

Scovan Healthcare Limited - Alexander House

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:	Scovan Healthcare Limited
Premises audited:	Alexander House
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 5 December 2018 End date: 5 December 2018
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	20

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Alexander House is privately owned and operated. The service is certified to provide rest home care for up to 20 residents. There were 20 residents on the day of audit.

There is one owner, a registered nurse, who is the designated nurse manager. A registered nurse and care staff support the manager. Alexander House has a quality and risk management system in place. Residents and families interviewed were complimentary of the care and support provided.

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

This service has achieved a continued improvement rating around good practice.

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.

All standards applicable to this service fully attained with some standards exceeded.

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

The quality and risk programme describe Alexander House's quality improvement processes. Progress with the quality and risk management programme has been monitored through the monthly quality improvement meetings and three-monthly staff meetings. Data is collected on complaints, accidents, incidents, infection control and restraint use. There is a current business plan in place. Resident/relative meetings are held 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. The service has an annual training

schedule 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

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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There is an information package for residents/relatives on admission to the service. The registered nurses complete interRAI assessments, risk assessments, care plans and evaluations within the required timeframes. Care plans demonstrate service integration. Residents and family members interviewed confirmed they were involved in the care plan process and review. Care plans are updated when there are changes in health status. Resident files are integrated and include notes by the GP and allied health professionals. The general practitioner or nurse practitioner completes an admission assessment, visits and reviews the residents at least three-monthly.

An activities staff member facilitates the activities programme. The programme is resident-focused and provides group and individual activities planned around everyday activities. Each resident has an individualised plan. Community activities are encouraged, and van outings are arranged on a regular basis.

There are medicine management policies and procedures in place that reflect legislative requirements. Medication is managed using an electronic medication management system. The medication charts are reviewed by the GP or nurse practitioners three-monthly. All staff responsible for administration of medicines had completed education and medication competencies.

A dietitian has reviewed the menu. Individual and special dietary needs are accommodated. Residents interviewed responded favourably to the food provided.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The building has a current warrant of fitness. All bedrooms except two are single occupancy and there are sufficient bathroom facilities to meet the needs of residents. Internal and external areas are safe and easily accessible for residents and family members. The dementia unit is secure and has a pleasant, secure garden. Rest home residents can move freely around the facility.

The building, plant and equipment comply with legislation. There is a preventative maintenance schedule in place. There are waste management policies and procedures for the safe disposal of waste and hazardous substances including sharps. Chemicals are stored safely throughout the facility and there is appropriate protective equipment and clothing for staff.

There are policies in place for emergency management. The facility has civil defence supplies. Staff interviews and files evidenced current training in relevant areas. Alternative energy and utility sources are maintained. An appropriate call-bell system and security systems are in place. There is a person on duty always with first aid training. Housekeeping and care staff maintain a clean and tidy environment and implement effective laundry processes.

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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Alexander House 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 around restraint minimisation.

Infection prevention and control

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

Standards applicable to this service fully attained.

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

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	1	44	0	0	0	0	0
Criteria	1	92	0	0	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	Policies and procedures are in place that meet with the requirements of the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and relevant legislation. An information pack is available to residents/families prior to admission and contains information of their rights. Discussions with four care staff (including three caregivers and one registered nurse) confirmed their familiarity with the Code. Five residents and three family members interviewed confirmed the services being provided are in line with the Code.
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.	FA	There is a policy in place for informed consent. Resident files sampled all had documented resuscitation status, advance directives and general consents signed. Residents and relatives could explain informed consent and feel the staff are supportive of this. Care staff reported gaining the consent of residents before undertaking care.
Standard 1.1.11: Advocacy And Support	FA	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

