

Holmbridge Holdings 1852 Limited - Wakefield Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Holmbridge Holdings 1852 Limited

Premises audited: Wakefield Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 29 November 2018 End date: 29 November 2018

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 17

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Wakefield Rest Home is certified to provide rest home and dementia level care for up to 22 residents. On the day of audit there were 17 residents and three boarders.

The facility manager is a qualified social worker with significant health management experience and works full time. She has been in the position for ten months. She is supported by a health and wellbeing manager (clinical manager) with considerable experience in aged care, who has been in the role for ten months. The facility manager and clinical manager are also directors and own the facility.

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

Residents and family members interviewed praised the service for the support provided.

Improvements are required around aspects of wound management, medication management and hot water temperatures.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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The staff at Wakefield Rest Home ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. The service functions in a way that complies with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Discussions with families identified that they are informed of changes in their family member's health status. Information about the Code and advocacy services is easily accessible to residents and families. Staff interviewed are familiar with processes to ensure informed consent. Complaints policies and procedures meet requirements and residents and families are aware of the complaints process.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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Wakefield Rest Home has an established quality and risk programme. Progress with the quality and risk management programme is monitored through the bi-monthly quality/staff meetings. Data is collected on complaints, accidents, incidents, infection control and restraint use. There is a current 2018 quality plan in place. Resident/relative meetings are held bi-monthly. There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation programme that provides new staff with relevant information for safe work practice. The internal audit schedule for 2018 is being completed as per the schedule. The service has an annual training plan for in-service education. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care.

Continuum of service delivery

<p>Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.</p>		<p>Some standards applicable to this service partially attained and of low risk.</p>
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Residents are assessed prior to entry to the service and a baseline assessment is completed upon admission. The care plans are resident, and goal orientated. Input from the resident/family is evident in the service delivery. Files sampled identified integration of allied health and a team approach is evident in the overall resident file. There is a three-monthly general practitioner review. Residents and family interviewed confirmed that they were happy with the care provided and the communication.

Planned activities are appropriate to the residents assessed needs and abilities and residents advised satisfaction with the activities programme.

There is a documented medication management policy and procedure at the facility.

Residents' food preferences and dietary requirements are identified at admission and all meals cooked on site. The kitchen is well equipped for the size of the service. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met.

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.		Some standards applicable to this service partially attained and of low risk.
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Chemicals are stored safely throughout the facility. Appropriate policies are available along with product safety charts. The building holds a current warrant of fitness. Resident rooms are spacious with an adequate number of shower and toilet facilities for the number of residents. There is wheelchair access to all areas. External areas are safe and well maintained. Fixtures, fittings and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. Cleaning and laundry services are well monitored through the internal auditing system. Appropriate training, information and equipment for responding to emergencies are provided. There is an approved evacuation scheme and emergency supplies available.

Emergency and disaster management systems are in place in the event of a fire or external disaster. There are staff on duty 24/7 with a current first aid certificate.

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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Wakefield Rest Home has restraint minimisation and safe practice policies and procedures in place. There were no residents requiring the use of a restraint or enabler. Staff receive training in restraint minimisation and challenging behaviour management.

Infection prevention and control

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

Standards applicable to this service fully attained.

Infections are reported by staff and residents and monitored through the infection control surveillance programme by the infection control officer (the registered nurse). There are infection prevention and control policies, procedures and a monitoring system in place. Training of staff and information to residents is delivered regularly. Infections are monitored and evaluated for trends.

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	42	0	3	0	0	0
Criteria	0	90	0	3	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>Policies and procedures are in place that meet with the requirements of the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and relevant legislation. An information pack is available to residents/families prior to admission and contains information of their rights. Discussions with five care staff, including two support workers, one health and wellbeing manager/RN, one enrolled nurse (EN) and one activities officer confirmed their familiarity with the Code. Three residents and two-family members interviewed confirmed the services being provided are in line with the Code.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>Family and residents interviewed confirmed they have been made aware of and fully understand informed consent processes and that appropriate information had been provided. A multipurpose informed consent form is utilised by the service provider and is retained in each individual resident's record reviewed. Forms are signed and dated appropriately. The admission agreements were signed and dated by the provider and the resident and/or representative.</p> <p>The GP interviewed understood the obligations and legislative requirement to ensure competency of residents as required for advance directives and advance care planning. Resident reviews were undertaken three monthly. Reviews of the individual resident's health status was documented and</p>

