

Heritage Lifecare (BPA) Limited - Avondale Lifecare

Introduction

This report records the results of a Provisional 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: Heritage Lifecare (BPA) Limited

Premises audited: Avondale Lifecare

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: 1 November 2018 End date: 2 November 2018

Proposed changes to current services (if any): Proposed purchase of facility.

Total beds occupied across all premises included in the audit on the first day of the audit: 62

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.

General overview of the audit

Avondale Rest Home and Hospital provides rest home, hospital and dementia care services for up to 67 residents. The service is currently operated by Bupa Limited and managed by a relieving care home manager. Residents and families spoke positively about the care provided. There are 16 dual purpose beds.

This provisional audit was conducted against the Health and Disability Services Standards and the service's contract with the district health board. The audit process included review of policies and procedures, review of residents' and staff records, observations and interviews with residents, family members, management, staff and a general practitioner. A representative for the proposed purchaser was onsite and interviewed during the audit.

This audit has resulted in the identification of two areas requiring improvement in relation to aspects of training / performance appraisal requirements and the assessment process.

Consumer rights

Residents and their families are provided with information about the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) and these are respected. Services are provided that support personal privacy, promote independence, individuality and dignity. Staff interact with residents in a respectful manner.

Open disclosure and communication between staff, residents and families is promoted and confirmed to be effective. There is access to interpreting services if required. Staff provide resident and families with the information they need to make informed choices and to give consent.

Residents who identify as Maori have their needs met in a manner that respects their cultural values and beliefs. There was no evidence of abuse, neglect or discrimination.

The service has linkages with a range of specialist healthcare providers to support best practice and meet resident's individual needs.

Residents and families understood the complaints process and felt able to make a complaint if they needed to. Complaint forms are readily available to residents and family. Complaints are investigated and responded to in a timely manner.

Organisational management

The business and strategic plan has been developed nationally by Bupa Ltd and the purpose, vision, pillars, priorities and values are documented. Health and safety and quality goals are developed and monitored by the facility managers. The care home manager is responsible for ensuring services are provided to meet residents' needs, legislation and good practice standards with the support of the clinical manager (currently vacant) and the registered nursing staff.

The quality and risk system and processes support effective, timely service delivery. The quality management systems include an internal audit programme, complaints management, incident/accident reporting, corrective action planning, benchmarking with other

Bupa Ltd facilities, hazard management, and infection control data collection. Quality and risk management activities and results are shared with management and staff. Corrective action planning is documented.

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

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

Heritage Lifecare Limited are in negotiation with Avondale Rest Home and Hospital to purchase the facility and it is anticipated that the change of ownership will occur if accepted, at the end of January 2019. Bupa have advised all residents and family of the pending sale. The prospective provider is experienced in providing aged related residential care services and has a documented transition plan and quality and risk programme that will be implemented onsite. All existing managers and staff will be offered employment.

Continuum of service delivery

Access to the facility is appropriate and efficiently managed with relevant information provided to the potential resident/family.

The primary registered nurse and the general practitioner, with assistance from the multidisciplinary team, assess residents' needs on admission. Care plans are individualised based on a comprehensive range of information available and address any new problems that might occur. Residents' records reviewed demonstrated that the care provided and needs of the residents are reviewed and evaluated on a regular basis. Residents are referred or transferred to other health services as needed.

The planned activities timetable provides residents with a variety of individual and group activities to maintain their links with family, friends and the community. A specifically planned timetable is planned for the residents in the dementia service, inclusive of additional resources and activities available over the twenty four hour period.

Medicines are safely managed in all areas of service delivery and administered only by staff who are competent to do so.

The food service meets the nutritional requirements of all residents with any special needs catered for. Food is safely managed. Residents and families verified satisfaction with the meals provided.

Safe and appropriate environment

The service has processes in place to protect residents, visitors and staff from harm as a result of exposure to waste or infectious substance.

There are documented emergency management response processes which are understood and implemented by staff. This includes six monthly fire drills. The building has a current building warrant of fitness and an approved fire evacuation plan. There have been no significant changes to the facility since the previous audit except some refurbishment and replacing of the smoke detectors.

The facilities meet residents' needs and provide furnishings and equipment that are regularly maintained and updated. Bedroom areas allow residents to move around with or without assistance. There are adequate toilet, bathing and hand washing facilities.

There are recreation areas to meet residents' relaxation, activity and dining needs.

The facility is kept at a suitable temperature. Opening doors and windows creates an air flow for ventilation. The outdoor areas provide furnishings and shade for residents' use. There is a designated external area for the use of residents that smoke. Security cameras are utilised on site.

Restraint minimisation and safe practice

Policies and procedures are available for staff on the use of enablers and restraint minimisation practices. The facility has been restraint free for over two years. There were no restraints or enablers in use during the audit. Staff are provided with education on restraint minimisation and use of enablers during orientation and complete annual competencies.

Infection prevention and control

The infection prevention and control programme is led by an experienced and trained infection control coordinator and team who aim to prevent and manage infections. The programme is reviewed annually by the organisation and objectives are set. Specialist infection prevention and control advice is accessed when needed.

Staff interviewed demonstrated good principles and practice around infection prevention and control which is guided by relevant policies and supported with regular education.

Aged care specific infection surveillance is undertaken and results are reported through all levels of the organisation. Follow-up action is taken as and when required.

