

Heritage Lifecare (BPA) Limited - Cargill Care Home & Village

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: Heritage Lifecare (BPA) Limited

Premises audited: Cargill Care Home & Village

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 9 April 2019 End date: 10 April 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: 37

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

Cargill Lifecare provides rest home level care for up to 40 residents. The service is operated by Heritage Lifecare (BPA) Limited and managed by a facility manager and a clinical services manager. Residents and families spoke positively about the care provided.

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

This audit has resulted in areas requiring improvement relating to care planning, a food control plan and review of the infection prevention and control programme.

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 upheld. Services are provided that support personal privacy, independence, individuality, cultural preferences and dignity. Staff interact with residents in a respectful manner.

There is access to appropriate services that would enable residents who identify as Māori to have their needs met in a manner that respects their cultural values and beliefs. Systems are in place to manage any sign of abuse, neglect or discrimination.

Open disclosure is occurring following incidents. Good communication between staff, residents and families is promoted, and confirmed to be effective. Interpreter services can be accessed, should they be required. Staff provide residents and families with the information they need to make informed choices and give consent.

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 with complaints 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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Business and quality and risk management plans include the scope, direction, goals, values and mission statement of the organisation. Monitoring of the services provided to the governing body is regular and effective. An experienced and suitably qualified person manages the facility.

The quality and risk management system includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Staff are involved, and feedback is sought from residents and families. Adverse events are documented with corrective actions implemented. Actual and potential risks, including health and safety risks, are identified and mitigated. Policies and procedures support service delivery and were current and reviewed regularly.

The appointment, orientation and management of staff is based on current good practice. A systematic approach to identify and deliver ongoing training 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

<p>Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.</p>		<p>Some standards applicable to this service partially attained and of low risk.</p>
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Relevant information about the care home and the services provided, is available for prospective residents and their families. All residents require a formal needs assessment prior to entry.

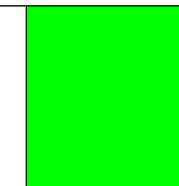
A registered nurse and a general practitioner assess residents' needs on admission. Care plans are individualised, based on a comprehensive range of information from formal assessments, the resident, family members and any other services involved in the person's care. Files reviewed demonstrated that overall the care provided and needs of residents are reviewed and evaluated on a regular and timely basis. Any new problems that arise for residents are managed efficiently and effectively. 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. Activity related documentation is up to date and informative.

An appropriate medicine management system that is based on safe practices is in place. Medicines are administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with special needs and personal preferences catered for. Food safety monitoring systems are being maintained. Residents verified satisfaction with meals.

Safe and appropriate environment

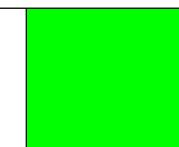
Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The facility meets the needs of residents and was clean and well maintained. There is a current building warrant of fitness. Electrical equipment is tested as required. Communal and individual spaces are maintained at a comfortable temperature. External areas are accessible, safe and provide shade and seating.

Waste and hazardous substances are well managed. Staff use protective equipment and clothing. Chemicals, soiled linen and equipment are safely stored. Laundry is undertaken onsite and evaluated for effectiveness.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Fire evacuation procedures are regularly practised. Residents reported a timely staff response to call bells. Security is maintained.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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The organisation has implemented policies and procedures that support the minimisation of restraint. No enablers and no restraints were in use at the time of audit.

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.		Some standards applicable to this service partially attained and of low risk.
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The infection prevention and control programme, led by an experienced and trained infection control coordinator, aims to prevent and manage infections. Specialist infection prevention and control advice is accessible 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	42	0	3	0	0	0
Criteria	0	90	0	3	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Cargill Lifecare use Heritage Lifecare Limited policies, procedures and processes in relation to the Code of Health and Disability Services Consumers' Rights (the Code). These meet the requirements of 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 provide relevant guidance to staff. Clinical files reviewed show that informed consent has been gained appropriately using the organisation's standard consent form.</p> <p>Management explained that residents have not indicated any interest in advance care planning, even when this is discussed with them and forms provided have not been returned. There was evidence in the files reviewed that the residents' GPs have discussed their personal preferences around resuscitation with them and documents are signed accordingly. Enduring power of attorney documentation was in the residents' files reviewed and an example of one having been activated was sighted. Processes for residents unable to consent is defined and documented, as relevant, in</p>

