

Te Rangimarie Aged Care Limited - Kimberley Rest Home

Introduction

This report records the results of a Provisional 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 Q-Audit 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:	Te Rangimarie Aged Care Limited
Premises audited:	Kimberley Rest Home
Services audited:	Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 26 June 2019 End date: 26 June 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:	18

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.

General overview of the audit

Kimberley rest home can provide care for up to 25 residents and is certified to provide rest home and dementia level of care. There were 18 residents on the day of audit. The owner/manager has been running the service for four years with assistance from a previous part-time assistant manager, registered nurse (RN) and an activities coordinator/supervisor. The management team have experience in the aged care sector.

The prospective owners are in the process of completing the requirements for owning the service. The prospective owners have experience in the health sector. There are no intentions to change existing service delivery or environment should the sale of the service be confirmed.

This provisional audit was conducted against the Health and Disability Service Standards and the service contract with the District Health Board. A change of ownership is anticipated to occur on 31 July 2019 and after approval by HealthCERT through this audit. 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.

Improvements are required to the following: conducting police checks for staff, evaluating care plans in conjunction with the interRAI assessments, checking and returning as when needed expired (PRN) medicines to the pharmacy and having a specific evacuation plan for residents in dementia level of care.

Consumer rights

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. The staff at Kimberley ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. 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. Complaints forms and a box were seen in reception.

The service has a cultural safety and awareness plan which includes Māori and an individual's values and beliefs policy. There were no residents that identified as Māori at the time of audit. Discussions with staff confirmed their understanding of the different cultural needs of residents and their whānau. The service can call on Southern District Health Board (SDHB) Māori liaison service for assistance or advice if required, Staff confirmed they are aware of the need to respond appropriately to maintain cultural safety. Staff have had training around cultural safety.

Six residents and two family members interviewed spoke very positively about the comfortable, relaxed environments and the care and support provided.

Organisational management

Kimberly Rest Home has been caring for the elderly since 1986 servicing residents wanting a countryside home like environment. The service is managed by the owner/manager who is appropriately qualified. The business plan documents the organisation's goals and objectives. Effective reporting processes are in place. The organisation's quality and risk management system are used

to ensure service delivery is of a consistently high standard. It includes an audit programme and corrective actions are developed and implemented when deficits are identified.

These are monitored, and the management ensure all data is analysed, collated and shared with staff. Adverse events are reported and recorded with follow up actions and evaluations completed to reduce the risk of incidents recurring. Policies and procedures are current. Established processes are in place to facilitate client entry to and exit from services. Residents' information is managed efficiently, contains a level of detail relevant to the service and meets health record requirements.

Human resource processes support good employment practice. All staff receive an orientation. Ongoing training is provided, and staff competencies are assessed and monitored. Current annual practising certificates are kept on file. No police checks are undertaken. There are always adequate numbers of skilled staff on duty. Staff have completed dementia training and are knowledgeable and skilled.

Continuum of service delivery

The registered nurse (RN) is responsible for the development of care plans with input from residents, staff and family member representatives. Care plans are individualised, based on a comprehensive range of information and accommodate any new problems as they arise. Files reviewed demonstrated that the care provided and needs of the residents are reviewed and evaluated in a regular and timely manner.

The planned activity programme provides residents with a variety of individual and group activities and maintains links with the community. Medicines are safely managed and administered by staff with current medication competencies. All medications are reviewed by the general practitioner (GP) every three months or when required.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. The kitchen is well equipped for the size of the service. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. Snacks are available for residents over a 24-hour period.

Safe and appropriate environment

Kimberley is a well-maintained home like setting with all residents having individual bedrooms decorated with personal belongings. All rooms had adequate natural light, ventilation and heating.

Chemicals are stored safely throughout the facility. Appropriate policies are available along with product safety charts. The building holds a current warrant of fitness which expires on 11 September 2019. Resident rooms are spacious with an adequate number of shower and toilet facilities for the number of residents. There is wheelchair access to all areas. External areas are safe and well maintained. Fixtures, fittings and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. Cleaning and laundry services are well monitored through the internal auditing system. Appropriate training, information and equipment for responding to emergencies is provided. There is an approved evacuation scheme and emergency supplies for at least three days.

Restraint minimisation and safe practice

The RN is the restraint coordinator. The organisation has policies and procedures that support the minimisation of restraint. Ongoing restraint and challenging behaviour training are provided. There were no residents using enablers nor restraint at the time of the audit.

