

Benhaven Care Limited - Benhaven Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Benhaven Care Limited
Premises audited:	Benhaven Rest Home
Services audited:	Residential disability services - Intellectual; Rest home care (excluding dementia care); Residential disability services - Physical
Dates of audit:	Start date: 24 April 2019 End date: 24 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:	21

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Benhaven provides residential services for people with physical and intellectual disabilities and residents requiring rest home level care. Twenty-one of a potential twenty-one beds were occupied on the day of the audit. The service is managed by a registered nurse who has aged care experience and has been in the position for five years.

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

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

There were no shortfalls identified at this certification report.

Consumer rights

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

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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The owners live on-site and there is a manager (a registered nurse) who is supported by long serving staff.

Organisational performance is monitored through a number of processes to ensure it aligns with the identified values, scope and strategic direction. The business plan has goals documented. There are policies and procedures that provide appropriate support and care to residents with physical and intellectual disability and rest home level needs. There is a documented quality and risk management programme that is implemented.

Staff receive ongoing training and there is a training plan developed and commenced for 2019. Rosters and interviews indicated sufficient staff that are appropriately skilled with flexibility of staffing around clients' needs.

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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The service has assessment processes and residents' needs are assessed prior to entry. Assessments, resident care plans and evaluations were completed by the registered nurses within the required timeframes and reflect a person-centred approach to care. Risk assessment tools including interRAI assessments and monitoring forms were available and implemented. Care plans were individualised and identified involvement of allied health professionals.

An activities coordinator and care staff implement an integrated activity programme. The activities meet the individual recreational needs and preferences of the resident groups. There are outings into the community and visiting entertainers.

There are medicine management policies in place that meet legislative requirements. Staff responsible for the administration of medications complete annual medication competencies and education. The general practitioner reviews the medication charts three-monthly.

All meals and baking are prepared and cooked on site. Resident's individual dietary needs were identified and accommodated. Staff have attended food safety and hygiene training.

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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There are documented processes for the management of waste and hazardous substances in place and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. The buildings hold a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade. Resident bedrooms are personalised. There is access to an adequate number of communal toilet/shower facilities. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services. Systems and supplies are in place for essential, emergency and security services. There is at least one staff member on duty with a current first aid certificate.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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The organisation actively minimises the use of restraint. All staff receive training on restraint minimisation and management of behaviours that challenge. There are two residents using restraints and no residents using enablers.

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.
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Infections are reported by staff and residents and monitored through the infection control surveillance programme by the infection control officer. There are infection prevention and control policies and procedures and a monitoring system in place. Training of staff and information to residents is delivered regularly. Infections are monitored and evaluated for trends and discussed at staff meetings. There have been no infections year to date.

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	50	0	0	0	0	0
Criteria	0	101	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>Discussions with staff (two caregivers and the activities officer) confirmed their familiarity with the Code. The residents (four rest home level including one with physical disabilities and one with intellectual disabilities) and three family members (rest home level including two relatives of YPD residents) interviewed, confirmed the services being provided are in line with the Code.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>There are policies in place for informed consent and resuscitation and the service is committed to meeting the requirements of the Code of Health and Disability Services Consumers Rights. There were signed general consents on all five resident files sampled. Resuscitation treatment plans, and advance directives were appropriately signed in the files reviewed.</p> <p>Discussions with staff confirmed that they were familiar with the requirements to obtain informed consent for personal care and entering rooms.</p> <p>Discussion with relatives confirmed that the service actively involves them in decisions that affect their relative's lives.</p>