		the resident's record. Staff were observed to gain consent for day to day care.
<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. A separate leaflet on the advocacy service is included in the admission/enquiry pack. Posters and brochures related to the Advocacy Service and how to access the service were also displayed and available in the care home. Staff receive information about the advocacy service in their training on consumer rights.</p> <p>The clinical services manager described examples of when they have used Age Concern for advocacy purposes and informed residents and family members about their option to go to the Health and Disability Commission. Records showed that a person from Age Concern had visited the care home and spoken to residents about their potential role as advocates, should they require one. Residents spoken with were aware there would be people who could support them but informed they would probably speak to family members first.</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>The care home has unrestricted visiting hours and encourages visits from residents' family and friends. Any inappropriate visitors are reportedly managed by the clinical services manager and/or the care home manager. Family members interviewed stated they feel welcome when they visited and comfortable in their dealings with staff.</p> <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. Some of these are integrated into the care home activities programme, others are managed by the resident and others by family members. Staff accommodate any requests to assist a person to get ready in time for an outing.</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>Cargill Lifecare complaints policy and associated forms meet the requirements of Right 10 of the Code. Information on the complaint process is provided to residents and families on admission and those interviewed knew how to do so.</p> <p>The complaints register reviewed showed that four complaints have been received over the past year and that actions taken, through to an agreed resolution, are documented and completed within the timeframes. Action plans show any required follow up and improvements have been made where possible. The interim facility manager (IFM) is responsible for complaints management and follow up. All staff interviewed confirmed a sound understanding of the complaint process and what</p>

		actions are required. There have been no complaints received from external sources since the previous audit.
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	Residents and family members interviewed reported an awareness of the Code and reported that this information is provided at the time of admission. A brochure about the Nationwide Health and Disability Advocacy Service (Advocacy Service) is also in the admission/enquiry pack given to all prospective residents and their family member(s). The Code is displayed on posters throughout the care home. Additional copies of brochures, together with information on advocacy services, how to make a complaint and feedback forms are available at the front entrance, and on request.
<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 confirmed that they receive services in a manner that has regard for their dignity, privacy, sexuality, spirituality and choices. Family members confirmed this during interviews. Staff were observed to maintain privacy throughout the audit. All residents have a private room.</p> <p>Residents are encouraged to maintain their independence. Staff may set up a basin and wash cloth to make it easier for the person to wash themselves, or they may provide a walking frame and accompany them down the hall, rather than use a wheelchair, for example. People are encouraged and assisted to participate in community activities as they can. Care plans included documentation related to the resident's abilities, and strategies to maximise their independence.</p> <p>Records reviewed confirmed that residents' individual cultural, religious and social needs, values and beliefs had been identified, documented and incorporated into their care plan and/or their activity plan.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. There was evidence of contact with Age Concern and appropriate actions taken for an incident that was reported. Documentation sighted confirmed that education on abuse and neglect is provided during new staff orientation and annually thereafter.</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</p>	FA	<p>The clinical services manager described how the principles of the Treaty of Waitangi are incorporated into day to day practice, as is the importance of whānau. A document titled 'Maori perspective of health guide' gives information about Māori beliefs in relation to illness, the Te Whare Tapa Wha model of health and an outline of cultural belief experiences as they pertain to health in the context of Aotearoa New Zealand.</p> <p>A flip-chart on tikanga, which describes best practice guidelines for Māori health, sits in the nurses'</p>