Infection prevention and control

The infection control management systems are in place to minimise the risk of infection to residents, visitors and other service providers. The infection control coordinator is responsible for coordinating education and training of staff. Documentation sighted evidenced that relevant infection control education is provided to staff. Infection data is collated monthly, analysed and reported

during staff meetings. The infection control surveillance and associated activities are appropriate for the size and complexity of the service.

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	41	0	0	4	0	0
Criteria	0	89	0	0	4	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The consumer/support auditor spoke to six residents who stated or indicated that they were happy with the service. All residents spoken to showed knowledge of The Code of Health and Disability Services Consumers' Rights (the Code) and the nationwide advocacy service. All staff interviewed had comprehensive knowledge and demonstrated compliance with the consumer rights legislation.</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>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 signed by the resident, or when appropriate, signed by the enduring power of attorney (EPOA). Advance care planning, establishing and documenting enduring power of attorney requirements and processes for residents unable to consent is defined and documented, as relevant, in the resident's record. All residents in dementia unit had EPOA activated and the service was actively supporting this process. The files contained</p>

		copies of any advance care planning and the resident's wishes for end of life care. 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	Residents confirmed they were aware of the process to access the nationwide Health Disability Advocacy service. Information about the Code and the HDC advocacy service was provided in the resident's individual entry pack and displayed on noticeboards. Staff and residents confirmed they have received education relating to advocacy and support.
<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>Staff, residents and family/whānau interviewed spoke about maintaining links with family/whānau and involvement of the family/whānau in individual one-to-one sessions. Residents and staff interviewed confirmed that visitors are welcome and that all residents who have family and friends nearby visit regularly.</p> <p>The activity programme incorporates craft, music, exercise and social outings and trips around the area. Activities by community members are also comet into the rest home.</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	The service has a complaints management policy and procedures in place that aligns with the Code. The services complaint register is detailed regarding dates, timeframes, complaints and actions taken. All complaints sighted in the register had been resolved. Complaints information is used to improve services as appropriate. Quality improvements or trends identified are reported to the staff. Residents and family are advised of the complaints process on entry to the service. This includes written information around making complaints. Residents interviewed describe a process of making complaints that includes being able to raise these at the regular residents' meetings, putting a complaint (which can be anonymous) in the suggestion box or directly approaching staff or the owner/manager.

<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>FA</p>	<p>Residents and two family/whanau interviewed confirmed that they understood their rights and would tell someone when things were good or needed to improve. Files showed evidence of rights being given to clients and their family/ natural support person. The Code and information about the Nationwide Health and Disability Advocacy Service was clearly displayed in poster (English and Te Reo) or pamphlet form in the facility. Complaints forms and a suggestion box were displayed beside the visitor's book. In interview conducted the prospective owners demonstrated a good understanding of the consumers rights (the code) that they must adhere to.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	<p>FA</p>	<p>Staff were observed knocking before entering individual bedrooms. One room had a sign on the door that explained when the resident liked the door open or closed. All staff could explain how levels of personal assistance were determined and ways that this occurred with dignity, privacy and steps taken to promote independence. Residents are assisted to attend church as they wish, and the local church group meet once a month at the service for residents who wish to join them. Residents can contribute to the running of the home, (i.e. setting the table) to remain active, as they wished. Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Education on abuse and neglect was confirmed to occur during orientation and annually.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	<p>FA</p>	<p>The service has a cultural safety and awareness plan which includes Māori and an individual's values and beliefs policy. There were no residents that identified as Māori at the time of audit. Discussions with staff confirmed their understanding of the different cultural needs of residents and their whānau. The service can call on SDHB Māori liaison service for assistance or advice if required, Staff confirmed they are aware of the need to respond appropriately to maintain cultural safety. Staff have had 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>	<p>FA</p>	<p>Care planning and activities goal setting includes consideration of spiritual, psychological and social needs. Residents interviewed indicated that they are asked to identify any spiritual, religious and/or cultural beliefs and are supported to attend church if they wish.</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>The staff employment process has a clear induction/orientation list of skills and knowledge which includes the signing of house rules and includes an emphasis on dignity, privacy and boundaries. Job descriptions include responsibilities of the position and ethics, advocacy and legal issues. All staff have completed training around professional boundaries.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>Kimberley Rest Home meets the individualised needs of residents who have been assessed as requiring rest home or dementia level care. Residents and family interviewed spoke very positively about the comfortable, relaxed environments and the care and support provided.</p> <p>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 checks however not all staff had police checks completed (refer 1.2.7.3). Staff are required to attend orientation and ongoing in-service training. Staff interviewed had a sound understanding of principles of aged care and stated that they feel supported by the owner, registered nurse and management team. Staff are undertaking monthly training in topics relevant to their practice. Combined quality/staff meetings are conducted.</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>Residents also stated they were welcomed on entry and were given time and explanation about services and procedures. All residents interviewed confirmed communication with staff is open and effective and this was observed during the audit. Staff confirmed their understanding of open disclosure. Any communication with family/whānau was documented in the resident's notes. Communication cards are used when required. Residents meetings are facilitated by staff</p>