<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>All residents have a documented advocate if they cannot self-advocate. Contact numbers for advocacy services are included in the policy, in the resident information folder and in advocacy pamphlets that are available in each lounge. Residents' meetings include actions taken (if any) before addressing new items. Discussions with relatives identified that the service provides opportunities for the family/EPOA to be involved in decisions.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Residents and relatives confirmed that visiting can occur at any time. Key people involved in the resident's life have been documented in the resident files. Residents verified that they have been supported and encouraged to remain involved in the community. Entertainers are regularly invited to perform at the facility.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>A complaints policy and procedure has been implemented and residents and their family/whānau are provided with information on admission. Complaint forms are available at the key points throughout the service. The residents and families interviewed were aware of the complaints process and to whom they should direct complaints. The service has had no written complaints since previous audit.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>The service provides information to residents that include the Code, complaints and advocacy including in formats suitable for people with intellectual disabilities. Information is given to the family or the enduring power of attorney (EPOA) to read to and/or discuss with the resident. Residents and relatives interviewed identified they are well-informed about the Code. Resident meetings and surveys provide the opportunity to raise concerns. Advocacy and Code of Rights information is included in the information pack and are available at the service.</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</p>	FA	<p>Staff interviewed were able to describe the procedures for maintaining confidentiality of resident records, residents' privacy and dignity. House rules are signed by staff at commencement of employment.</p> <p>Residents are supported to attend other churches if they wish. Residents and relatives interviewed reported that residents are able to choose to engage in activities and access community resources. There is an abuse and neglect policy and staff education around this has occurred.</p>

independence.		
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>The service has a Māori health plan and an individual's values and beliefs policy which includes cultural safety and awareness. There are two residents that identify as Māori and cultural needs are addressed in care plans. Discussions with staff confirmed their understanding of the different cultural needs of residents (there were Chinese, Cambodian and Jamaican residents) and their whānau. The service has established links with local Māori and staff confirmed they are aware of the need to respond appropriately to maintain cultural safety. The manager holds a diploma in Māori studies. Staff had recent training around cultural safety.</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>Care planning and activities goal setting includes consideration of spiritual, psychological and social needs. Residents and family members interviewed indicated that they are asked to identify any spiritual, religious and/or cultural beliefs. Relatives reported that they feel they are consulted and kept informed and family involvement is encouraged.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>The staff employment process includes the signing of house rules. Job descriptions include responsibilities of the position and ethics, advocacy and legal issues. The orientation programme provided to staff on induction includes an emphasis on dignity, privacy and boundaries. The registered nurse (manager) has completed training around professional boundaries.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>The service meets the individualised needs of residents with needs relating to aged care, physical disabilities and intellectual disabilities. The quality programme has been designed to monitor contractual and standards compliance and the quality of service delivery in the facility. Staffing policies include pre-employment and the requirement to attend orientation and ongoing in-service training. The manager is responsible for coordinating the internal audit programme. Staff meetings and residents' meetings are conducted.</p> <p>Residents and relatives interviewed spoke very positively about the care and support provided. Staff interviewed had a sound understanding of principles of aged care and disability support and stated that they feel supported by the manager and the owner. Caregivers complete competencies relevant to their practice.</p>

<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>Relatives interviewed stated they are informed of changes in health status and incidents/accidents. This was confirmed on incident forms reviewed. Residents also stated they were welcomed on entry and were given time and explanation about services and procedures. Resident meetings occur six monthly and the manager and owner have an open-door policy. Aged care residents and family are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The service has policies and procedures available for access to interpreter services for residents and their family. If residents or family/whānau have difficulty with written or spoken English, the interpreter services are made available. On audit it was observed that provision was made for a resident who had limited command of English - cue cards, a fellow Chinese resident, family and staff were able to keep communication flowing. Information meets the needs of those with intellectual and physical disabilities.</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>	<p>FA</p>	<p>Benhaven provides residential services for people with physical and intellectual disabilities and residents requiring rest home level care. On the day of the audit there were 21 residents. One resident is private paying (not assessed as requiring care), seventeen are under the aged residential care agreement and three are on young persons with disabilities contracts (one requiring physical disability support and two requiring intellectual disability support).</p> <p>The manager is a registered nurse with considerable aged care experience who has been in the role for five years and has maintained eight hours annually of professional development activities related to managing a rest home.</p> <p>The two owners live on site and are actively involved in the day to day operation of the home.</p> <p>The goals and direction of the service are well documented in the business plan and the progress toward previous goals has been documented.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>The manager reported that in the event of her temporary absence the owner fills her role with support from a contracted 'relief manager' (registered nurse).</p>