<p>cultural, values and beliefs.</p>		<p>station for staff to use. This includes contact details of local Māori people and organisations who would be willing to support any resident who identifies as Māori to ensure integration of their cultural values and beliefs into their plan of care. Contact details were up to date.</p> <p>Māori culture, the Treaty of Waitangi and the importance of whānau is included in the staff training plan.</p> <p>Feedback from family/whānau of a non-Māori resident about the care and support provided was positive and reflected the value placed on their family member's needs. There are not currently any residents at Cargill Lifecare who identify as Māori.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	<p>FA</p>	<p>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 with examples being visits to the local Mens' Shed, a tavern and various churches. Many such needs are met within the activity programme and others are arranged with and/or for the individual person. The resident satisfaction survey confirmed that individual needs are being met and that staff are very respectful and attentive to their needs.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>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 Heritage Way', which is the organisation's Code of Conduct. 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. They are not permitted to undertake any messages for residents that involve handling their money. There was evidence that a potential problem around miscommunication had been identified and is being appropriately addressed through the complaint process.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>The clinical services manager described having a good rapport with family members and how open communication processes are enabling better standards of care with interventions occurring in a timely manner. Clarity of direction to caregivers was also described as a way of ensuring good practices are upheld. Additional information and support are accessed via the Southern District Health Board education and support unit, as well as from specialists such as the wound care nurse and the palliative care nurse, especially the one dedicated to assist rest homes. A general practitioner (GP) confirmed during interview that the service seeks prompt and appropriate medical</p>

		<p>intervention when required and staff were responsive to medical requests.</p> <p>Staff reported they receive management support for both internal and external education and have access to professional networks to support contemporary good practice.</p> <p>Other examples of good practice observed during the audit included the activity coordinator's use of leadership skills and knowledge, gained from previous community involvement, to support her current practices.</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 of outcomes of regular and any urgent medical reviews. This was supported in residents' records reviewed as family/whanau communication records are being regularly updated. Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code. Adverse event documentation and progress notes further verified open disclosure is occurring.</p> <p>The managers know how to access interpreter services, although reported that to date these have not been needed as all residents have been able to speak English. They informed family members would be used in the first instance if possible, should language be a problem. The Foundation for the Blind has been approached to help residents with communication needs as has the Hearing Association who visits three times a year to check resident's hearing aids.</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>Heritage Lifecare Limited (HLL) strategic and business plans, which are reviewed annually, outline the purpose, values, scope, direction and goals of the organisation. There are Cargill Lifecare specific documents that describes annual objectives and the associated operational plans. A sample of monthly reports to the support office showed adequate information to monitor performance is reported including occupancy, staffing, key performance indicators, emerging risks and issues.</p> <p>The service is managed by an IFM who holds relevant qualifications and has been in the role for 16 days at Cargill Lifecare since the resignation of the previous FM. She has experience as IFM within HLL for three years. Responsibilities and accountabilities are defined in a job description and individual employment agreement. She confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency through sector meetings and HLL meetings and education seminars. She is supported by the clinical service manager (CSM) and HLL support office.</p> <p>The service holds contracts with Southern District Health Board (SDHB) for respite and rest home</p>

		care. Thirty-seven residents were receiving services under the contract (three respite and 34 rest home of which nine were private paying) at the time of audit.
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.	FA	When the IFM is absent, the CSM carries out all the required duties under delegated authority, or the support office provides interim cover. During absences of key clinical staff, the clinical management is overseen by a registered nurse (RN) who is experienced in the sector and able to take responsibility for any clinical issues that may arise. Staff reported the current arrangements work well.
Standard 1.2.3: Quality And Risk Management Systems The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.	FA	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, a regular patient satisfaction survey, monitoring of key performance indicators, clinical incidents including infections.</p> <p>Meeting minutes reviewed confirmed regular review and analysis of quality indicators and that related information is reported and discussed at the management/quality team meetings and staff meetings. Staff reported their involvement in quality and risk management activities through audit activities, and feedback via surveys. Relevant corrective actions are developed and implemented to address any shortfalls. Resident and family satisfaction surveys are completed annually. The most recent survey showed a comment regarding food size and staff entering rooms. There was evidence in residents' and staff meeting minutes that actions have been implemented and residents reported improvements.</p> <p>Policies reviewed cover all necessary aspects of the service 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. 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 IFM described the processes for the identification, monitoring, review and reporting of risks and development of mitigation strategies. The manager was familiar with the Health and Safety at Work Act (2015) and has implemented requirements.</p>
Standard 1.2.4: Adverse Event	FA	Staff document adverse and near miss events on an incident form. A sample of incidents forms