		and notes written by staff.
<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>The service is up for sale and the prospective owners have commissioned a provisional audit. Kimberly Rest Home is potentially to be purchased by the new prospective owners. The prospective owners have an established organisational structure outlined in their business plan. The potential owners will have roles, one being a director and the other a manager supported by the current staff. The 2018-2019 business plan was sighted which is premised on delivered service, objectives and performance measures. Purpose, values, scope, direction and goals of the organisation were clearly outlined.</p> <p>The transition plan/business plan sighted includes how the prospective owners will be transitioned into the running and management of the service under the support of the current owner. The business plan includes time frames for maintaining the current quality system, policies and procedures, staffing and service delivery. The prospective owner's intention is to retain the current service as is, including all staff. Future changes will be considered on need basis and covered in the business plan. The planned settlement date is 31 July 2019. The prospective owners and the current owner reported that the planned transition time will be for a period of six months or more if required. This will be initially onsite and then offsite. All files sampled evidenced that residents are receiving the appropriate level of care.</p> <p>The prospective owners hold Bachelor of Medical Laboratory Science and Diploma in Media Design and marketing. They have both been working in their respective fields in New Zealand and overseas for 18 years. Some of their experience has been in management positions and insurance industry. The prospective owner who has management experience and holds a Bachelor of Medical Laboratory Science will be the facility manager while the other one who has a qualification in marketing and media design will be the director. In interviews conducted, the prospective owners reported that they have been working full time in their specialist fields of work and part time as volunteers overseas in the</p>

		<p>aged care sector including dementia units. The prospective owners demonstrated good understanding of the Aged Related Residential Care agreement (ARRC), Health and Disability Services requirements. They also confirmed awareness of the previous audit findings.</p> <p>The organisation is currently privately owned with the owner/manager who has been providing general oversight for the service. The owner/manager is supported by a previous assistant manager (enrolled nurse), registered nurse and a supervisor who is non-clinical. There is a registered nurse (RN) onsite 32 hours per week and provides on call cover alternating with another part time RN. All members of the management team are suitably qualified and maintain professional qualifications in management, finance and clinical skills. The owner/manager had completed eight hours annually of professional development activities related to managing a rest home. Responsibilities and accountabilities are defined in the job description and individual employment agreement.</p> <p>The service holds contracts with (DHB, MOH) for ARRC, YPD, respite and long-term support chronic health conditions. There were 16 residents under the ARRC agreement and two private paying residents. There are 15 beds in rest home and 10 beds in dementia unit. There were 18 residents receiving services on the day of the audit.</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>When the owner/manager is absent the part time previous assistant manager (casual) carries out all the required duties under delegated authority supported by the activity's coordinator/ supervisor and registered nurse. The RN can take responsibility for any clinical issues that may arise. Staff reported the current arrangements work well. The prospective owners confirmed that they will stick with the current plan and if necessary, will employ another registered nurse and the assistant manager (casual) will continue supporting and providing cover if prospective owners are absent.</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 organisation has a planned quality and risk management system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, internal and external audit programme, regular family/resident satisfaction surveys, monitoring of outcomes, clinical incidents and accidents including infections surveillance.</p> <p>Meeting minutes reviewed confirmed regular review and analysis of quality indicators and that related information is reported and discussed at the management team meeting and staff meetings. Staff reported their involvement in quality and risk management activities through audit activities. Relevant corrective actions are developed and implemented to address any shortfalls. Resident and family satisfaction surveys are completed monthly and a yearly report is compiled, and this was sighted.</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 process. Policies are based on best practice and are current. The document control system ensures a systematic and regular review process, referencing of relevant sources, approval, distribution and removal of obsolete documents. These are managed by an external consultant who keeps the service updated on any recent changes.</p> <p>The owner/manager described the process for the identification, monitoring, review and reporting of risks and development of mitigation strategies. The owner/manager is familiar with the Health and Safety at Work Act (2015) and has implemented requirements. Chemical safety data sheets are available. Calibration of medical equipment is conducted and recorded.</p> <p>The prospective owners intend to continue with the quality and risk management programme.</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</p>	<p>FA</p>	<p>Staff document adverse and near miss events on an accident/incident form. A sample of incident forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. Neurological observations are</p>