<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>The manager facilitates the quality programme and ensures the internal audit schedules are implemented. The internal audit schedule is implemented. Corrective action plans are developed, implemented and signed off when service shortfalls are identified.</p> <p>Quality improvement processes are in place to capture and manage non-compliances. They include internal audits, hazard management, risk management, incident/accident and infection control data collection and complaints management. All quality improvement data is discussed at monthly management meetings and all data is presented/discussed as appropriate at monthly staff meetings.</p> <p>There are policies and procedures that are relevant to the various service types offered and are reviewed two yearly.</p> <p>There is a current risk management plan. Hazards are identified, managed and documented on the hazard register. The manager is the designated health and safety officer and has completed training relating to this role. Health and safety issues are discussed at every management and staff meeting with action plans documented to address issues raised.</p> <p>There are resident surveys conducted and analysed with corrective action plans developed when required. The December 2018 resident survey demonstrated a very high level of satisfaction with the service with the exception of meals. A corrective action was put in place and changes made. A follow-up resident survey of the meals was undertaken in March 2019 with 100% of respondents stating they generally enjoy their meals.</p> <p>Falls prevention strategies are in place for individual residents.</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>The accident/incident process includes documentation of the incident and analysis and separation of resident and staff incidents and accidents. Nine incidents sampled for January, February and March 2019 demonstrated appropriate documentation and clinical follow-up. Accidents and incidents are analysed monthly with results discussed at the staff meetings.</p> <p>The management team are aware of situations that require statutory reporting. An appropriate notification was made in February 2019 for a resident who wandered off site.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management</p>	<p>FA</p>	<p>Six staff files sampled showed appropriate employment practices and documentation. Current annual practising certificates are kept on file. The orientation package provides information and skills around working with residents with aged care, intellectual and physical disability related needs and was</p>

<p>processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>completed in all staff files sampled. All six staff files sampled contained a current annual performance appraisal.</p> <p>There is an annual training plan in place and implemented. Education around caring for younger people were embedded throughout their education. Staff have completed a number of competencies including medication administration, resident transfer (including hoist use), and fire and emergency. The manager/RN and the relieving RN are interRAI trained.</p> <p>Residents and families stated that staff are knowledgeable and skilled. On interview, staff were knowledgeable of their role and the needs of each resident.</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>There is a documented rationale for staffing the service. Staffing rosters were sighted and staff on duty match needs of different shifts and needs of different individual residents. There is an on-call system with a registered nurse (the manager or a 'relief manager' (also a registered nurse) available at all times.</p> <p>Staff, residents and family interviewed confirmed that staffing levels are adequate.</p> <p>On AM duty there was one carer 7am to 3.30pm, one carer 7am to 12midday and one carer 7am to 1pm. On PM duty there is one carer 3.30pm to 11pm and one carer 5.30pm to 7.30pm. On night shift, there is one carer 11pm to 7am and the owners are onsite. The manager/RN works 40 hours per week and the owners are onsite.</p> <p>The relieving part time nurse works when the manager is on leave and covers the site for call one week a month attending the facility during this time if necessary.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	<p>FA</p>	<p>The service retains relevant and appropriate information to identify residents and track records. Files and relevant resident care and support information can be accessed in a timely manner. All resident files are in hard copy and stored where they cannot be accessed by people not authorised to do so.</p> <p>Individual resident files demonstrate service integration. Medication charts are in a separate folder with medication and this is appropriate to the service. Entries are legible, dated and signed by the relevant staff member including designation.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is</p>	<p>FA</p>	<p>Residents are assessed prior to entry to the service by the needs assessment team and an initial assessment is completed on admission. The service has specific information available for residents/families/whānau at entry and it includes associated information such as the H&D Code of</p>