<p>Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>		<p>reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. Adverse event data is collated, analysed and reported to the support office via their electronic reporting system.</p> <p>The IFM described essential notification reporting requirements, including for pressure injuries. They advised there have been no notifications of significant events made to the Ministry of Health 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>	FA	<p>Human resources 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. 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. Staff records reviewed showed documentation of completed orientation and a performance review after a three-month and annual period.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. The facility engages an external assessor for the programme. There are enough trained and competent registered nurses who are maintaining their annual competency requirements to undertake interRAI assessments. Records reviewed demonstrated completion of the required training and completion of annual performance appraisals.</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>	FA	<p>There is 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). The facility adjusts staffing levels to meet the changing needs of residents. An afterhours on call roster is in place, with staff reporting that good access to advice is available when needed. Care staff reported there were adequate staff available to complete the work allocated to them. Residents and family interviewed supported this. Observations and review of four weeks of rosters confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence. At least one staff member on duty has a current first aid certificate.</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. Use of individual client stickers with personal details is occurring. Clinical notes were current and integrated with GP, activity coordinator and allied health service provider notes. This includes copies of interRAI assessment information as entered into the Momentum electronic database. Progress notes were entered at least once in 24 hours, although staff are being encouraged to write on at least the morning and afternoon shifts, and as necessary, as the acuity of residents requiring rest home care and support has slowly increased.</p> <p>Records overall were legible. An internal audit of residents' records undertaken by the interim care home manager last month identified that the name and designation of the person making the entry was not always identifiable. Staff have been spoken to and progress is underway with improvements evident.</p> <p>Archived records are held securely on site and are readily retrievable using a cataloguing system. It was reported that records of former residents have been transferred to a secure storage area off site and that residents' files are held for the required period before being destroyed.</p> <p>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>	<p>FA</p>	<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. Any person who enquires about entry to the service but does not have a NASC assessment is redirected to their GP and the Needs Assessment service. Prospective residents and/or their families are encouraged to visit the care home prior to admission and are provided with written information about the service and the admission process. A copy of the enquiry/admission package was viewed. The organisation seeks updated information from family members, NASC, home and community services and the GP, as appropriate, 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.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and</p>	<p>FA</p>	<p>Exit, discharge or transfer is managed in a planned and co-ordinated manner. Any acute/urgent referrals are attended to immediately, such as sending the resident to accident and emergency in an ambulance if the circumstances dictate. Family members are asked to assist for escort purposes, although the care home will organise one when required. The service uses the DHB's</p>

<p>coordinated transition, exit, discharge, or transfer from services.</p>		<p>'yellow envelope' system and transfer form to facilitate transfer of residents to and from acute care services. There is open communication between all services, the resident and the family/whānau. An example reviewed of a patient recently transferred to the local acute care facility showed these processes were described within the detailed progress notes. A discharge summary from the acute service was on file and the resident informed they were well informed by everybody concerned and that a family member was there to meet them.</p> <p>At the time of transition between services, such as for transfer to a long-term hospital or dementia care facility, appropriate information is provided for the ongoing management of the resident. A verbal handover is provided, and the clinical services manager informed she makes herself available for any follow-up questions. All referrals are documented in the progress notes and include medical reviews and assessments.</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 medication management policy is current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>A safe system for medicine management using an electronic system was observed on the day of audit. The staff observed demonstrated good knowledge and had a clear understanding of their role and responsibilities related to medicine administration. A list verified that all staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the care home in a pre-packaged format from a contracted pharmacy. A registered nurse checks the medications against the prescription with a medicine competent caregiver. All medications sighted were within current use by dates. Clinical pharmacist input is provided at least weekly and is available to answer questions at any time, including out of hours.</p> <p>Controlled drugs are stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six monthly stock checks.</p> <p>The records of temperatures for the medicine fridge showed these were within the recommended range.</p> <p>Records in the electronic medicine system showed good prescribing practices with appropriate levels of details, dates for 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 front of the record. Since the introduction of the electronic system, there is no longer a need for standing or verbal orders for medicines.</p> <p>There were three residents self-administering prescribed inhalers and/or creams at the time of</p>