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	43	0	2	0	0	0
Criteria	0	91	0	2	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Avondale Rest Home and Hospital has developed and implemented policies, procedures and processes to meet its obligations in relation to the Code of Health and Disability Services Consumers' Rights (the Code). Staff interviewed understood the requirements of the Code and were observed demonstrating respectful communication, encouraging independence, providing options and maintaining dignity, respect and privacy. Training on the Code is included as part of the orientation process for all staff employed and in ongoing training. This was verified when reviewing the training records.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>An informed consent policy is in place. Every resident has the choice to receive, refuse and withdraw consent for services. A resident dependent on their level of cognitive ability will decide on their own care and treatment unless they indicate that they want representation.</p> <p>The residents' records reviewed had consent forms signed by the resident, and/or family and/or enduring power of attorney (EPOA). Advance directives are encouraged and discussed at the time of admission and</p>

		<p>signed by the resident if competent. Families/whanau interviewed stated that their relatives were able to make informed choices around the care they received and that they were actively encouraged to be involved in their relative's care and decision making. The residents in the dementia service had the EPOAs enacted as sighted in the records reviewed.</p> <p>Residents interviewed stated that they were able to make their own choices and felt supported in their decision making. Staff interviewed acknowledged the resident's right to receive, refuse and withdraw consent for care/services. Staff interviewed demonstrated good knowledge around challenging behaviours as evidenced in the progress records, care planning and observations at the time of audit.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>All residents receiving care within the facility have appropriate access to independent advice and support, including access to cultural and spiritual advocates whenever required.</p> <p>Family/whanau interviewed reported that they were provided with information regarding access to advocacy services at the time of enquiry and at admission and were aware of the location of pamphlets and information situated around the facility. Family/whanau stated that they were always encouraged to become actively involved as an advocate for their relative and felt comfortable with speaking with staff.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>There are no set visiting hours and family/whanau are encouraged to visit. Residents are fully supported and encouraged to access community services with visitors/family or as part of the planned activities programme. This was evidenced in family/whanau/resident interviews and documented in daily and planned activities in resident's progress records and care planning, such as visiting the local shopping mall or community groups visiting the facility.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood,</p>	FA	<p>Avondale Rest Home and Hospital implements organisational policies and procedures to ensure complaints processes reflect a fair complaints system that complies with the Code. During interview, residents, family and</p>

<p>respected, and upheld.</p>		<p>staff reported their understanding of the complaints process and noted they had no complaints. One family member stated staff had responded promptly to their feedback / requests earlier in the year. "Unhappy with our Service" forms are present throughout the facility and include an area for the recording of complaints.</p> <p>A complaints register is maintained. There have been no complaints received from the Ministry of Health or Health and Disability Commissioner since the last audit. One complaint was received via the District Health Board in April 2018. This has been responded to. A review of five complaints verified they have been acknowledged, investigated and responded to in a timely manner.</p> <p>New Provider Interview November 2018: The prospective provider is aware of the complaints management processes and timeframes required to meet the Code.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.</p>	<p>FA</p>	<p>The policy identifies that a copy of the Code and information about the Nationwide Health and Disability Advocacy Service is provided to the resident and family on admission and is also evidenced in the admission agreement. The information packs were reviewed for those enquiring about the service and the pack for residents/whanau when the resident is admitted to the facility. The Code is displayed in all service areas together with information on advocacy services, how to make a complaint and feedback forms.</p> <p>The family/whanau and residents that were interviewed reported that the Code was explained to them on admission. Family/whanau and residents expressed that they were pleased with the care at the facility provided by the staff.</p> <p>The prospective provider interviewed has excellent knowledge about consumer rights.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect Consumers are treated with respect and receive services in a</p>	<p>FA</p>	<p>Residents and families confirmed that they receive services in a manner that has regard for their dignity, privacy, sexuality, spirituality and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents</p>

<p>manner that has regard for their dignity, privacy, and independence.</p>		<p>have a private room.</p> <p>Residents are encouraged to maintain their independence by participating in community activities and/or the activities programme. Participation is voluntary. Care plans sighted included documentation related to the resident's abilities and strategies to maintain independence.</p> <p>Records reviewed confirmed that each resident's cultural, religious and social needs, values and beliefs had been identified, documented and incorporated into their individual care plan.</p> <p>Staff understood the service's policy on abuse and neglect including what do should there be any signs. Education on abuse and neglect was confirmed during orientation and is provided annually. The family members reported that staff know their relatives well and were very good at intervening prior to any potential challenging behaviours. This was also observed at the time of the audit with interactions.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	<p>FA</p>	<p>Staff support residents in the service who identify as Maori to integrate their cultural values and beliefs. There were three residents who identified as Maori. No Maori staff are currently employed. Two registered nurses and caregivers interviewed reported that there are no barriers to Maori accessing the service. The caregivers interviewed demonstrated good understanding of practices that identified the needs of the Maori residents and the importance of whanau and their Maori culture. A Maori Health Plan for the organisation was available and is currently being reviewed.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	<p>FA</p>	<p>The residents' records reviewed reflected that residents received services that were specific and individual to their needs, values and beliefs of culture, religion and ethnicity. The family members/whanau interviewed reported that the staff are meeting the needs of their relative and that their relative was treated in a manner that supported their cultural beliefs and values. This was also evident at the time of audit with observed interactions.</p>

<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>Family/whanau and residents reported that they are pleased with the care provided. The families/whanau expressed that staff knew their relatives well, that relationships are built, and professional boundaries are maintained. No concerns were reported. Staff interviewed stated that they are aware of the importance of maintaining professional boundaries. Responsibilities are clearly outlined in the job descriptions reviewed.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>Evidenced-based practice was observed and evidenced in interviews with the registered nurses, caregivers and through care planning. Policies and procedures are linked to evidence-based practice. There are regular visits by the general practitioners, links with other health professionals, palliative care nurses, geriatricians and different DHB nurse specialists and allied health staff. Care guidelines are utilised as appropriate.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>The open disclosure policy is based on the principle that residents and their families have a right to know what has happened to them and to be fully informed at all times. The family/whanau interviewed confirmed that they are kept informed of their relative's well-being including any incidents adversely affecting their relative and were pleased with the timeframes that this occurred. Evidence of open disclosure was seen in the residents' progress records, accident/incident forms and at shift handover.</p> <p>All residents and relatives who do not speak English are advised of the availability of an interpreter at the first point of contact with staff. Residents are from many different cultures and staff are often requested to provide interpretation or to translate a document. Where hospital/consultant appointments were planned, the option of formal interpreters to support the residents and family/whanau were encouraged. The ADHB provides an interpreter service if required and information is accessible for staff should this be required.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are</p>	<p>FA</p>	<p>The strategic and business plans are developed by Bupa and detail the purpose, values, scope, pillars, and priorities of the organisation. Quality, and health and safety goals are identified and monitored at each facility,</p>

