback was received from the residents about the food services provided. Residents were seen to be enjoying their lunch which was the main meal for the day. Staff were providing assistance to residents as required. Residents were able to enjoy their meal time and were not rushed. Additional food supplies are present in the dementia unit so residents can have easy to eat snacks at any time of the day or night. The service has reviewed all aspects of food services in the dementia unit in late 2017 and early 2018 due to some residents experiencing weight loss. The interventions have been successful. Residents in the dementia unit were observed to be having their meal in an unrushed manner, with staff encouraging residents' choices.</p> <p>When residents are admitted, the registered nurses discuss the resident's food preferences and/or any special diets which are accommodated as required. Written records detailing individual resident's food allergies, preferences, and dietary needs were present in the kitchen. Special equipment to meet resident's nutritional needs is available. Nutritional supplements and thickeners are available. Dietitian input is sought where required and documented in individual resident's files.</p>
Standard 1.3.6:	FA	Documentation, observations and interviews verified the care provided to residents was consistent with their needs,

<p>Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>		<p>goals and the plan of care. The attention to meeting a diverse range of resident's individualised needs was evident in all areas of service provision. The GP interviewed, verified that medical input is sought in a timely manner, that medical orders are followed, and care is excellent. There are two residents who have their own GP. Care staff confirmed that care was provided as outlined in the documentation. A range of equipment and resources was available, suited to the levels of care provided and in accordance with the residents' needs.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The activities programme is provided by three trained diversional therapists holding the national Certificate in Diversional Therapy. The residents are supported in the rest home and hospital from 7.30 am to 4.30 pm Monday to Saturday and Sunday from 9.30 am to 3.30 pm. The residents in the Lavender unit (Dementia unit) are supported from 9 am to 4.30 pm Monday to Friday.</p> <p>A social assessment and history is undertaken on admission to ascertain residents' needs, interests, abilities and social requirements. Activities assessments are regularly reviewed to help formulate an activities programme that is meaningful and specific to the residents of all ages. The resident's activity needs are evaluated monthly and as part of the formal six-monthly care plan review.</p> <p>Activities reflected residents' goals, ordinary patterns of life and include normal community activities. Individual, group activities and regular events are offered. Residents from the rest home, hospital and dementia unit come together daily to partake in exercises and regular activities and entertainment. Residents and families/whānau are involved in evaluating and improving the programme through residents' meetings and day to day discussions. Residents interviewed confirmed they find the programme interactive.</p> <p>Activities for residents from the secure dementia unit are specific to the needs and abilities of the people living there. Activities are offered at times when residents are most physically active and/or restless. This includes one to one activities, reminiscence, and distraction.</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>Resident care is evaluated on each shift and reported in the progress notes. If any change is noted, it is reported to the RN.</p> <p>Formal care plan evaluations occur every six months in conjunction with the six-monthly interRAI reassessment, or as residents' needs change. Where progress is different from expected, the service responds by initiating changes to the plan of care. Examples of short-term care plans being consistently reviewed and progress evaluated as clinically indicated were noted for infections and wounds. When necessary, and for unresolved problems, long term care plans are added to an updated. Residents and families/whānau interviewed provided examples of involvement in evaluation of progress which included the multidisciplinary reviews and any resulting changes.</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>	FA	<p>A current building warrant of fitness (expiry date 4 June 2019) is publicly displayed. There have been no changes to the facility that have required a change in the approved fire evacuation plan. Staff attend fire evacuation/fire safety training, most recently on 10 May 2018. Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for their purpose and maintained.</p> <p>The temperature of hot water is monitored monthly in resident care areas and is now within the required temperature range. The facility has continued the redecoration/refurbishment programme with the walls being painting, and new flooring and curtains in residents' bedrooms as they become vacant, and in the general areas. The majority of bedrooms have been refurbished with the programme ongoing to include all remaining areas. The bathrooms that were in need of repair at the last audit have also been renovated. The shortfalls from the last audit have been addressed.</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>	FA	<p>There are designated areas for the storage of chemicals and these areas are now appropriately secured. The shortfall from the last audit has been addressed.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection</p>	FA	<p>Surveillance is appropriate to that recommended for a long-term care facility. This includes urinary tract infections, eye, skin/soft tissue infections, respiratory and gastro-intestinal infections. When an infection is identified, a record of this is documented on the infection reporting form and provided to the registered nurse responsible for facilitating the infection prevention and control programme, who reviews and confirms all infections. Surveillance data is collated monthly, for each of the three wings in the facility and analysed to identify any trends, possible aetiology and required actions.</p> <p>The results of the surveillance programme are shared with staff and managers at the monthly staff and management meetings and discussed where applicable at staff shift handovers. New infections and any required management plans are discussed at handover, to ensure early intervention occurs. Aranui Home and Hospital participates in an aged care sector programme for benchmarking infection surveillance data and these reports were sighted. The</p>

control programme.		infection reports were filed in individual resident's sampled files once the information had been included in the surveillance programme. The clinical manager advises there have been no outbreaks of infections since the last audit.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	<p>Policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of both restraints and enablers. The restraint coordinator provides support and oversight for enabler and restraint management in the facility and demonstrated a sound understanding of the organisation's policies, procedures and practice and her role and responsibilities.</p> <p>On the day of audit, no residents were using restraints or enablers. Policy describes enablers as the least restrictive method of restraint used voluntarily at residents' requests to enable independence and safety. Restraint is used as a last resort when all alternatives have been explored or if the family have requested this. This was evident on review of the restraint approval group minutes, files reviewed, and from interviews with staff. Staff competencies are undertaken annually for the safe use of restraint.</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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.