

Tony And Cora Noblejas Limited - Christina's 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 The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

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

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

The specifics of this audit included:

Legal entity: Tony and Cora Noblejas Limited

Premises audited: Christina's Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 18 February 2019 End date: 19 February 2019

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

Christina's Rest Home provides rest home level care for up to 21 residents. The service is operated by Tony and Cora Noblejas Limited and managed by the owner/nurse manager. Residents and families spoke positively about the care provided.

This certification was conducted against the Health and Disability Services Standards and the service's contract with the district health board. The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, management, staff, contracted allied health providers, community mental health services and a general practitioner.

There have been no changes to the service since the 2017 surveillance audit. This audit has resulted in no areas requiring improvement and a continuous improvement rating in relation to residents' care planning.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.	Green	Standards applicable to this service fully attained.
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Residents and their families are provided with information about the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) and these are respected. Services are provided that support personal privacy, independence, individuality and dignity. Staff interact with residents in a respectful manner.

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

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

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

A complaints register is maintained and any complaints received are resolved promptly and effectively

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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An annual business plan describes the scope, direction, goals, values and mission statement of the organisation. The owner/nurse manager is monitoring all aspects of the services provided. The nurse manager has been in the role for many years and is an experienced registered nurse who is suitably qualified to manage an aged care service.

The quality and risk management system supports collection of quality data, identifies trends and leads to improvements. Staff are involved, and feedback is sought from residents and families. Adverse events are documented, investigated and any causes are remedied to prevent recurrence.

Actual and potential risks, including health and safety risks, are identified and mitigated. Policies and procedures support service delivery. Policies were current and are reviewed and updated as needed at regular intervals.

The appointment, orientation and management of staff is based on current good practice. There is a systematic approach for identifying and delivering staff education. This supports safe service delivery and includes regular individual performance review. Staffing levels and skill mix meet the changing needs of residents.

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

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

The multidisciplinary team, including a registered nurse and general practitioner, assess residents' needs on admission. Care plans are individualised, based on a comprehensive range of information and accommodate any new problems that might arise. Files reviewed demonstrated that the care provided and needs of residents are reviewed and evaluated on a regular and timely basis. Residents are referred or transferred to other health services as required.

The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community.

Medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with special needs catered for. Food is safely managed. Residents verified satisfaction with meals.

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.

The facility meets the needs of residents. All internal and external areas are accessible and safe for residents' use. There is a current building warrant of fitness, and furniture, equipment and chattels are well maintained. Electrical equipment is tested as required.

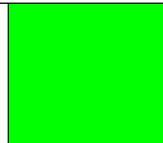
Waste and potentially infectious substances are well managed.

Cleaning and laundry services are provided to a high standard by staff. Protective equipment and clothing is provided and was seen to be used. Chemicals are safely stored, and all staff have attended training in safe use of chemicals. Laundry is undertaken onsite, and is evaluated for effectiveness through internal audits, resident and family feedback.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Residents reported a timely staff response to call bells. Communal and individual spaces are maintained at a comfortable temperature.

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.

Christina's Rest Home has a philosophy and practice of no restraint. There were no restraints in use on the days of audit. One enabler was in use. Policies and procedures meet the requirements if a restraint is required and staff education is ongoing.

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.

The infection prevention and control programme, led by an experienced and trained infection control coordinator, aims to prevent and manage infections. The programme is reviewed annually. Specialist infection prevention and control advice is accessed when needed.

Staff demonstrated good principles and practice around infection control, which is guided by relevant policies and supported with regular education. Aged care specific infection surveillance is undertaken, and results reported through all levels of the organisation. Follow-up action is taken as and when required.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	45	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
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The facility has developed policies, procedures and processes to meet its obligations in relation to the Code of Health and Disability Services Consumers' Rights (the Code). Staff interviewed understood the requirements of the Code and were observed demonstrating respectful communication, encouraging independence, providing options, and maintaining dignity and privacy. Training on the Code is included as part of the orientation process for all staff employed and in ongoing training, as was verified in training records.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>Nursing and care staff interviewed understood the principles and practice of informed consent. Informed consent policies provided relevant guidance to staff. Clinical files reviewed showed that informed consent has been gained appropriately using the organisation's standard consent form. Advance care planning, establishing and documenting enduring power of attorney requirements and processes for residents unable to consent is defined and documented, as relevant, in the resident's record. Staff were observed to gain consent for day to day care. The nurse manager interviewed stated that one resident has</p>