		<p>audit. Appropriate processes were in place to ensure this was managed in a safe manner.</p> <p>There is an implemented process through the adverse event reporting system for comprehensive management and 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>	PA Low	<p>The food service is provided on site by a qualified cook and kitchen team and was in line with recognised nutritional guidelines for older people. The four week rotating menu follows summer and winter patterns and has been reviewed by a qualified dietitian within the last two years. Evidence of a further menu review the month after the audit was supplied. During interview, the cook described how important resident feedback is and how the kitchen team acknowledge this.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal are undertaken according to organisational policies and procedures that comply with current legislation and guidelines. The service operates with an approved food safety plan and registration issued by the Ministry of Primary Industries. A corrective action has been raised as this has now expired. Food is stored safely and food temperatures, including for high risk items, are monitored appropriately and recorded as part of the plan, as are fridge and freezer temperatures and the cleaning schedule. The food services manager has undertaken a safe food handling qualification, with kitchen assistants completing relevant food handling training.</p> <p>A nutritional assessment is undertaken for each resident on admission to the care home 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.</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 enough time to eat their meal in an unhurried fashion and although none of the residents required formal assistance, staff were observed monitoring how each resident was managing and how much they were eating.</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,</p>	FA	<p>The clinical services manager could not recall any example where they have had to turn away a suitable prospective resident. Comment was made that if a referral is received but the prospective resident does not meet the entry criteria, the local NASC is advised to ensure the prospective resident and family are supported to find an appropriate care alternative.</p> <p>Should 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. Examples of this occurring were discussed. There is a clause in the</p>

where appropriate.		access agreement related to when a resident's placement can be terminated.
<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 an initial nursing assessment, falls risk, skin integrity and nutritional screening to identify any deficits and to inform care planning. Pain scales are used for residents with chronic pain. When applicable, the assessment tools are reviewed at six monthly intervals. Risk summaries were in all residents' files reviewed, as were comprehensive social profiles that reflected the person's history, preferences and former interests.</p> <p>The sample of care plans reviewed had an integrated range of resident-related information and personal goals reflected the outcomes of the assessments. All residents except those mentioned under the corrective action in Standard 1.3.3 have a current interRAI assessment completed by one of the trained interRAI assessors on site. Residents and families confirmed their involvement in the assessment process.</p>
<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>Plans reviewed reflected the support needs of residents, and the outcomes of the integrated assessment process and other relevant clinical information. The needs identified by the interRAI assessments were reflected in care plans reviewed. It was only those identified in the corrective action in Standard 1.3.3 that had not been developed at the level expected; although progress notes and file updates were comprehensive.</p> <p>A template is used to ensure consistency between residents' care plans. Care plans are comprehensive and 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>	FA	<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, care is 'excellent' and they had no cause for concern. Care staff confirmed that care was provided as outlined in the documentation. A range of equipment and resources was available, suited to the level of care provided and in accordance with the residents' needs. Resident and family satisfaction surveys noted the excellent level of care, which was reiterated by residents and family members throughout</p>

		the audit.
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>The activities programme is provided by an activities coordinator who is overseen by a qualified diversional therapist in another care home. During interview she expressed a passion for her role and makes a point of speaking to every resident at least once per day.</p> <p>A social assessment and history is undertaken on admission to ascertain residents' needs, interests, abilities and social requirements. An individualised activity plan is developed according to personal goals extracted from the person's profile of interests, abilities and preferences. The resident's individual activity needs are evaluated every three months and as part of the formal six monthly care plan review.</p> <p>Activities reflected residents' goals, ordinary patterns of life and included normal community activities. Individual and group activities, theme days and regular events are offered. Monthly programmes are developed in consultation with the residents and included a degree of flexibility. Considerable creativity and multiple opportunities for people to attend external events were evident in the verbal and written reports provided. Records of participation demonstrated good attendance, including for people who were self-proclaimed 'loners'.</p> <p>Residents are involved in evaluating and improving the programme. Those interviewed confirmed they find the programme exciting and stated there is always something to do or somewhere to go. Residents' meetings are the key platform for assessment and review of the activities programme to ensure the activities remain meaningful.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Residents' care is evaluated on each shift and reported in the progress notes. If any change is noted, it is reported to the clinical services manager.</p> <p>Formal care plan evaluations are consistently occurring every six months in conjunction with the six-monthly interRAI reassessment, or as residents' needs change. Two examples of evaluations undertaken earlier because the residents' needs changed were sighted. Where progress is different from expected, the service responds by initiating changes to the plan of care. Records showing some evaluations are overdue were sighted and this factor has been raised for corrective action under criterion 1.3.3.3.</p> <p>Examples of short term care plans, including wound care plans and infection management records, showed that progress is evaluated as clinically indicated and the issue is added to the long term care plan if the problem remains unresolved.</p>

