

Experion Care NZ Limited - Bardowie Retirement Complex

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 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:	Experion Care NZ Limited
Premises audited:	Bardowie Retirement Complex
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 4 July 2019 End date: 5 July 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:	17

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

Bardowie Retirement Complex is one of two facilities owned by the Experion Care NZ Limited in the Hawkes Bay and provides rest home care for up to 19 residents. The service is operated by Experion Care NZ Limited and co-managed by two nurse managers. The conversion of one resident room to a nurse managers office has resulted in the reduction of residents' beds from 20 to 19 since the last audit. There were 17 residents at the time of audit. Residents and families spoke positively about the care provided.

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

No areas were identified as requiring improvement.

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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Residents and their families are provided with information about the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) and these are respected. Services are provided, that support personal privacy, independence, individuality and dignity. Staff interact with residents in a respectful manner.

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

If a resident should identify as Māori, a plan is in place to ensure their needs met in a manner that respects their cultural values and beliefs. There is no evidence of abuse, neglect or discrimination.

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

A complaints register is maintained with complaints resolved promptly and effectively. There are no outstanding complaints.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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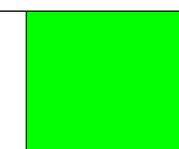
Business and quality and risk management plans include the scope, direction, goals, values and mission statement of the organisation. Experienced and suitably qualified persons manage the facility.

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

The appointment, orientation and management of staff is based on current good practice. A systematic approach to identify and deliver ongoing training supports safe service delivery and includes regular individual performance review. Staffing levels and skill mix meet the changing needs of residents.

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

Continuum of service delivery

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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Services are coordinated in a manner that promotes continuity in service delivery and promotes a team approach to care delivery. The processes for assessment, planning, provision, evaluation, review and exit are provided within time frames that meet the needs of the residents. Residents have interRAI assessments completed and individualised care plans developed. Changes to the resident's needs result in a short-term plan development and integrated into a long-term plan if condition becomes chronic. All long-term care plans are evaluated at least six monthly.

The service provides planned activities meeting the needs and interests of the residents as individuals and in group settings.

The food service provides and caters for residents. Specific dietary likes and dislikes are accommodated. The service has a four-week rotating menu which has been approved by a registered dietitian. Residents' nutritional requirements are met. A food control plan was in place.

An appropriate medicine administration system was observed at the time of audit. Medicines are administered by staff with current competencies.

Safe and appropriate environment

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

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

Staff are trained in emergency procedures, use of emergency equipment and supplies. Fire evacuation procedures are regularly practised. Residents reported a timely staff response to call bells.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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The organisation has implemented policies and procedures that support the minimisation of restraint. No restraints nor enablers were in use at the time of audit. Enabler use is voluntary for the safety of residents in response to individual requests. Restraint is only used as a last resort when all other options have been explored. Staff interviewed demonstrated a sound knowledge and understanding of the restraint and enabler processes and receive ongoing education.

Infection prevention and control

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

Standards applicable to this service fully attained.