		<p>retained in each personal file reviewed.</p> <p>There are policies in place for informed consent and resuscitation and the service is committed to meeting the requirements of the Code of Health and Disability Services Consumers Rights. Discussions with staff confirmed that they were familiar with the requirements to obtain informed consent for personal care and entering rooms.</p> <p>Discussion with residents confirmed that the service actively involves their relatives in decisions that affect their lives, where they consent to this.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>Client right to access advocacy and services is identified for residents. Advocacy leaflets are available in the service reception area. The information pack provided to residents prior to entry includes advocacy information. The information identifies who the resident can contact to access advocacy services. Staff were aware of the right for advocacy and how to access and provide advocate information to residents if needed. Residents and family members that were interviewed were aware of their access to advocacy services.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Residents and relatives confirmed that visiting could occur at any time. Key people involved in the resident's life have been documented in the resident files. Residents verified that they have been supported and encouraged to remain involved in the community, including being involved in regular community groups. Entertainers are regularly invited to perform at the facility.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The service has a complaints policy that describes the management of complaints process. There are complaint forms available at the service entrance. Information about complaints is provided on admission. Interviews with residents and relatives confirmed an understanding of the complaints process. There have been no complaints made since the last audit. The facility manager stated that any complaints received would be managed appropriately with acknowledgement, investigations and responses recorded. Family members stated that the new management team work with them to ensure they are happy with services.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p>	FA	<p>The Code and advocacy pamphlets are located at the main entrance of the service. On admission the facility manager or health and wellbeing manager/RN discusses the information pack with the resident</p>

<p>Consumers are informed of their rights.</p>		<p>and the family/whānau. This includes the Code, complaints and advocacy information. The service provides an open-door policy for concerns/complaints. Information is given to the family or the enduring power of attorney (EPOA) to read to and/or discuss with the resident. Residents and relatives interviewed identified they are informed about the Code.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	<p>FA</p>	<p>Staff interviewed were able to describe the procedures for maintaining confidentiality of resident records, resident's privacy and dignity. Residents and relatives interviewed reported that residents are able to choose to engage in activities and access community resources. There is an abuse and neglect policy in place. Staff receive training on abuse and neglect, which was last completed in October 2018.</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>The service has guidelines for the provision of culturally safe services for Māori residents. On the day of the audit there were no residents that identified as Māori. Staff confirmed they are aware of the need to respond appropriately to maintain cultural safety. Staff receive training on cultural safety and Māori values and beliefs, which was last completed in June 2018.</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>Care planning and activities goal setting includes consideration of spiritual, psychological and social needs. Residents and family members interviewed indicated that they are asked to identify any spiritual, religious and/or cultural beliefs. Family members reported that they feel they are consulted and kept informed and family involvement is encouraged.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or</p>	<p>FA</p>	<p>The staff employment process includes the signing of house rules. Job descriptions include responsibilities of the position and ethics, advocacy and legal issues. The orientation programme provided to staff on induction includes an emphasis on privacy and personal boundaries.</p>

other exploitation.		
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	The service meets the individualised needs of residents with needs relating to rest home level care. The quality programme has been designed to monitor contractual and standards compliance and the quality of service delivery in the facility. Staffing policies include pre-employment, the requirement to attend orientation and ongoing in-service training. The health and wellbeing manager/RN is responsible for coordinating the internal audit programme. Bi-monthly quality/staff meetings and resident/relative meetings are conducted. Residents and relatives interviewed spoke positively about the care and support provided. Staff interviewed stated that they feel supported by management.
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	There is a policy to guide staff on the process around open disclosure. Residents and family are informed prior to entry of the scope of services and any items they have to pay for that are not covered by the agreement. Information is provided in formats suitable for the resident and their family. Residents and relatives interviewed confirmed that management and staff are approachable and available. Twelve incident forms reviewed identified family were notified following a resident incident. Relatives interviewed confirmed they are notified of any incidents/accidents. Families are invited to attend the bi-monthly resident/relative meeting. The service has policies and procedures available for access to interpreter services for residents (and their family). If residents or family/whānau has difficulty with written or spoken English, then interpreter services are made available.
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	Wakefield Rest Home is co-owned and managed by the on-site facility manager and the health and wellbeing manager/RN. The service provides care for up to 22 residents, and on the day of audit there were 17 rest home residents. All residents were under the ARC contract. There were also three privately paying boarders with one of the boarders being observed in actively assisting with activities. The service has a 2018 quality plan documented. The quality goals are related to addressing the partial attainments from the previous audit. The facility manager has been in the position for 10 months and has previous experience in health management, having owned another small rest home in the area. The health and wellbeing manager has been in the role for 10 months and is an experienced registered nurse (RN). She has over 20 years of experience in the aged care industry. The managers have both completed at least eight hours of professional development. Residents, relatives and the GP all commented on the improvements to service and the accessibility of the management team.