<p>planned, coordinated, and appropriate to the needs of consumers.</p>	<p>and these were sighted for Avondale Rest Home and Hospital. A sample of weekly and monthly reports to the area manager contained adequate information to monitor performance, including occupancy rates, staffing numbers, emerging risks and issues, incidents and accidents, concerns and complaints, health and safety and currency of residents' interRAI status. The values are displayed throughout the facility and discussed during orientation and during staff performance appraisals.</p> <p>The service is managed by a care home manager (CHM) who is a registered nurse. She has been in the role since April 2018. Prior to that she had been the clinical manager at Avondale Rest Home and Hospital since February 2016. Responsibilities and accountabilities are defined in a job description and individual employment agreement. The CHM was on leave during audit and was unable to be interviewed. A regional operations manager described the communication processes in place to ensure current knowledge of the sector, regulatory and reporting requirements. The CHM has attended more than eight hours of education per annum related to managing an aged related residential care facility</p> <p>The facility has an Aged Related Residential Care Contract with Auckland District Health Board (ADHB) for the provision of rest home, hospital and dementia care services. There were sixty-one residents receiving care under this contract. Fourteen at rest home level, 10 at dementia level and 37 at hospital level care. The service currently provides dementia level care for women only. A contract is also in place for the provision of respite services. There is a Residential (Non Aged) contract with the Ministry of Health for the provision of rest home and hospital level care. There were no residents receiving care under this contract at the time of audit. There is a Long Term Conditions Chronic Health Contract (LTC CHC). One resident under the age of 65 years was receiving hospital level care under this contract. There was a total of 62 residents receiving care at audit.</p> <p>New Provider Interview November 2018: The prospective provider is Heritage Lifecare Ltd (HLL) which is an established New Zealand aged care provider, currently operating 35 facilities with approximately 2300 beds in the aged related residential care (ARRC) sector. This company is Heritage Lifecare (BPA) Ltd, however will be referred to as Heritage Lifecare Limited (HLL) in this report. The HLL national manager clinical and quality was interviewed and reported the intention to continue business as usual while introducing the HLL policies and procedures and quality and</p>
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		<p>risk programme. A draft transition plan is documented and planned for three stages over six months. The transition programme has been reviewed and updated with learnings obtained following the purchase of other ARRC facilities by HLL in the last year. The transition plan will be finalised with timeframes specified once the date for ownership (anticipated 31 January 2019) has been confirmed. The transition programme will be led by an experienced project team to integrate this facility into the Heritage Lifecare Ltd group. This includes provision of infrastructure support, such as providing information technology capability including hardware and software, and quality and risk management systems, and implementation of a clinical care management system which will be introduced as new residents are admitted, and existing resident care plans are due for review. Onsite workshops are planned to introduce documentation, and the new HHL systems and processes. This is planned to occur commencing on day one. The project team is working with the BUPA team to ensure a smooth transition of each operation. It is expected that the senior team and existing staff will remain in place in the facility.</p> <p>The prospective purchaser has notified the Auckland District Health Board (ADHB) prior to the provisional audit being undertaken. Staff, residents and their family members have also been informed of the planned change of ownership, with HHL planning to have meetings with these groups in the near future.</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>When the care home manager (CHM) is absent, the organisation provides cover with a relief care home manager. A relief care home manager was present during audit, covering for the regular CHM who is on leave. The relief CHM is experienced in managing an aged related residential care service and has completed at least eight hours of education related to managing an aged residential care service in the last 12 months.</p> <p>During absences of the clinical manager, the clinical management responsibilities is overseen by one of the senior registered nurses, experienced in the sector and able to take responsibility for any clinical issues that may arise. An experienced RN (one of two unit coordinators) has worked in this facility for 11 years, and is currently covering the clinical manager role which has recently become vacant. The senior RN covering the clinical manger role is currently working out her resignation.</p>

		<p>Recruitment for this role is underway.</p> <p>New Provider Interview November 2018: The prospective provider will be working with the current provider to recruit a new clinical manager - the role has been advertised. Existing cover arrangements for the day to day operations will remain in place, with access to regional operations managers. The prospective new owner understands the needs of the different certified service types and understands the Age Residential Related Care (ARRC) agreement, including in relation to responsibilities of the ARRC manager to meet section D17 of the agreement.</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>Avondale Rest 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, health and safety reporting, hazard management, infection control data collection and management, and complaints management. This is a restraint free facility. Regular internal audits are conducted, which cover relevant aspects of service including aspects of care, documentation and medicine management. A resident and a family satisfaction survey has recently occurred.</p> <p>If an issue or deficit is found, a corrective action is put in place to address the situation. Corrective actions have been developed and implemented. Quality information is shared with all staff via shift handover as well as via the two monthly staff meetings. The minutes of staff meetings are made available to staff. Staff interviewed verified they were kept well informed of relevant quality and risk information. Opportunities for improvement are discussed, along with the organisation's expectations / policies. Quality and risk activities and outcomes are also discussed at the two monthly quality and health and safety meetings.</p> <p>Meetings are held two monthly with residents to obtain resident feedback on services, food and activities, as well as to obtain information for future planning. The minutes of the recent meetings were sighted by the auditor reviewing service delivery.</p> <p>Policies and procedures were readily available for staff. Documents are in the process of being updated and formatted into work instructions. When changes are made to policies / procedures, an email communication is</p>