<p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>		<p>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>	<p>FA</p>	<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>	<p>FA</p>	<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 confirms an understanding of the complaints process. A complaints register includes written and verbal complaints, dates and actions taken. Two complaints have been made since the last audit (both in 2018 year to date). A review of the complaints register, evidences that the appropriate actions have been taken and the complainant received documented outcome of the complaint. The complaints are managed in a timely manner, meeting requirements determined by the Health and Disability Commissioner (HDC). There is evidence of lodged complaints being discussed in quality/management and staff meetings.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>FA</p>	<p>The Code and advocacy pamphlets are located at the main entrance of the service. On admission the owner/manager or RN discusses the information pack with the resident and the family/whānau. This includes the Code, complaints and advocacy information. The service provides an open-door policy for concerns/complaints. Information is given to the family or the enduring power of attorney (EPOA) to read to and/or discuss with the resident. Residents and relatives interviewed identified they are 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</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 can 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.</p>

has regard for their dignity, privacy, and independence.		
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	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 confirm they are aware of the need to respond appropriately to maintain cultural safety. Staff receive training on cultural awareness and Treaty of Waitangi, which was last completed in September 2018.
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	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>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	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>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	CI	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 owner/manager is responsible for coordinating the internal audit programme. Bi-monthly staff, bi-monthly resident's and four-monthly quality/management 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	FA	There is a policy to guide staff on the process around open disclosure. Residents and family are

<p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>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 confirm they are notified of any incidents/accidents. Families are invited to attend the bi-monthly resident/family 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.</p>
<p>Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Alexander House is a 20-bed rest home. On the day of the audit, there were 20 residents (including one respite resident). All other residents are under the age-related residential care (ARRC) agreement</p> <p>There is a business plan (2016-2018) that includes goals, key objectives, strategic direction and quality improvement and risk management. The service goals are measured regularly through the quality/management meetings and staff meetings. Alexander House is one of two facilities owned by the two owners.</p> <p>Alexander House is operated by an owner/nurse manager, who is an RN experienced in aged care. The other home is operated by a manager. The owner travels once a month (one day) to the other facility. She is supported by an RN who has been in the position for five months. The part-time RN works 16 hours (two days) a week and is flexible to increase hours as required.</p> <p>The nurse manager has completed at least eight hours of professional development related to managing a rest home.</p>
<p>Standard 1.2.2: Service Management 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>The nurse manager reported that in the event of her temporary absence, the RN fills the role with support from care staff.</p>
<p>Standard 1.2.3: Quality And Risk</p>	<p>FA</p>	<p>The quality and risk programme describe Alexander House's quality improvement processes.</p>

<p>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>Progress with the quality and risk management programme is being monitored through the four-monthly quality/management and bi-monthly staff meetings. The 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 complaints, accidents, incidents, infection control and restraint use. Staff interviewed confirmed they are well informed and receive quality and risk management information including accident/incident and infection control data.</p> <p>The internal audit schedule for 2017 has been completed and 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. The nurse manager is responsible for health and safety education, internal audits and non-clinical accident/incident investigation.</p> <p>There is a current hazard register which was last reviewed in August 2018. Staff confirmed they are kept informed on health and safety matters at the staff meetings and on the staff noticeboard. An annual resident and relative satisfaction survey (June 2018) has been conducted with respondents advising that they are overall very satisfied with the care and service they receive. 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 Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>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 observation forms were documented and completed for one unwitnessed fall with a potential head injury. Discussions with the nurse manager confirmed an awareness of the requirement to notify relevant authorities in relation to essential notifications, including section 31 notifications. There have been one section 31 notification lodged since the last audit for a police investigation (missing resident) in May 2018.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment</p>	FA	<p>There are human resources policies to support recruitment practices. Five staff files (one RN, three caregivers and one activities coordinator) were reviewed. The recruitment and staff selection process require that relevant checks are completed to validate the individual's qualifications, experience and suitability for the role. Performance appraisals were current. A current practising certificate was sighted for the RN. The RN and caregiver's complete competencies relevant to their</p>