		a current advance care directive in place.
<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>During the admission process, residents are given a copy of the Code, which also includes information on the Advocacy Service. Posters and brochures related to the Advocacy Service were also displayed and available in the facility. Family members and residents spoken with were aware of the Advocacy Service, how to access this and their right to have support persons. An advocate is available as required and attends the residents' meetings every six months.</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 are assisted to maximise their potential for self-help and to maintain links with their family and the community by attending a variety of organised outings, visits, shopping trips, activities, and entertainment.</p> <p>The facility has unrestricted visiting hours and encourages visits from residents' family and friends. Family members interviewed stated they felt welcome when they visited and comfortable in their dealings with staff.</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 complaints policy and associated forms meet the requirements of this standard and Right 10 of the Code. Information on the complaint process is provided to residents and families on admission and those interviewed said they felt comfortable and would not hesitate to raise a concern if they had one. The owner/nurse manager is responsible for complaints management and follow-up but all staff interviewed confirmed a sound understanding of the complaint process and what actions are required of them.</p> <p>The complaints register showed no formal complaints received since 2015 and verbal concerns are recorded in a separate ledger. This ledger recorded three concerns raised by families and residents. The documentation showed each had been investigated immediately and actions taken as a result. Residents, and family members said they had no hesitancy in raising concerns and when they do the matter is dealt with promptly.</p> <p>There have been no complaints to the Health and Disability Commissioner (HDC) nor any requests for advocacy services to provide</p>

		support in this certification period.
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) as part of the admission information provided and discussions with staff. The Code is displayed throughout the facility including each resident's bedroom. Information on advocacy services and how to make a complaint and feedback forms were at the front entrance to the facility.</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>	FA	<p>Residents and families confirmed that they receive services in a manner that has regard for their dignity, privacy, sexuality, spirituality and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room. Residents are supported and encouraged to personalise their rooms in ways that reflects their own culture.</p> <p>Residents are encouraged to maintain their independence. There were four residents who remain independent in attending community activities and participating in clubs of their choosing. One resident is now well enough to return to driving her car and goes out each day driving. Many residents are visited and taken out by family regularly. Care plans included documentation related to the resident's abilities, and strategies to maximise independence.</p> <p>Records reviewed confirmed that each resident's individual cultural, religious and social needs, values and beliefs had been identified, documented and incorporated into their care plan.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Education on abuse and neglect was confirmed to occur during orientation and annually.</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>	FA	<p>Staff support residents in the service who identify as Māori to integrate their cultural values and beliefs. The principles of the Treaty of Waitangi are incorporated into day to day practice, as is the importance of whānau. The owner/nurse manager interviewed reported that there is one resident who affiliates with their Maori culture. There are no barriers in supporting residents who are admitted to the facility who identify as</p>

		<p>Māori. There is no specific current Māori health plan, however all values and beliefs are acknowledged with the support of the Te Whare Tapa Wha model and evidenced and integrated into long-term care plans with input from cultural advisers within the local community as required. Guidance on tikanga best practice is available and is supported by staff who identify as Māori in the facility. The resident and family members were not available for interview. Staff interviewed were able to discuss and acknowledge how they respect the resident's individual cultural needs.</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>	FA	<p>The facility has a cultural assessment that is completed for all residents to acknowledge their culture. Residents verified that they were consulted on their individual culture, values and beliefs and that staff respected these. Resident's personal preferences, required interventions and special needs were included in care plans reviewed. For example, music, bible study, family time, preferred dressing (lava lava) and food preferences. The resident satisfaction survey confirmed that individual needs are being met.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>Residents and family members interviewed stated that residents were free from any type of discrimination, harassment or exploitation and felt safe. The induction process for staff includes education related to professional boundaries, expected behaviours and the Code of Conduct. All registered nurses have records of completion of the required training on professional boundaries. Staff are guided by policies and procedures and demonstrated a clear understanding of the process they would follow, should they suspect any form of exploitation.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>The service encourages and promotes good practice through evidence-based policies, input from external specialist services and allied health professionals, for example, the hospice/palliative care team, psychogeriatrician and mental health services for older persons, and education of staff. The general practitioner (GP) confirmed the service sought prompt and appropriate medical intervention when required and were responsive to medical requests.</p> <p>Staff reported they receive management support for external education and access their own professional networks to support contemporary</p>