		<p>sent to the care home manager with details. One paper copy of documents is available for staff. The care home manager is responsible for document control processes. Policies and procedure are discussed where applicable during the staff education programme.</p> <p>Actual and potential hazards/risks are identified in the hazard register. The hazard register and mitigation strategies have been recently reviewed. Organisation risks are communicated via the CHM weekly and monthly reports or escalated verbally sooner if applicable. The continual service improvement (CSI) team from national office send out communications to all facilities where potential risk has been identified that requires mitigation. Examples of these communications and associated action plans were sighted. The CHM is responsible for verifying that any required actions have been undertaken in a timely manner.</p> <p>New Provider Interview November 2018: During the transition phase (commencing on day one), HLL policies and procedures will be introduced including to incorporate risk management, adverse event reporting, and complaint management. Changes in care planning and associated documentation and client management will occur as new residents are admitted, or current care plans are due for review.</p> <p>The HLL national manager clinical and quality advises HLL has a generic annual quality and risk management plan in place which outlines goals and some generic objectives for the coming year. Each site personalises this to their own facility. There is also a quality strategic plan. The plan includes internal audits and improvement activities and projects. The national internal audit calendar is currently being reviewed and streamlined. The HLL quality strategic plan and the HLL quality risk management plan will be introduced to managers during the transition period. Reporting against the quality plan occurs monthly through the operational management structure, or via phone call or email for any urgent issues.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open</p>	<p>FA</p>	<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.</p>

<p>manner.</p>		<p>Applicable events are being reported electronically in a timely manner and disclosed with the resident and/or designated next of kin. This was verified by residents and family members interviewed. A review of reported events including falls, skin abrasion, two medication errors, an unwanted visitor to the facility, a faulty smoke detector, a near miss event, and pressure injuries demonstrated that incident reports are completed, investigated and responded to in a timely manner. Staff communicated incidents and events to oncoming staff via the shift handover. Events have been discussed with staff at the staff meetings as verified by interview and detailed in meeting minutes sighted. The electronic system includes escalating significant events automatically, using an organisation specific risk rating process, to other applicable managers, as well as enabling monitoring of the investigation and timeliness of resolution activities.</p> <p>The service has recently restarted benchmarking falls, pressure injury, and other clinical indicator rates with the other aged residential care facilities in this network per level of care, and per 1000 occupied bed days. The relief CHM advised a total of four essential notifications to the Ministry of Health have been made by Avondale Rest Home and Hospital in relation to pressure injuries (both present on admission and new), and loss of electricity during a storm. Additional air mattresses have been purchased and are now in use for residents who have an increased pressure injury risk. Staff have been provided with additional education on pressure injury prevention. The relief CHM and the area operations manager can detail the other type of events that require reporting. The death of one resident in 2017 was reported to the Coroner. A trespass order has been issued for an individual with no valid/recognised links to the facility. Resident or staff safety was not at risk.</p> <p>New Provider Interview November 2018: There are no known legislative or compliance issues impacting on the service. The prospective owner is aware of current health and safety legislative requirements and the need to comply with these. The national manager clinical and quality interviewed could verbalise knowledge and understanding of actions to meet legislative and DHB contractual requirements including essential notifications. The HHL processes for the reporting of adverse events will be introduced from day one after the change in ownership. This includes processes for essential notifications.</p>
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<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>PA Low</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes completing an application form, interviews, referee checks, police vetting (currently facilitated by national office), and validation of qualifications and practising certificates (APCs), where required. The job description / employment contract includes a statement advising staff of privacy / confidentiality requirements. A sample of staff records reviewed confirmed that policies are being consistently implemented and records retained. All employed and contracted registered health professionals have a current annual practising certificate (APC). Nine staff are overdue annual performance appraisals.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. Staff records reviewed showed documentation of completed orientation.</p> <p>A staff education programme is in place with in-service education identified and provided monthly. An annual competency assessment process is also in place for caregivers and registered staff, including mandatory training requirements. This includes but is not limited to manual handling, hoist use, being restraint free / use of enablers and medication competencies for applicable staff.</p> <p>Care staff are encouraged to complete a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. Four staff working in the dementia unit do not have records verifying they have a dementia level qualification and were not currently in training.</p> <p>New Provider Interview November 2018: The prospective owner intends to offer all staff employment with their current terms and conditions. The HLL national manager clinical and quality advised HLL has an arrangement with Immigration New Zealand to transition any Avondale Rest Home and Hospital employee visas to HLL. Staff will have the opportunity of completing any training that is in progress for an industry approved qualification.</p>
<p>Standard 1.2.8: Service Provider Availability</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing</p>