<p>facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>		<p>Rights, advocacy and complaints procedure.</p> <p>One new relative stated that he had been provided with a wide range of information and felt that the service was more than helpful.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>There are policies to describe guidelines for death, discharge, transfer, documentation and follow-up. A record is kept, and a copy of details is kept on the resident's file. All relevant information is documented and communicated to the receiving health provider or service using the DHB yellow envelope process.</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>Medication policies and practice align with accepted guidelines. The manager/registered nurse and caregivers are responsible for the administration of medications. No residents self-medicate. Medications are delivered to the site by the pharmacist. Robotic rolls delivered monthly are checked and signed in by the manager/registered nurse. The medication room was clean and well organised. Ten medicine charts were reviewed. Paper-based medicine charts listed all medications the resident was taking, including name, dose, frequency and route to be given. Charts were signed by the GP. All entries were dated, and allergies recorded. All charts had photo identification. Three monthly GP reviews were evident. Eye drops were dated on opening. The medication fridge temperature was monitored.</p> <p>Medication administration was observed during lunchtime. The staff member followed recommended guidelines. Annual competencies were undertaken for the administration of medications including the giving of insulin. No residents self-medicate at the time of audit, this is available for residents with process in place if needed.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>All food is prepared and cooked on-site. Two cooks cover the service seven days week. Both have completed food safety units. There is a rotating menu for summer and winter which has been reviewed by a dietitian. The service has an approved food control plan signed off October 2018. The meals are served from the kitchen directly to residents in the dining room. The cook receives notification of any dietary changes and requirements. Dislikes and food allergies are known and accommodated. Residents and family interviewed spoke positively about the meals and food provided.</p> <p>Fridge and freezer temperatures are recorded daily. All foods were dated and stored correctly. A</p>

		cleaning schedule is maintained.
<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>There was an adequate documented process for the management of declines to entry into the facility. The manager (registered nurse) assessed the suitability of potential residents. When potential residents were not suitable for placement at the service, the family and/or the potential resident were referred to other facilities, depending on their level of needs.</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>InterRAI assessments and summary reports were in place for five of the five resident files reviewed. Additional assessments included; behaviour assessments and also falls assessments and reviews. The long-term care plans in place reflected the outcome of the assessments.</p> <p>InterRAI assessments are completed six monthly or earlier due to changes in health status. Long-term care plans document both short-term and long-term changes to care.</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>The care plans sampled described the resident goals, supports and interventions required to meet desired goals as identified during the ongoing assessment process. Care plans reviewed were resident centred. Staff interviewed also discussed the resident-centred care. There is documented evidence of resident and/or family input ensuring a resident focused approach to care. Residents confirmed on interview they are involved in the care planning and review process. There was evidence of allied health care professionals involved in the care of the resident.</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>Staff follow the care plan in the resident file and report progress against the care plan at handovers. If external nursing or allied health advice is required, the RNs will initiate a referral. If external medical advice is required, this will be actioned by the GP. Caregivers and RNs interviewed stated there is adequate equipment provided, including continence and wound care supplies. Sufficient continence products are available and resident files include a continence assessment and plan as part of the plan of care. There is evidence of GP, podiatrist, dietitian, OT and physiotherapist involvement in care. There were no wounds or pressure injuries.</p> <p>Resident care plans document appropriate interventions to manage clinical risk such as poor mobility, falls, skin integrity, weight loss and when appropriate management of hyperglycaemia and</p>