<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>The facility manager reported that in the event of her temporary absence the health and wellbeing manager/RN fills the role with support from care staff.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>Wakefield Rest Home is further establishing their quality and risk programme. Progress with the quality and risk management programme is being monitored through the two-monthly quality/staff meetings. The quality/staff meeting minutes sighted, evidence there is discussion around quality data including health and safety, accident/incident, infection control, internal audits and survey results. The staff interviewed were aware of quality data results and any corrective actions required. Meeting minutes have been maintained and staff are expected to read the minutes. Minutes for all meetings have included actions to achieve compliance where relevant. Data is collected on accident/incidents, infection control, complaints and restraint use. Staff interviewed confirmed they are well informed and receive quality and risk management information including accident/incident and infection control data. The policies and procedures have been developed by an aged care consultant and are reviewed and updated on a regular basis.</p> <p>The internal audit schedule for 2018 is being completed as per schedule. Areas of non-compliance identified at audits have been actioned for improvement. There is an implemented health and safety and risk management system in place including policies to guide practice. A health and safety representative (maintenance person) was interviewed about the health and safety process. There is a current hazard register in place. Staff confirmed they are kept informed on health and safety matters at the quality/staff meetings. The 2018 resident and relative satisfaction survey has been conducted in June/July with respondents advising that they are overall satisfied with the care and service being provided by the new owners. The satisfaction survey results have been discussed at the quality/staff and resident meetings. Falls prevention strategies are in place that includes the identification of interventions on a case-by-case basis to minimise future falls.</p>
<p>Standard 1.2.4: Adverse Event</p>	FA	<p>There is an incident reporting policy that includes definitions and outlines responsibilities. Twelve accident/incident forms were reviewed. All document timely RN review and follow-up. Neurological</p>

<p>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>		<p>observation forms were documented and completed for four unwitnessed falls with a potential head injury. There is documented evidence the family had been notified of any incidents. Discussions with the facility manager confirmed an awareness of the requirement to notify relevant authorities in relation to essential notifications including section 31 notifications. There have been no section 31 notifications lodged since the last audit.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>There are human resources policies to support recruitment practices. Five staff files (one health and wellbeing manager/RN, three support workers and one activities officer) were reviewed. The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and suitability for the role. Performance appraisals were current. A current practising certificate was sighted for the health and wellbeing manager/RN. The service has an orientation programme in place to provide new staff with relevant information for safe work practice.</p> <p>Staff interviewed were able to describe the orientation process and stated that they believed new staff are adequately orientated to the service. The health and wellbeing manager/RN and support workers complete competencies relevant to their role such as medications. There is an annual education planner in place that covers compulsory education requirements over a two-year period. The health and wellbeing manager/RN has completed interRAI training and has attended education sessions at the district health board (DHB).</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>Wakefield Rest Home has a weekly roster in place, which provides sufficient staffing cover for the provision of care and service to residents. Staffing rosters were sighted and there is an adequate number of staff on duty to meet the resident's needs on different shifts. The facility manager and health and wellbeing manager/RN are on site during the day from Monday to Friday and are on-call 24/7 for any operational and clinical issues respectively. Roster shortages or sickness are covered by casual or off duty staff. The local general practitioner (GP) also provides after hours care if required. The local medical centre is also right next door to the facility.</p> <p>The support workers and residents interviewed reported that there is sufficient staff cover. At the time of the audit there were 17 rest home residents. There was an EN on the morning shift and two support workers (one long and one short shift) on the morning and afternoon shifts and one support worker on the night shift. Residents and relatives stated there were adequate staff on duty always and were very happy with the improvement. Staff stated they feel supported by the facility manager and health and wellbeing manager/RN who respond quickly to after-hour calls.</p>