<p>practice and meet the requirements of legislation.</p>		<p>role such as medications.</p> <p>The service has an orientation programme in place to provide new staff with relevant information for safe work practice. Staff interviewed were able to describe the orientation process and stated that they believed new staff are adequately orientated to the service. There is an education planner in place that covers compulsory education requirements over a two-year period. Both the nurse manager and RN have completed interRAI training.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>Alexander House 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 nurse manager is on-site during the day Monday to Friday and is on-call 24/7. There is a part-time RN who works for 16 hours on Thursday and Friday. The nurse manager travels once a month (one day) to the other owned facility.</p> <p>At the time of the audit, there were 20 rest home residents. There are two caregivers (one shares caregiving and housekeeping duties) on the morning and afternoon shifts and one caregiver on the night shift. Residents and relatives stated there were adequate staff on duty. Staff stated they feel supported by the nurse manager and 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>	<p>FA</p>	<p>The service retains relevant and appropriate information to identify residents and track records. This includes information gathered at admission with the involvement of the family. Staff can describe the procedures for maintaining confidentiality of resident records and sign confidentiality statements. Files and relevant care and support information for residents is able to be referenced and retrieved in a timely manner.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	<p>FA</p>	<p>Entry processes are recorded and implemented. The facility information pack is available for residents and their family and contains all relevant information for rest home residents.</p> <p>The resident's admission agreements evidence resident and/or family and facility representative sign off. The admission agreement defines the scope of the service and includes all contractual requirements. The needs assessments are completed for rest home level of care.</p>

<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>Exit, discharge or transfer is managed in a planned and coordinated manner. At the time of transition, appropriate information is supplied to the person/facility responsible for the ongoing management of the resident.</p> <p>Respite residents have a post discharge information sheet provided to the family. The current respite resident file included specific continence advice to assist the resident and family on discharge and a specialist continence review had been booked.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The facility utilises a computerised medication management system. The registered nurse reconciles the packaged medication against the individual resident electronic medication charts on delivery. Ten medication chart signing sheets were reviewed (including a respite) and reflected medications were administered as prescribed. Medications have been reviewed three-monthly with medical reviews by the attending GP or nurse practitioner.</p> <p>All 'as required' (PRN) medications had been administered as prescribed including reason for administration and efficacy documented. Resident photos and documented allergies or 'nil known' were documented on all ten medication charts reviewed. An annual medication administration competency was completed for all staff administering medications and medication training had been conducted.</p> <p>There is a self-medicating resident's policy and procedures in place. There were currently no residents who self-administered medications.</p> <p>No vaccines were stored on-site.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>All meals at Alexander House are prepared and cooked on-site. There is a four-weekly rotating menu, which had been reviewed by a dietitian (September 2018). The food control plan was verified 11 July 2018.</p> <p>Meals are prepared in the kitchen adjacent to the rest home dining room and served directly to residents. Kitchen staff are trained in safe food handling and food safety procedures are adhered to. Diets are modified as required. Resident dietary profiles and likes and dislikes are known to food services staff and any changes are communicated to the kitchen, via the registered nurses. Weights are monitored monthly or more frequently if required and as directed. Resident meetings and surveys allow for the opportunity for resident feedback on the meals and food services generally. Residents and family members interviewed indicated satisfaction with the food service. Fridge and freezer temperatures are monitored and recorded daily. On the day of audit, it was</p>