		<p>In addition to participation records being updated daily, records sighted verified that residents' activity goals and plans are being reviewed by the activity coordinator within the required timeframes and are comprehensive.</p> <p>Multidisciplinary review meetings are occurring with the resident and family members involved as much as possible. Every effort is made for these to occur alongside the six monthly evaluation process; however, the clinical services manager noted that although an evaluation is still undertaken at six monthly intervals, the meeting may be annual due to family commitments, or similar. Records of these meetings were in residents' files reviewed. Residents and families/whānau interviewed confirmed their involvement in care plan review processes and noted that there is ongoing conversation about progress, or otherwise, not just at the formal review timeframes.</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. Staff and residents informed that they may choose to use their own GP or the care home's house doctor. If the need for other non-urgent services are indicated or requested, the GP or clinical services manager sends a referral to seek specialist input. Copies of referrals were sighted in residents' files, including to the eye department, orthopaedic department, heart specialist and podiatry services, to mention a few. The resident and the family/whānau are kept informed of the referral process, as verified by documentation and interviews. The clinical services manager checks all residents' ears for wax build up once a year and if needed, with the resident's consent, a person visits the care home and removes it for them. Dental and optometry appointments were in residents' files reviewed.</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. Appropriate signage is displayed where necessary. There is a designated chemical handler who has completed the required Chemical Handling Approved Handler Training (HSNO). An external company is contracted to supply and manage all chemicals and cleaning products and they also provide relevant training for staff. Material safety data sheets were available where chemicals are stored, and staff interviewed knew what to do should any chemical spill/event occur.</p> <p>There is provision and availability of protective clothing and equipment and staff were observed 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>A current building warrant of fitness (expiry date 13 December 2019) is publicly displayed.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for their purpose and maintained. The testing and tagging of electrical equipment and calibration of bio medical equipment was current as confirmed in documentation reviewed, interviews with maintenance personnel and observation of the environment. The environment was hazard free, residents were safe, and independence was promoted.</p> <p>External areas are safely maintained and are appropriate to the resident group and setting.</p> <p>Staff confirmed they knew the processes they should follow if any repairs or maintenance is required and that this is actioned promptly. Residents stated that they were 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 adequate numbers of accessible bathroom and toilet facilities throughout the facility. All bedrooms have their own toilet and handbasin. 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>Adequate personal space is provided to allow residents and staff to move around within their bedrooms safely. All bedrooms provide single accommodation. Rooms are personalised with furnishings, photos and other personal items displayed.</p> <p>There is room to store mobility aids, wheel chairs. There were no mobility scooters at the time of audit. Staff and residents reported the adequacy of 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</p>	<p>FA</p>	<p>Communal areas are available for residents to engage in activities. The dining and lounge areas are spacious and enable easy access for residents and staff. Residents can access areas for privacy, if required. Furniture is appropriate to the setting and residents' needs.</p>