<p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week (24/7). Not all staff working in the dementia unit have completed a dementia care related industry approved qualification as required to meet the provider's contract with ADHB (refer to 1.2.7.5)</p> <p>The full time clinical manager role is vacant. There are two unit coordinators. Both are experienced aged care registered nurses. One of the unit coordinators is newly employed. One of the unit coordinators is currently working out her resignation. This unit coordinator role and the clinical manager roles are being advertised. There is another RN role and three caregiver roles also being recruited.</p> <p>There are nine registered nurses employed, 34 caregivers, six housekeepers, four kitchen staff, two activities staff, one maintenance person and one administrator. Laundry services are provided off site. Four nurses have interRAI competency. This is not sufficient to ensure resident interRAI assessments are current (refer to 1.3.4.1).</p> <p>The facility adjusts staffing levels to meet the changing needs of residents. Recent changes have included adding an additional caregiver (a fourth) to the night shift as a 'floater' across all units, facilitating resident care and enabling the RN to undertake some of the interRAI assessments. There is always at least one registered nurse on duty, with normally two RNs on morning and afternoon shifts. Staff are rostered to work in specific units. There is a minimum of one caregiver in the dementia unit (Rose Avon), hospital wing (Aroha Way) and combined rest home and hospital wing (Palm Grove) at all times including overnight. Additional caregivers are rostered on full or part shifts in the morning and afternoon to ensure sufficient staffing to meet residents' care needs. A senior caregiver attends after hour's calls from residents in the Village, leaving four staff on site. Staff advise this process works well.</p> <p>An afterhours on call roster is in place, with staff reporting that good access to advice is available when needed. Care staff reported there were adequate staff available to complete the work allocated to them. Residents and family interviewed supported this. Observations and review of a two-week roster cycle confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence. Agency staff are used where applicable and are provided with an orientation to the service and key policies and procedures at the commencement of their first shift. Records</p>
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		<p>of this orientation are maintained.</p> <p>At least one staff member on duty (normally more) has a current first aid certificate.</p> <p>New Provider Interview November 2018: The prospective owner intends to maintain the current staffing levels and skill mix and offer all existing staff ongoing employment. HLL has a documented policy based on the Guidelines for safe staffing levels and indicators. The organisation already provides the range of levels of care (geriatric/medical, dementia, and rest home and psychogeriatric services) and recognises the competencies and contractual obligations to be met when delivering these services.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The resident's name, date of birth and national health index (NHI) are used as the unique identifier on all resident's information sighted. Clinical records were current and integrated with general practitioner (GP) and auxiliary staff records. The records were being kept secure in all nurses' stations and were only accessible to authorised people. On the day of admission, all relevant information is entered into the resident's record by the registered nurse following an initial assessment and medical examination by the GP. The date of admission, full and preferred name, next of kin, date of birth, gender, ethnicity/religion, NHI, the name of the GP, authorised power of attorney, allergies, next of kin and contact phone numbers were all completed in each resident's record reviewed. No personal or private resident information was observed to be on public display during the days of the audit.</p> <p>Full residents' records remain traceable and held within the required time frames which also encompasses the requirements of the (Retention of Health Information) Regulations 1996 Act.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>Bupa has developed an admission agreement which is based on the Aged Care Association agreement. The residents' records reviewed have signed admission agreements by the resident/family/representative or enduring power of attorney (EPOA). The organisation has their own dedicated website. The administrator is also available to handle any enquiries. Information packs for prospective residents and those admitted to the</p>

		<p>services were available and reviewed. There is a separate information booklet for the dementia care service. All residents are required to be assessed prior to entry to this service by the needs assessment service coordinator (NASC) from the district health board (DHB). The NASC assessments were reviewed. For the residents in the dementia service it was evidenced that the individual EPOAs have consented for the resident to be admitted and the specialist referrals were confirmed.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>Exit, discharge or transfer is managed in a planned and co-ordinated manner. An escort is provided as appropriate. The service utilises the 'yellow envelope' system when transferring a resident to the DHB acute care services. There is open communication between all services, the resident and family/whanau. At the time of transition between services, appropriate information is provided for the ongoing management of the resident ensuring continuity of service provision. All referrals are documented in the progress records. An example of this occurring was observed and followed through as part of tracer methodology with the service having everything prepared for a resident who has been re-assessed and is awaiting placement in another service not able to be provided at this facility.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication management 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 an electronic system) was observed on the day of the audit. The staff observed demonstrated sound 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.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. The registered nurse checks medications against the prescription. All medications sighted were within current use by dates. Clinical pharmacist input is provided on request and a six monthly audit is completed.</p>

		<p>Controlled drugs are stored securely in accordance with requirements and checked by two staff members for accuracy when administering. The controlled drug register provided evidence of weekly checks and six monthly stock checks and accurate entries.</p> <p>The records of temperatures for the medicine fridges reviewed in all service areas were within the recommended range.</p> <p>Electronic prescribing practices observed included the GP name and registration number and dates of all reviews undertaken by the GP. All requirements for pro re nata (PRN) medicines are met. The outcomes or effect of medication given is recorded. Standing orders are used, were current, complied with legislation and have been reviewed by the GP annually.</p> <p>There were four rest home level residents who were self-administering medications at the time of audit. Appropriate processes were 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>	<p>FA</p>	<p>The foodservice is provided on site by a qualified chef and kitchen team and is in line with recognised nutritional guidelines for older people. The menu follows a four week cycle, summer and winter patterns, and has been reviewed by a qualified dietitian within the last two years. Recommendations made at the time have been implemented. The service has a food control plan which was developed and implemented for the service four years ago in 2017 by the Ministry of Primary Industries and has a colour coded system which was explained by the chef. The records and plans are kept for four years. The notice of registration for the food control plan was completed and signed 10 September 2018.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. Food temperatures including for high risk items are monitored appropriately and recorded as part of the plan. The chef has undertaken a safe food handling qualification and the kitchen assistants have completed relevant food handling training.</p>