		<p>good practice.</p> <p>Other examples of good practice observed during the audit included day to day discussions between residents, staff and family, the knocking on resident's doors before entering and acknowledging and support of resident's individual and cultural requirements.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Residents and family members stated they were kept well informed about any changes to their/their relative's status, were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in residents' records reviewed. Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code.</p> <p>There are currently three residents that require interpreters for formal appointments and staff knew how to access these services. The residents are also supported by staff who can provide interpretation as and when needed and the support of family members.</p> <p>There is one resident identified as having a significant sensory impairment. Appropriate equipment, resources and allied support was evidenced in the residents' long-term care plans, for example, talking books and support from the Blind Foundation.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>An annual business plan outlines the purpose, values, scope, direction and goals of the organisation. This document describes annual and longer-term objectives and refers to other associated operational plans. Interview with the owner/nurse manager and documents reviewed verified effective methods for ensuring services are provided in ways that meet the needs of all residents.</p> <p>The owner/nurse manager is a registered comprehensive nurse with a current practising certificate. This person has owned and operated age care facilities for 37 years and has held the role of owner/nurse manager at Christina's since 1987. The manager attends professional development in nursing and at least eight hours of education per annum as required in the agreement with the DHB.</p> <p>The service holds contracts with the DHB, for age related residential care-rest home, (ARRC) long term chronic health conditions (LTCHC)</p>

		and short stay/respite. The facility has a maximum capacity of 21 beds. On the days of audit 20 beds were occupied which included two residents who were assessed as having long term chronic health conditions. Although there were no people living on site who were under the age of 65 years, one resident is still being funded under a Ministry of Health Young People with Disabilities contract. There were no boarders nor any residents staying for respite/short stay care on the days of audit.
<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>A contracted RN provides cover when the nurse manager is absent. This RN is experienced in the aged care sector, has a current practising certificate, and knows all the residents well. Staff reported the arrangements for covering the nurse manager works well.</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>Christina's Rest Home has well established quality and risk management systems for determining compliance and identifying where improvement is needed. Service delivery monitoring includes carrying out internal audits, collation and analysis of incidents/accidents, complaints and infections. Resident satisfaction surveys are conducted annually. The most recent survey resulted in high to very high satisfaction rate. Furthermore, feedback about all aspects of service provision is actively sought from all residents at their monthly meetings. Families are surveyed six weeks after a resident is admitted.</p> <p>Minutes from staff meetings reviewed confirmed that service delivery information is reported and discussed. Staff reported their involvement in quality and risk management activities through being informed about quality and risk activities, and via the staff education programme.</p> <p>Where service shortfalls are identified from feedback, incidents or internal audits, relevant corrective actions are decided and implemented. Corrective or preventative actions were also noted on incident forms. Evidence that these matters are clearly communicated to staff was confirmed by staff interview.</p> <p>An industry standardised set of policies and procedures covered all aspects of service delivery and contractual requirements, including reference to the interRAI Long Term Care Facility (LTCF) assessment tool and process. Policies are based on best practice and were current.</p>

		<p>The document control system ensures a systematic and regular review process, referencing of relevant sources, approval, distribution and removal of obsolete documents.</p> <p>The owner/nurse manager described processes for the identification, monitoring, review and reporting of risks and development of mitigation strategies. The nurse manager demonstrated understanding of the Health and Safety at Work Act (2015) and its requirements. This person manages all reported hazards, conducts environmental inspections, provides education and mentoring about safe lifting/manual handling and inducts all new staff to the health and safety systems in place. There have been no staff injuries in this audit period.</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>	<p>FA</p>	<p>Staff document adverse events on accident/incident forms. There were a total eight incidents reported in 2018, none of which resulted in injuries. The incident forms clearly described the incident and noted who had been notified. The nurse manager reviews all incidents, investigates where necessary and documents preventative actions which are followed-up. This person demonstrated understanding about essential notification reporting requirements, including for pressure injuries and advised there have been no events requiring notification to the Ministry of Health, or the DHB since the previous 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>Staff management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting and validation of qualifications and practising certificates (APCs) where required. Copies of practising certificates for the registered health practitioners providing services at the home are on file. A sample of staff records reviewed, confirmed the organisation's policies are being consistently implemented and records are maintained.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. The staff records contained evidence of completed orientation and a performance review after a three-month period and then annually.</p> <p>In-service education is planned on an annual basis and provided during staff meetings every second month. This education included mandatory training requirements such as fire drills, first aid and medicines</p>