<p>manner.</p>		<p>completed when a fall is unwitnessed or where a resident injures their head. Adverse events data is collated, analysed and reported to the management, respectively. There is an open disclosure policy in place. Any communication with family and general practitioner (GP) following adverse events and if there is any change in the resident's condition is recorded in residents' records. Family/whanau and the GP interviewed confirmed they are notified in a timely manner.</p> <p>The owner/manager described essential notification reporting requirements, including for pressure injuries, police attending the facility, unexpected deaths, critical incidents, infectious disease outbreaks and missing persons. They advised there have been no notifications of significant events made to the MOH since the previous audit.</p> <p>The prospective owners understand their statutory and/or regulatory obligations in relation to essential notification reporting and to notify correct authority where required.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>PA Moderate</p>	<p>Staff files sampled included (the owner/manager, the registered nurse, the activities coordinator and two caregivers) show appropriate employment practices and documentation. Current annual practising certificates are kept on file. No police checks are undertaken.</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 providers agreement with the DHB. All staff have completed dementia level training, and some are enrolled in the required course. RNs are interRAI trained and competency assessments were sighted in files sampled. The orientation/induction package provides information and skills around working with residents with rest home and dementia level care needs. All staff files reviewed for staff who have been employed for more than 12 months contained a current annual performance appraisal.</p> <p>Residents and family interviewed stated that staff are knowledgeable and skilled.</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>Staffing rosters were sighted and one caregiver is on duty in each area on each shift, which meets the documented rationale for staffing at the service. There is an extra caregiver on duty in the afternoons to assist with the evening meal and cover for staff meal breaks. The registered nurse is on-site 32 hours per week, and on call 24/7. The owner/manager is always available and onsite 40 or more hours per week.</p> <p>Staff and residents interviewed confirmed that staffing levels are adequate, and that management are visible and able to be contacted at any time. The roster evidenced an increase in staffing to meet resident needs when 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>All resident files are in hard copy and stored where they cannot be accessed by people not authorised to do so. Entries are legible, dated and signed by the relevant staff member including designation. Individual resident files demonstrate service integration. 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.</p> <p>Archived information is boxed and stored in a locked cupboard.</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>The entry to the service policy includes requirements and procedures to be followed when a resident is admitted to the service. Admission agreements were signed in all resident's sampled records. Admission agreements reflect all the contractual requirements. Residents and families reported that the admission agreements were discussed with them in detail by the staff and smooth entry with family support was achieved.</p> <p>The admission agreement reviewed aligned with the ARC contract and exclusions from the service were included in the admission agreement. All residents had the appropriate needs assessments prior to admission to the service. The service has specific information available for residents/families/EPOA at entry and it included associated information</p>

		such as the Health and Disability Code of Rights, advocacy and complaints procedure.
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	There are policies to describe guidelines for death, discharge, transfer, documentation and follow-up. A record is kept, and a copy of details is kept on the resident's file. All relevant information is documented and communicated to the receiving health provider or service. The residents and their families were involved for all exit or discharges to and from the service. The registered nurse stated that telephone handovers are conducted for all transfers to other providers.
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	PA Moderate	The medicine management policy is current and identifies all aspects of medicine management in line with current legislation and protocols. There is a safe electronic medication system in place. Healthcare assistant (HCA) was observed administering medicines correctly. All staff who administer medicines were assessed as competent and evidence was sighted. There were no residents who self-administer medications at the time of the audit. Appropriate processes are in place to ensure this is managed in a safe manner if required. As required (PRN) medicines held in stock had expired.
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>Kimberley Rest Home employs two cooks who work 4 or 3 days to cover the week and all food is prepared and cooked on-site. They have both completed food safety units. There is a support person on duty in the afternoons to cover the evening meal and staff breaks. There is a four-weekly rotating menu that has been reviewed by a dietitian. The meals are served from the kitchen directly to residents, breakfast in bed or bedroom and lunch and dinner in the rest home and dementia dining rooms.</p> <p>The meals were well-presented, and residents confirmed that they are provided with alternative meals if requested. The cook receives notification of any resident dietary changes or requirements. Dislikes and food allergies are known and accommodated. Food, fridge and freezer</p>