<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The service retains relevant and appropriate information to identify residents and track records. This includes information gathered at admission with the involvement of the family. Staff can describe the procedures for maintaining confidentiality of resident records and sign confidentiality statements. Files and relevant care and support information for residents is able to be referenced and retrieved in a timely manner.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>The entry to the service policy includes requirements and procedures to be followed when a resident is admitted to the service. Admission agreements were signed in all resident's sampled records. Admission agreements reflect all the contractual requirements. Residents and families reported that the admission agreements were discussed with them in detail by the facility manager or health and wellbeing manager. All residents had the appropriate needs assessments prior to admission to the service. The service has specific information available for residents/families/EPOA at entry and it included associated information such as the Health and Disability Code of Rights, advocacy and complaints procedure. The admission agreement reviewed aligned with the ARC contract and exclusions from the service were included in the admission agreement.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>There are policies to describe guidelines for death, discharge, transfer, documentation and follow-up. A record is kept, and a copy of details is kept on the resident's file. All relevant information is documented and communicated to the receiving health provider or service. The registered nurse verbalised that telephone handovers are conducted for all transfers to other providers and supported by the use of the yellow envelope system. The residents and their families were involved for all exit or discharges to and from the service.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	PA Low	<p>The medication management system includes a medication policy and procedures that follows recognised standards and guidelines for safe medicine management. The service uses a four-weekly blister pack system for tablets, and other medicines are pharmacy packaged. All medicines are stored securely when not in use. Short-life medications were dated once opened. A verification check is completed against the resident's medicine order when new medicines are supplied from the pharmacy. Any pharmacy errors are recorded and fed back to the supplying pharmacy. Standing orders were not in use.</p>

		<p>A weekly controlled drug stocktake is completed by the health and wellness manager or the enrolled nurse. Not all entries in the controlled drug register evidence the time of administration. Education on medication management has occurred with competencies conducted for support workers with medication administration responsibilities.</p> <p>Ten electronic medication charts were reviewed. All residents have individual medication orders with photo identification and allergy status documented on the electronic medication system and all had been authorised (signed) by the GP and reviewed three-monthly. The medication chart was signed each time a medicine was administered by staff. An enrolled nurse was observed administering medications and followed correct procedures. There were three self-medicating residents. Each of these residents had a current competency on file and medications were securely stored in their rooms.</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>All food is prepared and cooked on-site at Wakefield Rest Home. There are two cooks that cover the seven-day week. They have completed food safety units. There is a support worker on duty in the afternoons to cover the evening meal and staff breaks. There is a four-weekly rotating menu that has been reviewed by a dietitian in February 2018. The meals are served from the kitchen directly to residents. The cook receives notification of any resident dietary changes and requirements. Dislikes and food allergies are known and accommodated. The meals were well-presented, and residents confirmed that they are provided with alternative meals as per request.</p> <p>There is a registered food control plan in place, which is valid until June 2019. Fridge and freezer temperatures were recorded daily. Food temperatures had been taken and recorded daily. A cleaning schedule is maintained. Expiry dates were documented on storage containers when food was evidenced to have been decanted from the original container. All residents are weighed regularly. Residents with weight loss problems are provided with food supplements. Residents interviewed were overall happy with the meals.</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>Wakefield rest home records the reason for declining entry to potential residents should this occur and communicates this to potential residents/family/whānau and refers them back to the referral agency. The reason for declining entry would be if there were no beds available or the service could not meet the assessed level of care.</p>

<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>All residents are admitted with a care needs level assessment completed by the needs assessment and service coordination team prior to admission. Personal needs information is gathered during admission which formed the basis of resident goals and objectives. Assessments are reviewed at least six monthly. Appropriate risk assessments had been completed for individual resident issues. The health and wellbeing manager has completed interRAI training and the assessment tool was evident in resident files and linked to long-term care plans.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>Resident files included all required documentation. The long-term care plans sampled were completed within three weeks of admission and were resident-focused and personalised. Interventions included support for current needs. Short-term care plans are developed where needed and were evident in the sampled files. Care plans reviewed had been evaluated for identified issues and were completed six monthly, or as condition changed. Resident files reviewed identified that family were involved in the care plan development and ongoing care needs of the resident. Families interviewed confirmed their involvement in the care planning process. Short-term care plans are in use for short-term needs and changes in health status. Staff members reported they are informed about changes in the care plans. Integration of records and monitoring documents are well managed.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>PA Low</p>	<p>Care plans are current, and interventions reflect the assessments conducted and the identified requirements of the residents. Interviews with staff (registered nurse and caregivers) and relatives confirmed involvement of families in the care planning process. Caregivers, and the RN interviewed, stated there is adequate equipment provided including continence and wound care supplies. Visual inspection confirmed that continence products were available and resident files included a urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice was available as needed and this could be described. Wound assessment and wound management plans were in place for two residents (one resident with bilateral venous ulcers and another with one ulcer) and evidenced that assessments and evaluations occurred as required, however not all dressing changes were documented as scheduled. The district nurse specialist wound service was actively involved in the care of one resident.</p> <p>Monitoring occurs for weight, vital signs, blood glucose and 'as required' for nutritional intake and behaviour.</p>
<p>Standard 1.3.7: Planned</p>	<p>FA</p>	<p>The activities coordinator works 17 hours a week. The programme is planned over a five-day week and times vary according to the activity. The programme is planned monthly and additional activities are</p>