		<p>competency for those who administer medicines and other education to meet the requirements of the provider's agreement with the DHB. The majority of staff are long term employees (for example, employed more than 12 years) and staff turnover is very low. Because of their years of experience only a few caregivers have educational achievements related to care of older people. All staff have achieved unit standards in safe food handling, safe use of chemicals and re-competency assessed by the RN manager for safe medicines administration. Attendance at ongoing training and completion of annual performance appraisals was clearly documented in individual records.</p> <p>The nurse manager and the casual employed registered nurse are trained and maintaining their annual competency requirements to undertake interRAI assessments.</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>The organisation has a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week. (24/7) Observations and review of the monthly roster cycle confirmed sufficient staff cover is provided, with staff replaced in any unplanned absence by staff who know the residents. There have been no bureau staff used for many years. As all staff have current first aid certificate there is always a certified first aider on site. Care staff interviewed stated that staffing levels are adjusted to meet the changing needs of residents. The owner/nurse manager or other RN is always on call and available afterhours as confirmed by staff who said that RN support and advice has always been available when needed. Care staff reported there were enough staff on each duty to complete the work allocated to them. Residents and families interviewed supported this.</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>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current and integrated with GP and allied health service provider notes. This includes interRAI assessment information entered into the Momentum electronic database. Records were legible with the name and designation of the person making the entry identifiable.</p> <p>Archived records are held securely on site and are readily retrievable using a cataloguing system. The owner/nurse manager interviewed</p>

		<p>stated that older archived files are stored at their personal property in a secured storage container. This container was not sighted at the time of audit.</p> <p>Residents' files are held for the required period before being destroyed. No personal or private resident information was on public display during the audit.</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>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Prospective residents and/or their families are encouraged to visit the facility prior to admission and are provided with written information about the service and the admission process. The organisation seeks updated information from the NASC and GP for residents accessing respite care.</p> <p>Family members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed contained completed demographic detail, assessments and signed admission agreements in accordance with contractual requirements. Service charges comply with contractual requirements.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>Exit, discharge or transfer is managed in a planned and co-ordinated manner, with an escort as appropriate. The service uses the DHB's 'yellow envelope' system to facilitate transfer of residents to and from acute care services. There is open communication between all services, the resident and the family/whānau. At the time of transition between services, appropriate information is provided for the ongoing management of the resident. All referrals are documented in the progress notes.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication management policy is current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>A safe system for medicine management using a paper-based system was observed on the day of audit. The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff</p>

		<p>who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. The owner/nurse manager checks medications against the prescription. All medications sighted were within current use by dates. Clinical pharmacist input is provided as required.</p> <p>There have been no controlled drugs required on site since August 2018. The owner/nurse manager interviewed stated that when required controlled drugs are stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly stock checks and accurate entries.</p> <p>The records of temperatures for the medicine fridge and the medication room reviewed were within the recommended range.</p> <p>Good prescribing practices noted include the prescriber's signature and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines met. The required three-monthly GP review is consistently recorded on the medicine chart. Standing orders are not used. Vaccines are not stored on site.</p> <p>There were no residents self-administering medications at the time of audit. Appropriate processes are in place to ensure this is managed in a safe manner, when required.</p> <p>There is an implemented process for comprehensive analysis of any medication errors.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The food service is provided on site by one of four cooks/caregivers and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and has been reviewed by a qualified dietitian within the last two years. Recommendations made at that time have been implemented.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. The service operates with an approved food safety plan and registration issued by the Ministry of Primary Industries and expires 15 June 2019. Food temperatures, including for high risk items, are</p>