accessible areas to meet their relaxation, activity, and dining 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>Laundry is undertaken on site in a dedicated laundry. Laundry staff demonstrated a sound knowledge of the laundry processes, dirty/clean flow and handling of soiled linen. Residents interviewed reported the laundry is managed well and their clothes are returned in a timely manner.</p> <p>There is a small designated cleaning team who have received appropriate training. Chemicals were stored in a lockable cupboard and were in appropriately labelled containers.</p> <p>Cleaning and laundry processes are monitored through the internal audit programme.</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 displayed and known to staff. Disaster and civil defence planning guides direct the facility in their preparation for disasters and described the procedures to be followed in the event of a fire or other emergency. The current fire evacuation plan was approved by the New Zealand Fire Service on the 22 May 1997. A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service, the most recent being on 30 November 2018. The orientation programme includes fire and security training. Staff confirmed their awareness of the emergency procedures.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including food, water, blankets, mobile phones and gas BBQ's were sighted and meet the requirements for the full occupancy of residents. Water storage tanks are located around the complex, and there is a generator available if required. Emergency lighting is regularly tested.</p> <p>Call bells alert staff to residents requiring assistance. Call system audits are completed on a regular basis and residents and families reported staff respond promptly to call bells.</p> <p>Appropriate security arrangements were in place. Doors and windows are locked at a predetermined time and a security company checks the premises at a random time during the night.</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</p>	FA	<p>All residents' rooms and communal areas are heated and ventilated appropriately. Rooms have natural light, opening external windows. Heating is provided by electric ceiling heating in residents' rooms and heat pumps in the communal areas. Areas were warm and well ventilated throughout the audit and residents and families confirmed the facilities are maintained at a comfortable temperature.</p>

temperature.		
<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>	PA Low	<p>The service provider is implementing an infection prevention and control programme as described in Heritage Lifecare Limited infection prevention and control policies and procedures. The programme is guided by a comprehensive infection control manual. A corrective action has been raised as the infection control programme and manual have not been reviewed within the last year.</p> <p>The clinical services manager/registered nurse is the designated infection prevention and control coordinator, whose role and responsibilities are defined in a signed job description. Infection control matters, including surveillance results, are reported at the monthly quality management and health and safety meetings and in the key performance indicator reports to the Heritage Lifecare Limited support office. The quality meetings include the care home manager, infection prevention and control coordinator and representatives from caregivers, food services and household management.</p> <p>Signage at the main entrance to the care home requests anyone who is, or has been unwell in the past 48 hours, not to enter the care home. 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. Influenza immunisations are made available to staff and residents.</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>The infection prevention and control coordinator has appropriate skills, knowledge, qualifications and experience for the role. During interview, information was provided that specific infection control training has been undertaken and relevant study days are attended. Records sighted verified this information. Additional support and information are accessible from the infection control nurse at the local DHB, the GP and the quality team of Heritage Lifecare Limited. The coordinator has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections. Adequate equipment to support the programme, and any outbreak of an infection, was observed on site.</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</p>	FA	<p>The infection prevention and control policies reflect the requirements of the infection prevention and control standard and current accepted good practice. Policies were last formally reviewed in May 2017, they are readily accessible to staff and staff are required to read them during orientation and if any changes occur.</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</p>

<p>and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>		<p>aprons and gloves. Hand washing and sanitiser dispensers are readily available around the care home. Staff interviewed verified knowledge of infection control policies and practices.</p>
<p>Standard 3.4: Education 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 are receiving education on infection prevention and control during their orientation and at ongoing education sessions. Education is provided by the care home's infection prevention and control officer and the infection prevention and control officer from the local DHB. Content of the training is documented and evaluated to ensure it is relevant, current and understood. A record of attendance is maintained. Records sighted confirmed the latest staff education was provided in January 2019.</p> <p>The infection prevention and control officer informed that education with residents was generally at residents' meetings during 'high risk times' when there are coughs or colds, or during summer when the risk of dehydration and urinary tract infections are higher. Recent residents' meeting minutes included reminders of residents to keep their fluid intake up. It was also reported that education will occur on a one-to-one basis as indicated and has included reminders about handwashing or coughing etiquette for example.</p>
<p>Standard 3.5: Surveillance 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 infections of the urinary tract, soft tissue, fungal, eye, gastro-intestinal, the upper and lower respiratory tract and scabies. All reported infections are recorded on a form developed for the purpose. The infection prevention and control coordinator reviews all reported infections and these are documented on a monthly summary record. New infections and any required management plans are discussed at handover, to ensure early intervention occurs.</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 monthly quality management meetings and are recorded in meeting minutes. Infection rates are very low for the sector, with infections not featuring at all during some months.</p> <p>A record and summary report of coughs and colds for a number of residents during September 2018 was viewed. Strategic action plans, monitoring and intensive staff and resident education was provided. The infection prevention and control coordinator noted this proved to be effective as none of the residents required antibiotics and none went on to get secondary infections.</p>