<p>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>supported by the support workers. Activities planned for the day were displayed on noticeboards around the facility. An individual diversional therapy plan has been developed for each individual resident, based on assessed needs. Residents are encouraged to join in activities that were appropriate and meaningful and are encouraged to participate in community activities such as visits to and from local schools and preschool. Residents were observed being encouraged and participating in activities on the days of audit. One of the boarders assists by setting up otherwise no involvement or impact on other residents. Resident meetings and the next of kin survey provide a forum for feedback relating to activities as well as resident verbal feedback. Family members and residents interviewed discussed enjoyment in the programme and the diversity offered to all residents.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Long-term care plans were reviewed and evaluated every six months or earlier as required in files sampled. The interventions in both long-term and short-term care plans were modified when the outcomes are different from expected. Reassessments have been completed using interRAI and paper-based tools. The interviewed residents and family members reported they were involved in all aspects of care and reviews/evaluations of the care plans. The family are notified of GP visits and three-monthly reviews by phone call and if unable to attend, they are informed of all the changes. There is at least a three-monthly medical review by the medical practitioner.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>There are documented policies and procedures in relation to exit, transfer or transition of residents. There is evidence of referrals by the GP to other specialist services. The residents and the families are kept informed of the referrals made by the service. Internal referrals are facilitated by the RN.</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</p>	FA	<p>All chemicals were securely stored on the day of audit. Maintenance staff advised that all chemical storage areas both inside and outside were locked when not in use. Chemicals were clearly labelled, and safety material datasheets were available and accessible in all service areas. The hazard register is current. Staff interviewed confirmed they can access personal protective clothing and equipment at any time. As observed during the audit, staff were wearing gloves, aprons and hats when required. Review of staff training records and interviews with caregivers, laundry and cleaning staff confirmed that regular training and education on the safe and appropriate handling of chemical and waste and</p>

waste, infectious or hazardous substances, generated during service delivery.		hazardous substances occurs. The chemical supply company visits each regular to check that supplies are adequate, and that staff are managing chemicals safely and efficiently.
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	PA Low	<p>There are established systems in place to ensure the physical environment and facilities are safe and fit for their purpose. Handrails are installed in corridors, showers and toilets to promote safe mobilisation. The physical environment minimises the risk of falls and promotes safe mobility by ensuring the flooring is appropriate and secure, bathroom floors are non-slip, and walking areas are not cluttered.</p> <p>The room sizes are adequate, and the lounges and dining areas are functional and comfortable for the residents. There are external gardens and seating available with shade for residents.</p> <p>Maintenance is undertaken by both internal maintenance and external contractors. Electrical safety test tag system shows this has occurred. Clinical equipment is tested and calibrated by an approved provider at least annually or when required. The facility is being maintained in good repair. All maintenance records were reviewed and are clearly documented. The current building warrant of fitness expires November 2019.</p> <p>The hot water temperatures are monitored monthly. Review of the records reveals not all temperatures are below 45 degrees Celsius and whenever it was out of range, corrective actions have not been recorded.</p> <p>Interviews with residents and family members confirmed the environment was suitable and safe to meet their needs.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	There are sufficient numbers of toilets and bathrooms for the number of residents. Privacy is maximised throughout. All bathrooms and toilets are maintained to a good standard, are disability accessible with easy to clean walls and floors.
Standard 1.4.4: Personal Space/Bed Areas	FA	There is adequate space in the bedrooms and enough space for the safe manoeuvring of mobility equipment. Residents can personalise their rooms.