		<p>monitored appropriately and recorded as part of the plan. All staff who work in the kitchen have completed relevant food handling training.</p> <p>A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. Special equipment, to meet resident's nutritional needs, is available.</p> <p>Evidence of resident satisfaction with meals was verified by resident and family interviews, satisfaction surveys and resident meeting minutes. Residents were seen to be given sufficient time to eat their meal in an unhurried fashion and those requiring assistance had this provided.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>If a referral is received but the prospective resident does not meet the entry criteria or there is currently no vacancy, the local NASC is advised to ensure the prospective resident and family are supported to find an appropriate care alternative. If the needs of a resident change and they are no longer suitable for the services offered, a referral for reassessment to the NASC is made and a new placement found, in consultation with the resident and whānau/family. There is a clause in the access agreement related to when a resident's placement can be terminated.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>Information is documented using validated nursing assessment tools, such as a pain scale, falls risk, skin integrity, nutritional screening and depression scale, as a means to identify any deficits and to inform care planning. The sample of care plans reviewed had an integrated range of resident-related information. All residents have current interRAI assessments completed by the owner/nurse manager who is a trained interRAI assessor for the facility. Residents and families confirmed their involvement in the assessment process. There is a pressure injury prevention and management programme, and at the time of audit the facility had no pressure injuries. There have been no pressure injuries recorded in the last two years.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused,</p>	FA	<p>Plans reviewed reflected the individual and specific support needs of residents and the outcomes of the integrated assessment process and other relevant clinical information. The needs identified by the interRAI</p>

<p>integrated, and promote continuity of service delivery.</p>		<p>assessments were reflected in care plans reviewed.</p> <p>Care plans evidenced service integration with progress notes, activities notes, medical and allied health professionals' notations clearly written, informative and relevant. Any change in care required is documented and verbally passed on to relevant staff. Residents and families reported participation in the development and ongoing evaluation of care plans.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>Documentation, observations and interviews verified the care provided to residents was consistent with their needs, goals and the plan of care. The attention to meeting a diverse range of resident's individualised needs was evident in all areas of service provision. The GP interviewed, verified that medical input is sought in a timely manner, that medical orders are followed, and the care provided is good. Care staff confirmed that care was provided as outlined in the documentation. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The activities programme is provided by an activities co-ordinator who supports the residents Monday to Friday 9.00 am to 11.30 am. The activities co-ordinator was on leave at the time of audit. In the interim the former activities co-ordinator/senior caregiver is covering the responsibilities of this role.</p> <p>A social assessment and history is undertaken on admission to ascertain residents' needs, interests, abilities, social and cultural requirements. Activities assessments are regularly reviewed to help formulate an activities programme that is meaningful to the residents. The resident's activity needs are evaluated six-monthly at the care plan review.</p> <p>All residents are actively encouraged to partake in the activities taking place in and out of the home. The activities co-ordinator, care staff and nurse manager provide regular one to one interaction throughout each day for residents that choose to be socially isolated. Activities of interest to the resident are provided in their rooms.</p> <p>Activities reflected residents' goals, ordinary patterns of life and included normal community activities. Individual, group activities and regular events are offered. Residents and families/whānau are involved in</p>

		evaluating and improving the programme through day to day discussions, residents' meetings, and satisfaction surveys. Residents interviewed confirmed that they were happy with the programme.
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Resident care is evaluated on each shift and reported in the progress notes. If any change is noted, it is reported to the RN.</p> <p>Formal care plan evaluations occur every six months in conjunction with the six-monthly interRAI reassessment, or as residents' needs change. Where progress is different from expected, the service responds by initiating changes to the plan of care. Examples of short term care plans being consistently reviewed and progress evaluated as clinically indicated were noted for infections. When necessary, and for unresolved problems, long term care plans are added to and updated. Residents and families/whānau interviewed provided examples of involvement in evaluation of progress and any resulting changes.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>Residents are supported to access or seek referral to other health and/or disability service providers. Although the service has a 'house doctor', residents may choose to use another medical practitioner. If the need for other non-urgent services are indicated or requested, the GP or RN sends a referral to seek specialist input. Copies of referrals were sighted in residents' files, including to mental health services, medicine and orthopaedic teams. The resident and the family/whānau are kept informed of the referral process, as verified by documentation and interviews. Any acute/urgent referrals are attended to immediately, such as sending the resident to accident and emergency in an ambulance if the circumstances dictate.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>Staff follow documented processes for the management of waste and infectious and hazardous substances. There are no hazardous substances on site. Appropriate signage is displayed where necessary. All staff achieved educational unit standards on the safe use of chemicals. Chemical safety data is on display where the chemicals are stored and staff interviewed knew what to do should any chemical spill/event occur. Protective clothing and equipment are provided and staff were observed to be using this.</p>