The infection control management system minimises the risk of infection to residents, visitors and other service providers. The infection control coordinator is responsible for co-ordinating education and training of 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	45	0	0	0	0	0
Criteria	0	93	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>Bardowie Retirement Complex has developed policies, procedures and processes to meet its obligations in relation to the Code of Health and Disability Services Consumers' Rights (the Code). Staff interviewed understood the requirements of the Code and were observed demonstrating respectful communication, encouraging independence, providing options, and maintaining dignity and privacy. Training on the Code is included as part of the orientation process for all staff employed and in ongoing training, verified in training records.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>Nursing and care staff interviewed understood the principles and practice of informed consent. Informed consent policies provide relevant guidance to staff. Clinical files reviewed show that informed consent has been gained appropriately using the organisation's standard consent form if and when required. Advance care planning, establishing and documenting enduring power of attorney requirements and processes for residents unable to consent is defined and documented, as relevant, in the resident's record. Staff were observed to gain verbal consent for day to day care.</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>	<p>FA</p>	<p>During the admission process, residents are given the facilities compendium, which includes a copy of the Code and information on Advocacy Service. Posters and brochures related to the Advocacy Service were displayed and available in the facility. Family members and residents spoken with were aware of the Advocacy Service, how to access this and their right to have support persons. A nurse manager provided examples of the involvement of Advocacy Services in relation to one complaint process.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	<p>FA</p>	<p>Residents are assisted to maximise their potential for self-help and to maintain links with their family and the community by attending a variety of organised outings, visits, shopping trips, and other arranged activities.</p> <p>The facility has unrestricted visiting hours and encourages visits from residents' family and friends. Family members interviewed stated they felt welcome when they visited and comfortable in their dealings with all staff.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>The complaints policy and associated forms meet the requirements of Right 10 of the Code. Information on the complaint process is provided to residents and families on admission and those interviewed knew how to do so.</p> <p>The complaints register reviewed showed that one complaint has been received over the past year and that actions taken, through to an agreed resolution with the assistance of advocacy services, are documented and completed within the timeframes.</p> <p>Action plans show any required follow up and improvements have been made where possible. The nurse managers are responsible for complaints management and follow up. All staff interviewed confirmed a sound understanding of the complaint process and what actions are required. There have been no complaints received from external sources since the previous audit.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>FA</p>	<p>Residents interviewed report being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) as part of the admission information provided. The Code is displayed in the main corridor together with information on advocacy services, how to make a complaint and feedback forms.</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>Residents and families confirmed that they receive services in a manner that has regard for their dignity, privacy, sexuality, spirituality and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room.</p> <p>Residents are encouraged to maintain their independence by community activities, and participation in community activities of their choosing. Such as local church groups, Returned Service Association (RSA) and arranged complex van rides. Care plans included documentation related to the resident's abilities, and strategies to maximise independence.</p> <p>Records reviewed confirmed that each resident's individual cultural, religious and social needs, values and beliefs had been identified, documented and incorporated into their care plan.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Education on abuse and neglect was confirmed to occur during orientation and annually.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	<p>FA</p>	<p>The principles of the Treaty of Waitangi are incorporated into day to day practice, as is the importance of whānau. There is a current Māori health plan developed with documented linkage to Matachiwi marae and a local kaumatua. Guidance on tikanga best practice is available and is supported by staff who identify as Māori in the facility. No residents identify themselves as Māori. One staff member identified as Māori and report when working in the diversional therapist role frequently greets residents in Te Reo. Residents acknowledge this and frequently reply in Te Reo.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	<p>FA</p>	<p>Residents verified that they were consulted on their individual culture, values and beliefs and that staff respected these. Resident's personal preferences required interventions and special needs were included in care plans reviewed. The resident satisfaction survey and meeting minutes confirmed that individual needs are being met.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment,</p>	<p>FA</p>	<p>Residents and family members interviewed stated that residents were free from any type of discrimination, harassment or exploitation and felt safe. The induction process for staff includes education related to professional boundaries, expected behaviours and the Code of Conduct. All</p>