		observed that tea, coffee, and snacks were freely available always to all residents.
<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	A process to inform residents and family, in an appropriate manner, of the reasons why the service had been declined would be implemented, if required. The prospective residents would be declined entry if not within the scope of the service or if a bed was not available.
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	In the sample of four of five resident files reviewed (one was respite), risk assessments were evidenced to be completed on admission and reviewed six-monthly or sooner if there was a change in resident condition. Outcomes from risk assessments which included: interRAI assessment, falls risk, pain assessments, pressure injury prevention, nutritional and behavioural assessments completed were reflected in the long-term care plans reviewed.
<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>Long-term resident files sampled demonstrated that care plan interventions were comprehensive and demonstrated service integration and input from allied health. The goals of the care plan were resident-centred with measurable goals. Care needs were documented and reflect the needs of the resident. The respite resident had a care plan in place that included all medical and nursing needs. Progress notes included ongoing reviews of care.</p> <p>Short-term care plans were in use for changes in health status and were evaluated on a regular basis and signed off as resolved or transferred to the long-term care plan. Care plans reflected recent changes to residents' health and reflect the degree of risk from the assessments completed.</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>If external nursing or allied health advice is required, the RNs will initiate a referral. Caregivers follow the care plans and report progress against the care plan each shift. Staff have access to sufficient medical supplies including dressings. Sufficient continence products are available and resident files sampled included a continence assessment and plan. Specialist continence advice is available as needed and this could be described.</p> <p>Monitoring forms are in place for vital signs including weight, wounds, behaviour management, food and fluid balance charts and pain management.</p>

		Wound documentation for one resident with a skin tear included an assessment, management plans, progress and evaluations. All wound documentation reviewed was fully completed and wound care was evidenced to be occurring within the prescribed timeframes. One resident with a stage I pressure injury had a short-term care plan in place with all pressure injury care and associated skin care documented.
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>The service employs an activities coordinator who works 25 hours a week Monday to Friday. She is currently undertaking level 4 qualifications. The activity coordinator attends monthly local diversional therapy meetings and all on-site education. The weekly programme includes a variety of activities that meets the recreational preferences and abilities of the residents. Residents were observed participating in activities throughout the audit day.</p> <p>There are entertainers, weekly visiting canine friends, weekly van outings and fortnightly church services. Residents are encouraged to maintain community links with activities such as shopping, café visits and attending community clubs and involvement with residents from other local rest homes.</p> <p>Activities are adapted for each resident and improvements have included: large letters to assist a partially sighted resident to play scrabble; a sensory quilt for one resident; an audible and sensory book for a resident; and a flower book and gardening for another.</p> <p>Resident meetings provide residents with an opportunity to provide feedback on the activity programme. Residents and the relative interviewed commented positively on the wide variety and options for activities</p> <p>The activity plans were reviewed at the same time as the clinical care plans in resident files sampled.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>All initial care plans are evaluated by the registered nurses within three weeks of admission. The long-term care plan is reviewed at least six-monthly or earlier if there is a change in health status. Evaluations document progress toward goals. There is at least a three-monthly review by the GP or nurse practitioner. Changes in health status are documented and followed up. Care plan reviews are signed by an RN. Where progress is different from expected, the service responds by initiating changes to the care plan.</p>

<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>If the need for other non-urgent services is indicated or requested, the GP or nurse practitioner sends a referral to seek specialist service provider assistance. Acute/urgent referrals are attended to immediately, sending the resident by ambulance if the circumstances dictate. Residents are supported to access or seek referral to other health and/or disability service providers.</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>	FA	<p>Documented processes are in place for the management of waste and hazardous substances. There was evidence that chemicals are correctly labelled and securely stored. Material safety datasheets are available and accessible for staff. The owner's husband (co-owner) manages the maintenance for the service and is always available.</p> <p>Protective clothing and equipment that is appropriate to the recognised risks associated with waste or hazardous substance being handled, is available. Staff were using protective clothing and equipment on audit days. Cleaners keep chemicals with them at all times when in use.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The building has a current warrant of fitness. All equipment has been recently calibrated, tagged and tested. There is a preventative maintenance schedule in place. Hot water temperatures are checked monthly and are within safe parameters. If there are concerns, corrective actions are implemented. Outdoor areas are easily accessible for rest home residents.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>The fixtures, fittings, floors and wall surfaces are constructed from materials that can be easily cleaned. There are an adequate number of accessible showers, toilets and hand basins for residents. Bathrooms have appropriately secured and approved handrails, along with other equipment/accessories that are required to promote resident independence. Toilets and showers are of an appropriate design with adequate space for mobility aids. Residents interviewed reported their privacy is respected at all times.</p>
<p>Standard 1.4.4: Personal Space/Bed</p>	FA	<p>All resident rooms are personalised to individual taste. Each room is spacious with adequate room</p>