<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>The building warrant of fitness is current and expires on 02 March 2019.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for their purpose and maintained. Tasks scheduled in the building maintenance programme are carried out at regular intervals. The testing and tagging of electrical equipment and calibration of bio medical equipment is current as confirmed in documentation reviewed, interviews with the owner and on-site visual inspections. The environment was hazard free, residents were safe and independence was promoted. External areas are safely maintained and are appropriate to the resident group and setting.</p> <p>Residents and staff confirmed they know the processes they should follow if any repairs or maintenance is required. They said requests are appropriately actioned and that they are happy with the environment.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>There are sufficient numbers (seven toilets and four bathrooms) of accessible amenities located throughout the home, which are in close proximity to residents' bedrooms. All bedrooms have a washbasin with hot and cold running water. Hot water temperature is regulated by tempering valves and monitoring of the temperatures at the tap is carried out monthly. The temperature records sighted showed hot water is delivered within a safe range of temperatures. Residents interviewed were very happy with the provision, cleanliness of and access to ablution areas. Appropriately secured and approved handrails are provided in the toilet/shower areas, and other equipment/accessories are available to promote residents' independence.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>Each bedroom is designed for a single occupant. The rooms are generously sized and can easily accommodate mobility equipment and two staff if residents need assistance. Bedrooms are personalised with furnishings, photos and other personal items displayed. Family and residents expressed satisfaction with their bedrooms.</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</p>	<p>FA</p>	<p>This is a small rest home with a spacious and welcoming communal lounge and a separate dining room for residents both of which are within easy walking distance from residents' rooms. The lounge is used for activities and has varied seating configurations if someone does not want to participate in the programme. All residents can easily access</p>

needs.		their rooms for privacy, if required. Furniture is appropriate to the setting and residents' needs.
<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>Care staff provide the laundry services. Staff interviewed about laundry demonstrated good knowledge of laundry processes, dirty/clean flow and handling of soiled linen. Residents interviewed reported the laundry is managed well and that their clothes are returned in a timely manner. The cleaner is employed for enough hours (three hours a day) five days a week. This person changes each resident's bed linen once a week and stated there is sufficient time allocated for completing daily/weekly tasks. Another cleaner/caregiver is tasked with rubbish removal, light dusting and bathroom cleaning on the weekend. All staff have attended training in the safe handling of the chemicals on site and in health and safety matters, as confirmed by review of personnel files and interviews with staff including the cleaner. Bulk chemicals are stored in a lockable room when not in use and are decanted into clearly labelled containers.</p> <p>Cleaning and laundry processes are monitored through the internal audit programme. All areas of the facility were spotless on audit days. The residents and family members interviewed were happy with the cleanliness of their rooms and other areas in the home.</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>Policies and guidelines for emergency planning, preparation and response are current and are known to staff. Disaster and civil defence planning guides direct the facility in their preparation for disasters and described the procedures to be followed in the event of a fire or other emergency.</p> <p>A fire evacuation plan has been approved by the New Zealand Fire Service. Trial evacuations take place every six months and the most recent drills occurred in December 2018 and another is scheduled to occur in July this year. The time taken for evacuation is recorded and there have been no issues or risks identified. The most vulnerable or mobility impaired residents are listed on the fire board and are assisted first. The new staff orientation programme includes fire and security training. Staff confirmed their awareness of the emergency procedures.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including food, water, blankets, mobile phones and gas BBQ's were sighted and meet the requirements for a maximum of 21 residents.</p>

		<p>Emergency lighting is regularly tested.</p> <p>The call bell system was functional on audit days and staff were observed to attend to these in a timely manner. Residents and families were happy with staff responses to call bells at all times of the day and night.</p> <p>Staff lock the external doors and windows each night for security purposes.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>All residents' rooms and communal areas are heated and ventilated appropriately. Rooms have natural light and opening external windows. Heating is provided by electricity in communal areas and individually temperature-controlled panel heaters in residents' rooms. There were fans and free-standing air-conditioning units available and in use on audit days. Areas were well ventilated throughout the audit and residents and families confirmed the home is maintained at a comfortable temperature year-round.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The service implements an infection prevention and control (IPC) programme to minimise the risk of infection to residents, staff and visitors. The programme is guided by a comprehensive and current infection control manual, with input from the GP and pharmacist as required. The infection control programme and manual are reviewed annually.</p> <p>The owner/nurse manager is the designated IPC coordinator, whose role and responsibilities are defined in a job description. Infection control matters, including surveillance results, are reported monthly to all staff.</p> <p>Signage at the main entrance to the facility requests anyone who is, or has been unwell in the past 48 hours, not to enter the facility. The infection control manual provides guidance for staff about how long they must stay away from work if they have been unwell. Staff interviewed understood these responsibilities.</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</p>	FA	<p>The IPC coordinator has appropriate skills, knowledge and qualifications for the role, and has been in this role since the facility opened. She has undertaken training in infection prevention and continues to attend relevant study days, as verified in training records sighted. Additional</p>