		hypoglycaemia.
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>The service employs an activities officer for two days a week with caregivers undertaking the activities role on other days. The programme is flexible with involvement by several team members and caters to the varying needs of the individual residents. The monthly programme is available for all to view and includes van outings (the site has a van), music sessions, quizzes, bingo, exercises, craft and numerous outings for individuals. The programme caters to the needs of both aged care and younger residents. Residents interviewed spoke positively about the activities provided.</p> <p>Residents have an activity assessment completed on admission, attendance records are maintained, a monthly report is written for each resident and activities are reviewed along with the care plan six monthly.</p> <p>Residents input on what they would like included in the programme is encouraged. A survey is undertaken six monthly, providing each resident with a list of possible activities for them to select which ones they wanted included in the programme, and space for comments for any additional activities they may like. Residents interviewed (including two YPD residents) all spoke positively about the programme.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Initial nursing assessment/care plans are evaluated by the registered nurse within three weeks of admission. InterRAI assessments are completed six monthly and used as part of the care plan evaluation process. Care plans reviewed had been updated with changes in health status. The general practitioner, registered nurse, activities person, resident and families are involved in the review. Family communication sheets and families interviewed confirmed that family are involved in the evaluation and care plan update process.</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</p>	FA	<p>The manager stated that residents were supported to access or be referred to other health and disability providers. The review of resident records included evidence of recent external referrals and/or access to general practitioner, physiotherapist, community occupational therapist, dietitian and podiatrist.</p>

choice/needs.		
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>Documented processes for the management of waste and hazardous substances are in place. Chemicals are stored in designated locked cupboards. Chemicals are labelled, and safety data sheets are in place. Gloves, aprons, masks and goggles (PPE) are available for staff. Staff interviewed confirmed they can access PPE at any time and were observed wearing disposable gloves and aprons appropriately.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The service has a current building warrant of fitness which expires 28 September 2019. The maintenance person lives on site and is available 24/7. A planned maintenance schedule is in place. Electrical safety testing and calibration of scales is undertaken annually. Corridors are kept clear of clutter and the flooring is in good condition. The service is in the process of redecorating and further environmental improvements have included; the sprinkler system has been upgraded, a new oven, medicine fridge and TV have been purchased, the curtains have been replaced with new ones, five rooms have new hospital beds, new bedroom and lounge furniture has been purchased and a new mini-bus has replaced of the old one and used for residents' outings.</p> <p>There are a number of external sitting areas with or without shade and access to the garden area. Pathways, seating and grounds are well maintained. There is a designated smoking area outside.</p> <p>Residents interviewed confirmed the environment is suitable for their needs.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>There are adequate numbers of accessible toilets and showering facilities. The communal facilities have a system that indicates if it is engaged or vacant and can be locked by the person within, with the ability of staff to access if necessary. Appropriately secured and approved handrails are provided in the toilet/shower areas to promote resident independence.</p>
<p>Standard 1.4.4: Personal</p>	FA	<p>All bedrooms are of a size which allows enough space for residents to mobilise with or without assistance in a safe manner. Residents interviewed, spoke positively about their rooms. Equipment</p>

<p>Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>		<p>required for residents (eg, hoist) was sighted in their room with sufficient space for safe handling by two staff. Rooms can be personalised with furnishings, photos and other personal adornments and the service encouraged residents to make the room their own. There was room to store mobility aids such as walking frames in the bedroom safely during day and night if required.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>The service has a lounge/dining area, a second lounge area and sunroom that are easily accessed and provide alternative areas for quiet space or activities. Furniture is appropriate to the setting and arranged in a manner which enables residents to mobilise freely but to also interact if they wish. Activities occur in the lounges, dining room and outside.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>The service has policies in place for cleaning and staff responsibilities in relation to cleaning are documented. All cleaning products are labelled and there is secure chemical storage, instructions for chemical use and safety data sheets.</p> <p>All laundry, including residents' personal laundry, is completed on site. The laundry contains the sluice. Staff interviewed were able to describe best practice working in the space available. The state of cleanliness of the site and all equipment was high.</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>There is at least one staff member on duty at all times with a first aid certificate. There is a New Zealand Fire Service approved evacuation scheme. A fire evacuation drill has been undertaken six monthly.</p> <p>Emergency supplies of food and water are maintained. These are checked and refreshed routinely. A barbeque is maintained with two gas bottles, should it be needed. Additional supplies of products such as incontinence products and gloves are stored.</p> <p>Site security procedures are in place with the site being secured between 8 pm and 7 am. Two signed security checks are undertaken during this period. Admission during these hours is at the main entrance.</p> <p>There is a call system throughout the facility which is readily available to residents, (eg, extended cords so they are within reach).</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>General living areas and resident rooms are light and well ventilated. The site is divided into two for central heating. Staff can modify the temperatures. Smoking is only permitted outside in the designated covered area.</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>Benhaven has an established infection control (IC) programme. The infection control programme is appropriate for the size, complexity and degree of risk associated with the service. The manager (a registered nurse) is the designated infection control person with support from all staff. Infection control matters are discussed at all staff meetings and management meetings. Education has been provided for staff. The infection control programme has been reviewed annually. There had been no infections to date in 2019 and no outbreak for three years.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>There are adequate resources to implement the infection control programme at Benhaven. The infection control (IC) person has maintained her practice by attending external updates. The infection control team is all staff through the staff meeting. External resources and support are available when required. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are</p>	FA	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes roles, responsibilities, procedures, the infection control team and training and education of staff. The policies are reviewed and updated as required, at least two yearly.</p>

implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.		
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	The staff orientation programme includes infection control education. The infection control person has completed external updates (including MOH online training in 2018) and provides staff in-service education along with DHB nurse specialists - continence and wound. Four infection control sessions had been held in the past year. Education is provided to residents in the course of daily support with all residents interviewed able to describe infection prevention practice that is safe and suitable for the setting.
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	Infection surveillance and monitoring is an integral part of the infection control programme and is described in policy. The manager is the designated infection control person. Monthly infection data is collected for all infections based on signs and symptoms of infection. Surveillance of all infections is entered on to a monthly summary and then analysed and reported to staff and management meetings.
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	The service philosophy includes that restraint is only used as a last resort. There were two residents at the time of the audit using restraint. One was using a bedside when in bed and a lap belt when in their wheelchair. The other was using a bedside. The restraint policy includes a definition of enablers as voluntarily use of equipment to maintain safety.
<p>Standard 2.2.1: Restraint approval and processes</p> <p>Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service</p>	FA	The manager (RN) is the restraint coordinator. Restraint minimisation policies and procedures describe approved restraints. Restraint use is discussed in the monthly staff meetings. Assessment and approval process for restraint use included the restraint coordinator, resident/or representative and medical practitioner.

providers and others.		
<p>Standard 2.2.2: Assessment</p> <p>Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.</p>	FA	<p>The restraint coordinator is responsible for assessing a resident's need for restraint. Restraint assessments are based on information in the resident's interRAI assessment, care plan, discussions with the resident and family and observations by staff. The files of the residents using restraint were reviewed. The two files sampled for residents with restraints evidenced appropriate assessments, consents, risks, monitoring and evaluations.</p>
<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	FA	<p>A restraint register is maintained. The register identifies the residents that are using a restraint or an enabler. The types of restraints used were bedsides and lap belts.</p> <p>The files of the two residents using restraint identified that restraint is being used only as a last resort. Restraint use was linked to the residents' care plans with interventions to manage the associated risks (eg, when the restraint was to be used, covering bedsides and monitoring frequency). Evidence was viewed showing restraint monitoring had been consistently undertaken and accurately recorded including when the restraint was put on and when it was taken off.</p>
<p>Standard 2.2.4: Evaluation</p> <p>Services evaluate all episodes of restraint.</p>	FA	<p>Restraint evaluations take place six-monthly in conjunction with an interRAI assessment and care plan review. Restraint use is also discussed in the monthly staff meetings. This was confirmed in staff meeting minutes.</p>
<p>Standard 2.2.5: Restraint Monitoring and Quality Review</p> <p>Services demonstrate the monitoring and quality review of their use of restraint.</p>	FA	<p>The restraint minimisation programme is discussed and regularly reviewed by the manager. The reviews include identifying trends in restraint use, reviewing restraint minimisation policies and procedures and reviewing the staff education and competency assessments.</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, 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.