<p>Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>		<p>for residents to move around freely with mobility aids.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	<p>FA</p>	<p>Adequate access is provided to lounges and dining areas in each unit. Residents were observed moving freely within these areas. There are quiet seating areas for residents to use with family. The furniture is appropriate to the setting and arranged in a manner that enables residents to mobilise freely.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>Laundry staff with assistance from the care staff provide laundry services. The laundry is well equipped and is divided into a laundry room and clean folding/linen room.</p> <p>Cleaning products are supplied by a chemical provider. Chemicals are stored safely when not in use. The standard of cleanliness is monitored through the internal audit programme. Residents and relatives interviewed were satisfied with the standard of cleanliness in the facility.</p> <p>The laundry is well equipped and is divided into a laundry room and clean folding/linen room.</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>There are emergency and disaster management plans in place to ensure health, civil defence and other emergencies are included. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service on 25 May 2007. Six-monthly fire evacuation practice documentation was sighted, with the last fire evacuation drill occurring on 11 July 2018. Fire training and security situations are part of orientation of new staff and include competency assessments. There are civil defence and first aid kits available. Emergency equipment is available at the facility.</p> <p>There are adequate supplies in the event of a civil defence emergency including sufficient food, water (water tank and bottled water), blankets and portable gas cooking. Short-term backup power for emergency lighting is in place for up to three hours. A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times. The 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>	FA	<p>Most resident rooms have external windows. For those that don't, windows open onto a glass corridor and provide views of the harbour and natural light. The environment is maintained at a safe and comfortable temperature.</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>Alexandra House rest home has an established infection control programme. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. It is linked into the incident reporting system. A registered nurse is the designated infection control nurse, with support from the owner (RN). Audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation. 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>	FA	<p>There are adequate resources to implement the infection control programme for the size and complexity of the organisation. There is also external support available through the DHB. The infection control team is part of the staff /management meeting. 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 available and are implemented in the organisation. These policies and procedures are practical, safe, and</p>	FA	<p>Infection control policy and procedures are appropriate for the size and complexity of the service. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. The policies have been reviewed and updated annually by the manager.</p>

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	<p>The infection control coordinator is responsible for coordinating/providing infection control and prevention education and training for staff on orientation and annually. Staff complete hand hygiene audits.</p> <p>Resident education occurs at resident meetings and at other times, as 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>	FA	<p>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. Surveillance of all infections is entered onto a monthly infection summary. This data is monitored and evaluated monthly and annually. Outcomes and actions are discussed at staff meetings. If there is an emergent issue, it is acted upon in a timely manner. Reports are easily accessible to the manager. One outbreak was reported November 2017. All appropriate agencies were informed.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Alexander House 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 around restraint minimisation.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.1.8.1</p> <p>The service provides an environment that encourages good practice, which should include evidence-based practice.</p>	CI	<p>All residents at the service have a designated GP. Three-monthly reviews and first contact if a resident is unwell, are via the nurse practitioner.</p>	<p>The service process to access GP was that residents were transported to the GP surgery for three-monthly reviews and if they were unwell. The service joined with the health centre to take part in a pilot scheme to introduce a nurse practitioner to undertake resident three-monthly reviews and see unwell residents. The project goal was to improve the resident experience and improve access to services for residents. Following communication regarding the pilot scheme to residents and families, the nurse practitioner began weekly visits to the home. An evaluation of the project included a family/resident survey, and the survey reported a high level of satisfaction.</p> <p>The service and the nurse practitioner report that resident issues are addressed much more quickly allowing earlier interventions. The medication management process has improved with more timely medication reviews as medication are now reviewed weekly.</p>

End of the report.