		<p>temperatures were recorded daily. A cleaning schedule is maintained. All food was covered and dated. The service provides additional food over a 24-hour period for residents if they require snacks outside of mealtimes.</p> <p>All residents are weighed regularly. Residents with weight loss problems are provided with food supplements.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services 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>All referrals are supported by a Needs Assessment and Service Coordination service (NASC) member. In the event a person is declined, then possible alternatives are suggested to the person facilitating the referral. If the client has been referred by a third party, it is expected the referrer will tell the client either verbally or in writing of the reason for this and what alternative services may be available. A declined register is kept. The reason for declining entry would be if there were no beds available or the service could not meet the assessed level of care.</p>
<p>Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>Initial assessments are completed within the required time frame on admission. Identified triggers are addressed in the care plans (Refer 1.3.3.1). Assessments and care plans include input from the family/whānau and other health team members as appropriate. The RNs utilise standardised risk assessment tools on admission. In interviews, residents and relatives expressed satisfaction with the assessment process.</p>
<p>Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Care plans are resident focussed, integrated and provide continuity of service delivery. The outcomes of assessments are used to inform long term care plans and short-term care plans are developed for acute needs as required (Refer 1.3.3.1). 24-hour behaviour management plans for residents in the dementia unit were sighted in all files sampled and triggers are identified. Goals and interventions are developed to address the desired goals/outcomes identified. Residents and relatives interviewed 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 provision of care provided to residents met assessed needs and desired goals/outcomes. Significant changes are reported in a timely manner and prescribed orders carried out satisfactorily as confirmed by the GP in the interview conducted. Progress notes are completed as per policy. Monthly observations are completed and are up to date. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs. Staff confirmed they have access to the supplies and products they needed.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>Residents describe a range of personal interest options they participate in that are based on individual strengths and interests. Staff support, encourage and discuss with residents their goals, interests and strengths to develop activities that are meaningful to the resident. Residents who wish, also complete household tasks (e.g. table setting and clearing). Residents interviewed reported that there are activities available that reflect their needs, goals and desires. Regular outings are undertaken. Residents attend community activities such as church, RSA events, school concerts and community groups and individuals bring events to the residents. There are 24-hour activities plans in place for all residents in the dementia unit.</p> <p>The activities coordinator works 20 hours a week sharing her time between the dementia unit and the rest home. The programme is planned over a seven-day week and times vary according to the activity. The programme is planned monthly and additional activities are supported by the caregivers. Activities planned for the day were displayed on noticeboards around the facility. The activities coordinator attends monthly meetings in Dunedin with other diversional therapists.</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' long-term care plans, interRAI assessments and activities plans are evaluated but this is not occurring at the same time (Refer 1.3.3.1). Significant changes are noted and care plans updated when required. Relatives and staff input are sought in all aspects of care. The</p>

		evaluations record how the resident is progressing towards meeting their goals and responses to interventions. Short term care plans are developed when needed, signed, and closed out when the short-term problem has resolved.
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>There is a documented process for the management of all referrals. Residents are supported to access or seek referral to other health and/or disability service providers. The service utilises a standard referral form when referring residents to other service providers. Copies of referrals were sighted in residents' files reviewed. The GP confirmed that processes are in place to ensure that all referrals are followed up accordingly. Residents and family are kept informed of the referrals made by the service. All referrals are facilitated by the RNs or GP.</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>There are health and safety procedures in place which document safe storage, management and disposal of hazardous substances. Protective clothing appropriate to the service (gloves, aprons, hats) are available. All chemicals were securely stored. Storage areas both inside and outside were locked. Chemicals were clearly labelled.</p> <p>Notices for food handling and use of cleaning materials were sighted at the facility and staff could describe good practice. Review of staff training records and interviews with caregivers, laundry and cleaning staff confirmed that regular training and education on the safe and appropriate handling of chemical and waste and hazardous substances occurs. A hazard register and maintenance plan are in place with corrective actions recorded.</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>There are established systems in place to ensure the physical environment and facilities are safe and fit for their purpose. Handrails are installed in corridors, showers and toilets. The physical environment minimises the risk of falls and promotes safe mobility and independence by ensuring the flooring is appropriate and secure, bathroom floors are non-slip, and walking areas are not cluttered.</p>