<p>the organisation.</p>		<p>support and information are accessed from the infection control team at the DHB, the community laboratory, the GP and public health unit, as required. The coordinator has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections.</p> <p>The IPC coordinator confirmed the availability of resources to support the programme and any outbreak of an infection.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	<p>FA</p>	<p>The infection prevention and control policies reflected the requirements of the infection prevention and control standard and current accepted good practice. Policies were last reviewed in 2018 and included appropriate referencing.</p> <p>Care delivery, cleaning, laundry and kitchen staff were observed following organisational policies, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility. Staff interviewed verified knowledge of infection control policies and practices.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>Interviews, observation and documentation verified staff have received education in infection prevention and control at orientation and ongoing education sessions. Education is provided by the owner/nurse manager. Content of the training is documented and evaluated to ensure it is relevant, current and understood. A record of attendance is maintained.</p> <p>Education with residents is generally on a one-to-one basis and has included reminders about handwashing, advice about remaining in their room if they are unwell, and increasing fluids during hot weather.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>Surveillance is appropriate to that recommended for long term care facilities and includes urinary tract infections, respiratory tract infections, skin, wound, eye, gastro enteritis and other infections. The owner/nurse manager/IPC nurse reviews all reported infections, and these are documented. New infections and any required management plan are discussed at handover, to ensure early intervention occurs and short-term care plans are developed.</p>

		<p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff via regular staff meetings and at staff handovers. Trends are identified from the past year and this is reported by the owner/nurse manager and reported to the staff.</p> <p>The facility had 19 infections in 2018. Resident's files reviewed highlighted short term and long-term care planning to reduce and minimise the risk of infection. Care staff interviewed demonstrated knowledge of residents who have a higher risk of infections and the interventions required. Benchmarking does not occur.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>Interview with the owner/nurse manager/restraint coordinator confirmed a philosophy and practices for maintaining a restraint free environment. There have been no restraints used since the previous audit. Inspection and care records sampled revealed one resident using a bed lever to assist with getting out of bed. The resident's file and interview confirmed this was assessed by an occupational therapist in 2017, is voluntary and had been consented to and agreed to by the resident.</p> <p>The restraint policy describes processes for assessment, consent and monitoring that would meet this standard when a restraint intervention is required. It contains definitions that are congruent with this standard and describes methods for avoiding or minimising the use of restraint. Policy designates a restraint coordinator, and clearly describes the processes for evaluation, review and ongoing staff education.</p> <p>Review of a sample of staff files and training documents confirmed that all staff engage in ongoing education. This included managing challenging behaviour, use of de-escalation techniques and preventing the use of restraint.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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 1.3.3.4</p> <p>The service is coordinated in a manner that promotes continuity in service delivery and promotes a team approach where appropriate.</p>	CI	<p>One resident who has resided at the facility for many years was admitted to the facility due to multiple admissions to an acute setting with an extensive and complex medical history. The resident and staff initially had daily support from an intensive care external support service. Care planning sighted showed individual and specific issues, interventions and outcomes. As a result, the resident due to the ongoing overall support and management from internal and external staff has had no hospital admissions for several years. The resident continues to develop skills enabling them to better manage daily activities of living, and the ability to self-manage day to day occurrences. External support is now required weekly.</p> <p>A further two residents were admitted to the facility late in 2017 as a result of multiple admissions to an acute setting and not coping at home. Due to the care and services provided by the staff at the facility, both residents regained their independence in their daily activities of living and issues resulting from their co-morbidities</p>	<p>The service is rated continuous improvement by demonstrating an ongoing review process and supporting residents to regain their independence and be able to maintain their wellbeing.</p>

		were reduced and/or resolved. As a result an overall review process has occurred and both residents were reassessed by the NASC team and discharged from the facility mid-year of 2018.	
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End of the report.