sexual, financial, or other exploitation.		registered nurses have records of completion of the required training on professional boundaries. Staff are guided by policies and procedures and demonstrated a clear understanding of the process they would follow, should they suspect any form of exploitation.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	<p>The service encourages and promotes good practice through, evidence-based policies, input from external specialist services and allied health professionals, for example, palliative care team, and education of staff. The general practitioner (GP) confirmed the service sought prompt and appropriate medical intervention when required and were responsive to medical requests.</p> <p>Other examples of good practice observed during the audit included the patient compendium, which contains the resident admission booklet with information such as the facilities mission, staffing advocacy services and complaints/compliments form. The resident walking group, which allows residents to complete a short local walk together daily.</p>
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	<p>Residents and family members stated they were kept well informed about any changes to their relative's status, were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in residents' records reviewed. Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code and verified by incident forms reviewed.</p> <p>Staff know how to access interpreter services, although reported this was infrequently required due to, all residents able to speak English.</p>
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	<p>The strategic and business plans, which are reviewed annually, outline the purpose, values, scope, direction and goals of the organisation. The document (dated 2018-2020) describes the annual objectives and the associated operational plans. A sample of monthly reports to the executive director (owner) show adequate information to monitor performance and includes, key performance issues, such as incidents, falls and skin tears and any known emerging risks.</p> <p>The service is comanaged by two part time nurse managers, ensuring both onsite and after-hours registered nurse coverage. Both have been in the role since December 2016. Responsibilities and accountabilities are defined in a job description and individual employment agreements. The nurse managers confirmed one is clinically focused, while the other focuses in the quality, human resource management and the business aspects of the facility. The nurse managers confirm knowledge of the sector, regulatory and reporting requirements and maintain</p>

		<p>currency through education related to residential aged care management.</p> <p>The service holds contracts with DHB, MoH for, complex medical conditions and mental health. At the time of audit 17 residents were receiving services under the contract, there was one resident under the age of 65 years, under long-term service agreement with the DHB.</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>	FA	<p>The nurse managers ensure the facility is always covered, including an on-call after hours roster system. During absences of key clinical staff, the clinical management is overseen by a senior carer who is experienced in the sector and able to take responsibility for any clinical issues that may arise. Staff reported the current arrangements work well.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>The organisation has a planned robust quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents and complaints, audit activities, a regular patient survey, monitoring of outcomes, clinical incidents including infections and a continuous improvement programme.</p> <p>Meeting minutes reviewed confirmed regular review and analysis of quality indicators, such as falls, skin tears, medication errors and that related information is reported and discussed at the staff meetings and to the executive director in monthly reports. Staff reported their involvement in quality and risk management activities through incident form completion, staff meetings, verbal feedback and completion of the maintenance issue register. The most recent resident satisfaction survey (March 2019) dated indicated high satisfaction with the care received. Resident meetings are held every two months, corrective actions from issues raised are presented at the next meeting.</p> <p>Policies reviewed cover all necessary aspects of the service and contractual requirements. Policies are provided by an external contractor and have been personalised to the service. A document control system is maintained in the policies and procedure folder and ensures a two-yearly review process is completed. Staff have access to hard copies of documents and are located, in the specific areas of use.</p> <p>A nurse manager described the processes for the identification, monitoring, review and reporting of risks, hazards and development of mitigation strategies.</p>

<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>Staff document adverse and near miss events on an incident form. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. Adverse event data is collated and analysed, such as falls this includes the time and where in the facility it happened. Numbers are maintained on a run chart. This data allows the facility to see if there are any direct linkages between the falls, a resident's medical condition and staffing ratios. Changes are implemented depending on the outcome of the investigation and reported through to the staff at meetings and to the executive director.</p> <p>Staff confirmed that they are made aware of their responsibilities in this regard during their meetings.</p> <p>A nurse manager described essential notification reporting requirements, including for pressure injuries. They advised there have been no notifications of significant events made to the Ministry of Health, since the previous audit.</p> <p>The service has a hazard and risk register that identifies the hazards in the facility and delivery of services and includes minimization strategies. A hazard and risk register are maintained in service delivery areas such as the kitchen and laundry. The internal auditing system includes hazards checklists and environmental inspections to monitor on-going compliance.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting and validation of qualifications and practising certificates (APCs), where required. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented and records are maintained.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. Staff retention is high and a position at the facility is rare. Staff records reviewed show documentation of completed orientation.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. A nurse manager is the internal assessor for the programme. Both nurse managers are trained and maintain their annual competency requirements to undertake interRAI assessments. At audit, the nurse managers' report an issue login into the Momentum electronic database interRAI system, that has unable to be resolved at a local level. All care plans for the residents are current.</p>