		<p>The service building has a current building warranty of fitness (BWOFF) which expires on 11 September 2019. The facilities were observed to be in good condition, light, well ventilated, appropriate and suitable for the needs of residents, with safe external areas. Residents can walk around freely throughout the facility and grounds. Residents say the home is comfortable and appropriate for their needs.</p> <p>Hot water temperatures are recorded regularly and were at or below the recommended maximum of 45° (degrees).</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 enough numbers of toilets and bathrooms for the number of residents in the rest home and the single rooms in the dementia unit all have individual toilets. Privacy is maximised in both care settings. All bathrooms and toilets are maintained to a good standard, are disability accessible with easy to clean walls and floors.</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>	FA	<p>There is adequate space in the bedrooms and enough space for the safe manoeuvring of mobility equipment. There is adequate space in both care settings and all bedrooms have a hand basin. Residents have personalised their rooms. There is a plan in place to upgrade rooms when the resident changes.</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 dementia unit has a large sunroom lounge and a dining room. There is adequate room for facilitating activities. Appropriate seating is provided, and a quiet room is available for use.</p> <p>The main lounge in the rest home is large and is used for functions and activities. Dining rooms and lounges are within easy walking distance of bedrooms. Residents interviewed confirmed they use their rooms or external areas if they want privacy or quiet time. All furniture is safe and suitable for the resident groups in each care setting.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p>	FA	<p>Cleaning chemicals are securely stored in locked cupboards and are all</p>

<p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>		<p>well labelled. Current safety material datasheets about each product are located with the chemicals in each area of service. Where improvements can be made, these are implemented. The chemicals are stored appropriately in locked cabinets. The cleaner's trolley is stored in a locked room when not in use. There is a large laundry with a clean and dirty flow. Care staff are responsible for laundry and cleaning services. The residents and their families confirmed they were happy with laundry services. A visual inspection confirms the laundry and cleaning processes are implemented.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>PA Moderate</p>	<p>Emergency and evacuation notices are displayed at the facility and the service has an approved evacuation plan. The plan, however, does not make specific reference to how the dementia unit residents will be catered for. Residents and staff are aware of emergency procedures, alternative light and fuel sources, and food and water provisions. Wall posters of emergency evacuations plans are featured throughout the facility and at the office. Residents are informed of emergency procedures. There are emergency drills at least six-monthly. Training in the use of fire equipment required under health and safety has occurred.</p> <p>External emergency meeting places are clearly marked. Fire call stations are clearly visible for emergency use and are known to staff. Fire extinguishers are clearly visible in kitchens and throughout the facility. In the event of an emergency, there are supplies of food, blankets, water enough for three days and portable lighting is available at the facility. There is a barbeque on-site at the residential facility.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>There are enough doors and external opening windows for ventilation in the living and dining areas. All bedrooms have good sized external opening windows which allows adequate natural light and ventilation and are designed and installed to be secured as needed.</p> <p>The rest home and dementia unit have adequate heating. Individual bedrooms are heated with adjustable heating panels. Common areas are heated with heat pumps. The owner (maintenance person) interviewed ensures the heating systems are running smoothly and that appropriate</p>

		<p>checks are performed. On the day of audit, the indoor temperature was comfortable.</p> <p>The residents and family interviewed confirmed the internal temperatures and ventilation are comfortable during the summer and winter months.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The service implements an infection prevention and control programme to minimise the risk of infection to residents, staff and visitors. The RN is the designated infection control coordinator (ICC), whose role and responsibilities are defined in a job description. ICC has access to external specialist advice from a GP and DHB infection control specialists when required.</p> <p>The infection control programme is reviewed annually and is incorporated in the monthly meetings and a review of the education programme is conducted. Staff are made aware of new infections through daily handovers on each shift and progress notes. The infection control programme is appropriate for the size and complexity of the service.</p> <p>There are processes in place to isolate infectious residents when required. Hand sanitisers and gels are available for residents, staff and visitors to use. There have been no outbreaks documented since the last audit and infection control guidelines are adhered to. Staff interviewed demonstrated an understanding of the infection prevention and control programme.</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 ICC has appropriate skills, knowledge and qualifications for the role. The ICC is responsible for implementing the infection control programme and indicated there are adequate human, physical, and information resources to implement the programme. Infection control reports are discussed at the staff meetings. The ICC has access to all relevant resident data to undertake surveillance, internal audits and investigations, respectively.</p>