<p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>		
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>There is adequate room for facilitating activities. Appropriate comfortable seating is provided, and a quiet room is available for use. The main lounge in the rest home is large and is used for functions and activities. The dining rooms and lounges are within easy walking distances to bedrooms. Residents interviewed confirmed they use their rooms or external areas if they want privacy or quiet time. All furniture is safe and suitable for the resident group. The manager, residents and staff reported that refurbishments are continuing and include new floor coverings, painting and furniture.</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>Support staff are responsible for laundry and cleaning services. There is a large laundry with a clean and dirty flow. Cleaning chemicals are securely stored in locked cupboards. Current safety material datasheets about each product are located with the chemicals in each area of service. The chemicals are stored appropriately. The cleaner's trolley is stored in a locked room when not in use. The residents and their families confirmed they were happy with laundry services. A visual inspection confirmed the laundry and cleaning processes are implemented.</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>	FA	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service in June 2003. There are emergency and disaster management plans in place to ensure health, civil defence and other emergencies are included. Six-monthly fire evacuation practice documentation was sighted, with the last fire evacuation drill occurring on 2 October 2018. There are adequate supplies in the event of a civil defence emergency including sufficient food, water (water tank and bottled water), blankets and alternate gas cooking (BBQ).</p> <p>There are civil defence supplies and first aid kits available. Emergency equipment is available at the facility. Short-term backup power for emergency lighting is in place. A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times. The health and wellbeing manager/RN holds a current first aid certificate. There is a call bell system in place and there are call bells in the residents' rooms, and lounge/dining room areas. Residents were observed to have their call bells in close proximity.</p>

<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>All bedrooms and communal areas are well ventilated and light. The facility uses a mix of under floor heating and radiators. The maintenance person interviewed ensures the heating systems are running smoothly and that appropriate checks are performed. On the day of audit, the indoor temperature was comfortable.</p> <p>The residents and family interviewed, confirmed the internal temperatures and ventilation are comfortable during the summer and winter months.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>FA</p>	<p>Wakefield has an established infection control (IC) programme. The infection control programme is appropriate for the size, complexity and degree of risk associated with the service. The health and wellbeing manager (RN) is the designated infection control person with support from all staff. Infection control matters are routinely discussed at all quality/staff meetings. Education has been provided for staff. The infection control programme has been reviewed annually.</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>There are adequate resources to implement the infection control programme. The health and well-being manager/RN is responsible for infection prevention and control. The infection control team is all staff through the quality/staff meeting. External resources and support are available when required. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.</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</p>	<p>FA</p>	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes roles, responsibilities, procedures, the infection control team and training and education of staff. The policies are reviewed and updated as required, at least two yearly.</p>

available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.		
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	The staff orientation programme includes infection control education. The infection control person has completed infection control updates and provides staff in-service education. Education is provided to residents during daily support with all residents interviewed able to describe infection prevention practice that is safe and suitable for the setting.
<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>	FA	Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs and symptoms of infection. Short-term care plans are used. Surveillance of all infections is entered onto a monthly infection summary. This data is monitored and evaluated monthly and compared month by month. Outcomes and actions are discussed at quality/staff meetings and results posted for staff to view. If there is an emergent issue, it is acted upon in a timely manner. Reports are easily accessible to the facility manager. The infection rate is very low and there have been no outbreaks.
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	Wakefield rest home has restraint minimisation and safe practice policies and procedures in place. Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0. There were no residents requiring restraint or enablers at the time of the audit. The service is committed to maintaining a restraint free environment. Staff receive training in restraint minimisation and challenging behaviour management.

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.12.6</p> <p>Medicine management information is recorded to a level of detail, and communicated to consumers at a frequency and detail to comply with legislation and guidelines.</p>	PA Low	A system for controlled drug medication is in place and reflects expected practise with weekly checks and double signing. Not all entries evidence the time of administration.	The time of the administration of controlled drug medications is not always documented in the controlled drug register on four occasions.	<p>Ensure controlled drug records reflect the time of administration.</p> <p>90 days</p>
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>	PA Low	All identified wounds had an assessment and wound management plan in place, but the documentation did not reflect all dressing changes had occurred as scheduled.	Not all dressing changes were documented as occurring when scheduled.	Ensure the wound management documentation reflects all dressings occurring as scheduled.

				90 days
<p>Criterion 1.4.2.1 All buildings, plant, and equipment comply with legislation.</p>	PA Low	<p>The owners have a documented system and check hot water temperatures throughout the facility. The maintenance person stated the tempering valve had been replaced, however there is no documentation to support corrective actions when water temperatures are elevated.</p>	<p>There is evidence of several areas recording temperatures higher than 45 degrees Celsius for the previous four months.</p>	<p>Ensure a corrective action is documented when temperatures exceed 45 degrees Celsius.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.