		<p>A nutritional assessment is undertaken for each resident on admission by the registered nurse. A dietary profile is developed. A copy is given to the chef and a copy is retained in the individual resident's records. Any personal preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. A whiteboard in the kitchen was observed with special needs documented for individual residents in all services. Residents in the secure dementia service have access to food and fluids to meet their nutritional needs at all times. Special equipment to meet the resident's nutritional needs is readily available.</p> <p>Evidence of resident satisfaction with meals was verified by resident and family interviews, from satisfaction surveys and residents' meeting minutes sighted. Residents were seen to be given sufficient time to eat their meal in an unhurried fashion and those requiring assistance had this provided.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>The senior registered nurse interviewed reported that the service does not refuse a resident if they have had a suitable NASC assessment to evidence the level of care required and that there is a bed available. In an event that the service cannot meet the needs of the resident, the resident, family/whanau and the NASC service will be contacted so that alternative residential care accommodation can be found. An example was a resident in the dementia service who has been recently re-assessed as requiring higher level care and management and is awaiting a placement at an appropriate facility. The residents' agreement has a clause on when the agreement can be terminated and the need for reassessment if the service can no longer meet the needs of the individual resident.</p> <p>A reason for declining of services is recorded in the resident register. Staff reported that declining access for residents, due to the range of services provided, rarely occurs. Full assistance would be provided to the family/whanau and resident during this process.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are</p>	PA Low	<p>Information is documented using validated nursing assessment tools, such as a pain scale, falls risk, skin integrity, nutritional screening and other tools as deemed necessary, as a means to identify any deficits or triggers</p>

gathered and recorded in a timely manner.		to inform care planning. The sample of care plans reviewed had an integrated range of resident-related information. All residents have had an interRAI assessment completed however, there are insufficient registered nurses trained to ensure the interRAI assessments are completed and up to date. Four of nine registered nurses are interRAI trained and one has resigned. Residents and families confirmed their involvement in the assessment process.
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Care plans reviewed reflected the support needs of residents and the outcomes of the integrated assessment process and other relevant clinical information. Allergies and sensitivities are recorded on the care plan, the medical records and the medication record. The needs identified by the interRAI assessments were reflected in care plans reviewed. Behavioural management plans are in place for the residents in the dementia service. The staff interviewed had a good understanding of how to best manage all residents as individuals. Strategies were in place to ensure the residents were managed appropriately and safely. Continuity of service delivery was encouraged.</p> <p>Care plans evidenced service integration with progress records, activities records, medical and allied health professionals' notations being clearly written, informative and relevant. Any change in care required was documented and verbally passed on to relevant staff. Residents and families reported participation in the development and ongoing evaluation of care plans.</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>	FA	<p>Documentation, observations and interviews verified the provision of care to residents was consistent with their needs, 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 of a high standard. 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. One resident in the dementia service has been re-assessed and is awaiting placement for higher level of</p>

		care. Advance care plans were observed and implemented. Each section has an overall objective and strategies and the support required is clearly documented. Plans were dated, signed by the resident or the EPOA and the primary care registered nurse.
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>The activities timetable is provided by two activities coordinators and covers seven days a week. Each coordinator has completed the required training and NZQA dementia papers level two and have attended the Bupa 'Person First Coaching' internal training programme for residents with dementia. The coordinators, with input from the resident and family, complete a 'Map of Life' which provides a social assessment and history. An individual activities plan is developed for each resident and is reviewed when the care plans are evaluated six monthly, or earlier if required.</p> <p>Activities reflected residents' goals, ordinary patterns of life and included normal community activities. Individual, group activities and regular events are offered. Residents and families/whanau are involved in evaluating and improving the programme through two monthly residents' meetings (minutes sighted) and satisfaction surveys. The feedback was very positive. The activity timetable is displayed in all service areas. Residents receive a copy for their room. Large photo boards display photos of special events held. Residents' interviewed confirmed they find the programme stimulating and enjoyable.</p> <p>Activities for residents in the secure dementia service are specific to the needs and abilities of the people living there. The activities timetable is displayed in the unit. Activities are offered at times when residents are mostly physically active and/or restless. Resources are available for the staff to utilise as required during the whole twenty-four-hour period. Staff were observed interacting with residents at all times. The lounge and dining rooms are in close proximity to the nurses' station and residents in this service can be observed closely.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a</p>	FA	Residents' care is evaluated on each shift and reported in the progress records. If any change is noted it is reported by staff to the registered nurse.

<p>comprehensive and timely manner.</p>		<p>Formal evaluations of the care plans occur six monthly in conjunction with the six monthly interRAI reassessment or as a resident's 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 eye infections, wound care and skin tear management. When necessary, for unresolved problems, the long term care plans are updated accordingly. Residents and family/whanau interviewed provided examples of involvement in evaluation of progress and resulting changes.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	<p>FA</p>	<p>Residents are supported to access or seek referral to other health and/or disability service providers. Although the service has a resident doctor, residents may choose to use another medical practitioner. If the need for other non-urgent services are indicated or requested the general practitioner or registered nurse sends a referral to seek specialist input. Copies of referrals were sighted in residents' records. The resident/family/whanau are kept informed of the referral process as verified in the documentation and interviews. Any acute/urgent referrals are attended to immediately, such as sending the resident to accident and emergency in an ambulance if the circumstances dictate.</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>Policies detail how waste is to be segregated and disposed. The policy content aligns with current accepted practice.</p> <p>Chemicals sighted were stored in designated and secure areas. Material safety data sheets detailing actions to take in the event of exposure were sighted for chemicals in use. Applicable staff have been provided with training on chemical safety and handling.</p> <p>Appropriate personal protective equipment (PPE) was available on site including disposable gloves, aprons, masks, and face protection. An emergency spill kit is also available.</p> <p>Staff advised they would report inadvertent exposures to hazardous substances and blood and body fluids via the incident reporting system. Staff confirmed receiving education on handling chemicals and waste as part of health and safety induction and orientation where relevant to their</p>