<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>The infection prevention and control policies reflect the requirements of the infection prevention and control standards and current accepted good practice. Policies and procedure were reviewed. Staff were observed following organisational policies, such as appropriate use of hand-sanitisers, good hand washing technique and use of disposable aprons and gloves. Hand washing and sanitiser dispensers are readily available around the facility. Staff demonstrated knowledge on the requirements of standard precautions and able to locate policies and procedures.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>Staff education on infection prevention and control is conducted by the ICC and other specialist consultants. The ICC attended an infection prevention training offered by the local district health board. A record of attendance is maintained and was sighted. The training education is detailed and meets best practice and guidelines. Residents are reminded on infection control practices during residents' meetings or as when required. External contact resources include GP, laboratories and local district health boards. Staff interviewed confirmed an understanding of how to implement infection prevention and control activities into their everyday practice.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the organisation. Infection data is collected, monitored and reviewed monthly. The data is collated and analysed to identify any significant trends or common possible causative factors and action plans are instigated. New infections and any required management plans are discussed at handover, to ensure early interventions occurs. The GP is informed within the required time frame when a resident has an infection and appropriate antibiotics are prescribed to combat the infection, respectively.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively</p>	FA	<p>There is a restraint minimisation policy. The service actively works to minimise the use of restraint. Definitions of restraint and enablers are</p>

minimised.		consistent with the standard. Residents are supported in maintaining and promoting independence and safety. Records sampled confirm that staff receive ongoing education on restraint/enabler and challenging behaviour. There were no residents using restraint nor enablers on the day of the audit.
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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 1.2.7.3</p> <p>The appointment of appropriate service providers to safely meet the needs of consumers.</p>	<p>PA</p> <p>Moderate</p>	<p>The staff records reviewed contained application form, qualifications and reference checks however police checks were not being completed.</p>	<p>The appointment of appropriate service providers to safely meet the needs of residents is incomplete.</p>	<p>Provide evidence to show that police checks are conducted for all staff before commencing work.</p> <p>90 days</p>
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	<p>PA</p> <p>Moderate</p>	<p>Residents receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. The service uses a pre-packed medication system and medicines are supplied by the contracted pharmacy. All medication packs are checked by the RNs on delivery against medication charts, GP conducts three monthly reviews of medication</p>	<p>As required (PRN) medicines held in stock had no expiry dates and were still being administered.</p>	<p>Provide evidence that all as required (PRN) medicines held in stock have expiry dates.</p> <p>90 days</p>

		<p>charts.</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 and all medications are stored appropriately. Medication is safely stored in locked cupboards and drug trolley. Checking and safe disposal of expired as required (PRN) medicines could be improved.</p>		
<p>Criterion 1.3.3.1</p> <p>Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is undertaken by suitably qualified and/or experienced service providers who are competent to perform the function.</p>	<p>PA Moderate</p>	<p>Initial admission assessments are completed in a timely manner and resident care plans are completed within three weeks of admission along with interRAI assessments. The RNs develop residents' care plans and all sampled care plans were reviewed and evaluated six monthly. Where changes had been identified in the residents' condition, short term care plans were completed in a timely manner to reflect residents' current needs. Care plans reviews were not occurring at the same time with interRAI assessments.</p>	<p>Care plans reviews/evaluations were not occurring at the same time with interRAI assessments.</p>	<p>Provide evidence that care plans are evaluated/ reviewed at the same time with interRAI assessments.</p> <p>90 days</p>
<p>Criterion 1.4.7.3</p> <p>Where required by legislation there is an approved evacuation plan.</p>	<p>PA Moderate</p>	<p>An emergency plan exists, however there is no provision for how this applies to the residents in the dementia unit.</p>	<p>There is no specific emergency/evacuation plan for residents in the dementia unit.</p>	<p>Provide evidence of an emergency plan for residents in the dementia unit.</p> <p>30 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.