<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>Policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of both restraints and enablers. The restraint coordinator provides support and oversight for enabler and restraint minimisation in the facility and demonstrated a sound understanding of the organisation's policies, procedures and practice and her role and responsibilities.</p> <p>On the day of audit, no residents were using restraints and no residents were using enablers, which has been the consistent practice for many years.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.13.5</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.</p>	PA Low	A certificate verifying compliance with food control plan requirements that was issued by the Ministry of Primary Industries was on display; however, it had expired in September 2018. Due to a change of manager its renewal had been overlooked. Action was taken during the audit for the local council to provide the latest forms to be completed and to visit the care home for this to be updated. Meantime, food control systems that were consistent with the previous certification are being maintained.	A food control plan certificate issued by Ministry of Primary Industries expired 22 September 2018. Although an appointment for an update was scheduled during the audit, this has yet to be obtained.	<p>A current approved food control plan certificate is obtained and displayed appropriately.</p> <p>180 days</p>
<p>Criterion 1.3.3.3</p> <p>Each stage of service provision (assessment,</p>	PA Low	During review of the documentation of the resident reviewed using tracer methodology it was noted that the interRAI and the long term care plan were overdue. This was also evident in two other people's files in the sample as was evidence that one	Not all aspects of care plan documentation meet the required timeframes. Three interRAI assessments for	Each stage of service provision, including interRAI reassessments,

<p>planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.</p>		<p>person was overdue for an interRAI re-assessment and care plan evaluation.</p> <p>The clinical services manager provided a master list of due dates for interRAI assessments, long term care plans, interRAI re-assessments and evaluations. Records confirmed that not all have been completed within required timeframes, as per the contract with the DHB. She explained she had taken leave from 1 March and returned 5 April, which was further verified by the interim care home manager. The relieving registered nurse had not managed to complete the outstanding documentation during this timeframe as was not accustomed to the role of clinical services management.</p> <p>An analysis of the information showed that most of the requirements had been met and were up to date prior to the clinical services manager going on leave. The interim care home manager provided evidence that a plan had already been developed, prior to the audit, to address the problems and mitigate the associated risks. A corrective action has been raised as the plan was to commence the week following the audit.</p>	<p>new residents and the development of long-term care plans for these residents are overdue by three to four weeks.</p> <p>InterRAI re-assessments for three other residents, their six-monthly care plan evaluations, and any required updates to the plans, are also overdue.</p>	<p>long term care plans and evaluations are completed within the required timeframes to meet contractual requirements.</p> <p>90 days</p>
<p>Criterion 3.1.3</p> <p>The organisation has a clearly defined and documented infection control programme that is reviewed at least annually.</p>	<p>PA Low</p>	<p>As raised for corrective action in the provisional audit, an annual review of implementation of the infection control programme has not been undertaken by either the former, or the current, owner of this care home. Hence, review of the associated infection prevention and control policies and procedures that underpin the programme has also not occurred with the last review being May 2017. A manager reported a review of these documents is currently underway.</p> <p>Heritage Lifecare Limited monthly key performance indicator reports require a comparison of the incidence of infections at each care home to be made with the incidence of infections during the same month of the previous year. This was also not evident in the data available for Cargill Lifecare.</p>	<p>An annual review of the infection control programme, including associated policies and procedures, has not occurred and there is limited evidence of comparisons of infection surveillance data being made from one year to the next, as per the organisation's policies and procedures.</p>	<p>Annual review of implementation of the infection prevention and control programme that includes review of the associated policies and procedures is required.</p> <p>180 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.