		role.
<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 22 June 2019) is publicly displayed.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for their purpose and maintained. The testing and tagging of electrical equipment and calibration of bio medical equipment was current as confirmed in documentation reviewed, interviews with maintenance personnel and observation of the environment. Hot water temperatures is monitored weekly on a rotating basis in resident care areas and is within the required range. The environment was hazard free, residents were safe and independence is promoted. Grab rails are present in the bathrooms and corridors. The facility vehicle has a current registration, warrant of fitness and the vehicle hoist has been serviced. Drivers are required to complete an annual driver competency.</p> <p>External areas are safely maintained and were appropriate to the resident groups and setting. There is a secure external area attached to the dementia unit. Staff confirmed they know the processes they should follow if any repairs or maintenance is required, that any requests are appropriately actioned and that they are happy with the environment.</p> <p>New Provider Interview November 2018: HLL has undertaken a period of due diligence, in preparation for purchase of the facility. Laundry services are currently provided at another Bupa facility and HLL are currently exploring short term options for provision of laundry services while they reopen the laundry at Avondale. There are presently no plans for any other significant environmental changes in the facility. The intent is to maintain services as usual.</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</p>	FA	<p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. Hand basins are present in each resident's bedroom or ensuite. The building plan identifies all the rooms in Palm Grove have ensuite bathrooms, and four rooms in another wing have an ensuite toilet. Appropriately secured handrails are provided in the toilet/shower areas,</p>

<p>personal hygiene requirements.</p>		<p>and other equipment/accessories are available to promote residents' independence. There are separate bathroom facilities for staff and visitors to use. Privacy locks and signs are present on communal bathroom facilities where this aspect was reviewed.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>Adequate personal space is provided to allow residents and staff to move around within their bedrooms safely. All bedrooms provide single accommodation. Rooms are personalised with furnishings, photos and other personal items displayed. Residents were sighted mobilising inside and outside the facility independently and with staff support, including while using a mobility aid.</p> <p>The staff interviewed advised there is sufficient space for the residents to mobilise, including when assistance was required. The residents and family members interviewed confirmed this.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	<p>FA</p>	<p>All residents have single occupancy rooms. There are areas in each wing that residents can use for activities or to meet with family and friends. This includes the open planned lounge and dining room, and outside areas. The residents and family members interviewed confirmed that there is sufficient space available for residents and support persons to use in addition to the residents' bedrooms.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services 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>Policies and activity lists detail how the cleaning services are to be provided. All laundry including resident's personal clothing is sent offsite daily and washed and returned, normally within 24 hours. Equipment is available in the laundry for the naming of residents' clothes on admission.</p> <p>The residents and family members interviewed confirmed the rest home and hospital is kept clean and tidy and residents' laundry is normally washed and returned in a timely manner. Audits of cleaning and laundry services were undertaken as scheduled and reports demonstrated compliance with the service requirements. The resident satisfaction survey includes questions related to environmental cleanliness and laundry</p>

		<p>services.</p> <p>Chemicals are stored in designated secure cupboards or rooms which are locked. Two house keepers interviewed confirmed being provided with training on the safe handling of chemicals and had written instructions readily available on the use of products and required cleaning processes / activities. Each resident's bedroom is 'spring cleaned' on a rotating basis.</p> <p>Instructions for managing emergency exposures to chemicals is readily available to staff.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>Policies and guidelines for emergency planning, preparation and response are displayed and known to staff. Disaster and civil defence planning guides direct the facility in their preparation for disasters and described the procedures to be followed in the event of a fire or other emergency. The current fire evacuation plan was approved by the New Zealand Fire Service in March 2002. A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service, the most recent being on 8 August 2018. The maintenance personnel advised all smoke detectors were changed throughout the complex in August 2018. The orientation programme includes fire and security training. Staff confirmed their awareness of the emergency procedures.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including food, water, blankets, mobile phones, paper/plastic crockery and dishes, wet wipes and other commonly used consumables, and a gas BBQ were sighted and meet the requirements for 67 residents. A water storage tank is located onsite. A review / debrief was undertaken after the power outage earlier in 2018. Following this, additional blankets were purchased, and the uninterrupted power supply batteries (three) were replaced. Emergency lighting is regularly tested.</p> <p>Call bells alert staff to residents requiring assistance. They alert via an audible sound and notification of the room number/location through to a centralised panel. Three call bells tested at random were fully functioning. Routine calls alert within the applicable wing. Staff advise emergency calls are alerted throughout the entire complex. Call bells are tested as part of the monthly maintenance audits. Residents and families reported staff</p>

		<p>respond promptly to call bells.</p> <p>Appropriate security arrangements are in place. Doors and windows are locked at a predetermined time. Internal security cameras are in use monitoring public areas. Signage alerts residents and visitors that these are in use.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>All residents' rooms and communal areas are heated and ventilated appropriately. Rooms have natural light and opening external windows with security stays fitted. Heating is provided by under floor heating. Areas were at an appropriate temperature and well ventilated throughout the audit and residents and families confirmed the facilities are maintained at a comfortable temperature. Monthly checks of the ambient temperature are documented as occurring. There is a designated external area for residents who smoke.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The service has a documented infection control programme. The infection control programme minimises and reduces the risk of infections to residents, staff and visitors to the facility.</p> <p>The infection control coordinator is a registered nurse and has only been in this role for a few weeks at the time of the audit. The infection control coordinator (ICC) holds accountability and responsibility for following the programme in the infection control manual reviewed. The ICC interviewed monitors for infections, by using standardised definitions to identify infections, surveillance activity, by recognising changes in behaviours, monitoring of organisms related to antibiotic use and the monthly surveillance record. Infection control is discussed at meetings. If there is an infectious outbreak this is reported immediately to staff, management and where required, to the DHB and public health services.</p> <p>The registered nurses interviewed reported that staff have good assessment skills in the early identification of suspected infections. Residents with suspected and/or confirmed infections are reported to staff at handover and short term care plans are implemented. This is documented in the progress records. Staff interviewed stated that they are alerted to any concerns and are included in the management of reducing</p>

		<p>and minimising risk of infection through staff meetings, the staff communication book, one on one communication, at shift handover, in short term care plans and in resident's documented progress records.</p> <p>A process is identified in policy for the prevention of exposing providers, residents and visitors from infections. Staff and visitors suffering from infectious diseases are advised not to enter the facility. When outbreaks are identified in the community, specific notices are placed at the entrance to the facility saying not to visit if the visitor has come in contact with people or services that have outbreaks identified. Sanitising hand gel is available and there are adequate hand washing facilities for staff, visitors and residents with hand washing signs noted throughout the facility. Gloves and gowns are easily accessible to staff. Residents who have infections are encouraged to stay in their rooms if required.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	<p>FA</p>	<p>The registered nurse has been newly appointed to this role but is very experienced, is fully trained and has performed this role in other aged care facilities. The registered nurse is well supported by the other registered nurses and the clinical team. The GP, registered nurses and caregivers interviewed demonstrated good knowledge of infection prevention and control. On several occasions throughout the audit good hand washing techniques was observed.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	<p>FA</p>	<p>An infection prevention and control policy sets out the expectations the organisation and facility uses to minimise infections. This is supported by an infection control manual and policies and procedures that support specific areas, including antibiotic use, wound management, blood and body spills, cleaning, disinfection and sterilisation, laundry and standard precautions. The service is also a member of an external infection prevention and control organisation which provides additional reference material to guide staff in infection control issues. The reference manual was accessible to all staff. Staff were observed demonstrating safe and appropriate infection prevention and control practices.</p>

<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>The registered nurses and caregivers interviewed could demonstrate good infection prevention and control techniques and awareness of standard precautions such as hand washing. Hand washing audits occur on a regular basis. Infection control in-service education is held as per the education plan reviewed and is facilitated by the registered nurses. Resident education is provided as and when appropriate.</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 control programme.</p>	<p>FA</p>	<p>All staff are required to take responsibility for surveillance as shown in policy. Monitoring is discussed in meetings to reduce and minimise risk and to ensure residents' safety. The ICC reports to the continuing care home manager who completes a monthly surveillance report. The service monitors respiratory infections, wounds, skin, ear nose and throat, urinary tract infections and gastroenteritis. The monthly analysis of infections includes comparison with the previous month, reason for the increase or decrease, trends and actions taken to reduce infections. This information is discussed in staff meetings and where appropriate with family/residents. Overall monthly statistics remain low for the size and services provided at this facility. Short and long term care plans were seen to document interventions to reduce and minimise the risk of infections and regular evaluations.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<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 facility is restraint free and staff report has been restraint free for at least two years. The newly employed unit coordinator is the restraint coordinator, and whilst still learning the organisation's policies, procedures and practice, confirmed being aware that the facility is restraint free. This is also noted on signs in the main entrance area. There is an annual staff competency assessment programme for restraint minimisation.</p> <p>On the day of audit, no residents were using restraints and no residents had enablers in use.</p> <p>New Provider Interview November 2018: HLL has policies and procedures in place to guide staff in the safe use of restraint and its minimisation as</p>

		<p>well as for use of enablers. These policies are implemented across the group and a small number of restraint devices are approved for use following assessment and as a last resort. The prospective provider is experienced in the requirements of the standard, as it pertains to aged residential care.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<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 Low	<p>A staff education programme is in place with in-service education identified and provided monthly. An annual competency assessment process is also in place for caregivers and registered staff, including mandatory training requirements. This includes but is not limited to manual handling, hoist use, being restraint free / use of enablers and medication competencies for applicable staff.</p> <p>Care staff are encouraged to complete a New Zealand Qualification Authority education programme to meet the requirements of the provider’s agreement with the DHB. There are currently at least six staff with foundation level two, eight staff with New Zealand Certificate in Health and Wellbeing (level two), 23 staff with a</p>	<p>Nine staff members are overdue annual performance appraisals.</p> <p>Four caregivers working in the dementia unit do not have evidence of completed an industry approved dementia qualification and have been employed for more than 12 months.</p>	<p>Undertake annual performance appraisals for all staff.</p> <p>Ensure staff working in the dementia unit complete industry approved qualifications in the timeframes required to meet the ARRC contract.</p> <p>180 days</p>

		<p>dementia care related qualification (including three RNs and the two activities coordinators), and 12 staff with a level three qualification. Four staff working in the dementia unit, who have been employed for more than 12 months do not have records verifying they have a dementia level qualification and were not currently in training.</p> <p>Processes are in place to meet with new staff during their orientation and prior to them being employed for 90 days. Annual performance appraisals are required subsequently. Annual performance appraisals are overdue by more than four weeks for nine employees.</p>		
<p>Criterion 1.3.4.2</p> <p>The needs, outcomes, and/or goals of consumers are identified via the assessment process and are documented to serve as the basis for service delivery planning.</p>	PA Low	<p>There are currently four of nine registered nurses who are trained interRAI assessors. The records reviewed indicated that the care plans are not currently up to date, and the registered nurses are behind with some of the interRAI re-assessments. 'Paper work' days are by arrangement with management. The care plans reviewed were completed electronically, were comprehensive and documented clearly for the care staff to understand. Any alerts/triggers are documented especially in relation to insulin dependent diabetics, high falls risk and choking risk. Goals are set with appropriate interventions.</p>	<p>Four of nine registered nurses are interRAI trained. One of the four is the facility manager, another works permanent night duty, and another is the new unit coordinator who is awaiting access to 'Momentum' to be transferred to the facility. Another registered nurse, who is one of two unit coordinators and who has acted as second-in-charge, leaves in two weeks. Seven of 62 interRAI assessment are past the due date, three are currently due now and one is incomplete.</p>	<p>Ensure adequate registered nurses are trained to complete the required interRAI assessments and to ensure assessments are current.</p> <p>180 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.