		Records reviewed demonstrated completion of annual performance appraisals. Staff interviewed reported that they had good access to education and found the programme relevant to their work.
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. An afterhours on call roster is in place, with staff reporting that access to advice is available when needed. Care staff reported there were adequate staff available to complete the work allocated to them. Residents and family interviewed supported this. Observations and review of a roster confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence. At least one staff member on duty has a current first aid certificate and there is 24/7 registered nurse coverage.</p> <p>In addition to carer staff, there are sufficient numbers of activities coordinators, cooking, cleaning, laundry administration and maintenance staff to meet the needs of the residents.</p> <p>Residents and families interviewed reported that there was, enough staff to provide them or their relative with adequate care. Observations during the audit confirmed adequate staff cover is provided.</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>	FA	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current and integrated with GP notes. This includes interRAI assessment information entered into the Momentum electronic database. Records were legible with the name and designation of the person making the entry identifiable.</p> <p>Archived records are held securely on site and are readily retrievable using a cataloguing system.</p> <p>Residents' files are held for the required period before being destroyed.</p> <p>No personal or private resident information was on public display during the audit.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when</p>	FA	<p>Bardowie Retirement Complex resident admission booklet contains all information about entry to the service and entries are recorded on the pre-enquiry form. Assessments and entry screening processes are documented and clearly communicated to the family/whanau of choice where appropriate, local communities and referral agencies. Files sampled contained completed</p>

<p>their need for services has been identified.</p>		<p>demographic detail, assessments and signed admission agreements in accordance with contractual requirements. Service charges comply with contractual requirements. Family/whanau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>Exit, discharge or transfer is managed in a planned and co-ordinated manner, with an escort. The service uses the DHB's (yellow envelope) system to facilitate transfer of residents to and from acute care services. There is open communication between all services, the resident and the family. At the time of transition appropriate information is supplied to the person/facility responsible for the ongoing management of the resident. All referrals are recorded in the progress notes.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy is current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using a paper-based system was observed on the day of audit. Three monthly medicine reviews are completed by the GP. Discontinued medications are signed and dated by the GP. Indications for use are noted on as required medications, allergies are clearly documented, and photos are current. Medication charts are legibly written.</p> <p>The caregiver was observed administering medications safely and correctly. The medication and associated documentation are stored safely, and medication reconciliation is conducted by nurse managers when a resident is transferred back to service. The nurse manager checks medications against the prescription and all medicines sighted were within current use by dates. Expired medications are returned to the pharmacy in a timely manner. The controlled drug register is current and correct. Weekly and six-monthly stock takes are conducted, and all medications are stored appropriately. Records of medication fridge temperature monitoring were sighted, and the service does not store any vaccines onsite.</p> <p>There were no residents self-administering medications. Self-medication administration policies and procedures are in place.</p> <p>The staff interviewed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage. The last medication audit was conducted on 1 April 2019 and corrective actions were acted upon.</p>

<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The food service is provided on site and managed by two cooks and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and has been reviewed by a registered dietitian on 4 September 2018. Recommendations made at that time have been implemented.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. The service operates with an approved food control plan and registration issued on 19 June 2019. Labels and dates are on all containers and records of food temperature monitoring, fridges and freezers temperatures are maintained. Regular cleaning is conducted. Kitchen staff have safe food handling qualifications and completed relevant food handling training. The residents' weights are monitored monthly and supplements are provided to residents with identified weight loss issues.</p> <p>A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. Any special equipment, to meet resident's nutritional needs, is available.</p> <p>Evidence of resident satisfaction with meals was verified by resident and family interviews, satisfaction surveys and resident meeting minutes. Residents were given enough time to eat their meal in an unhurried fashion and those requiring assistance had this provided.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	<p>FA</p>	<p>Where a referral is received but the prospective resident does not meet the entry criteria or there is no vacancy, the local needs assessment and service coordination team (NASC) is advised to ensure the prospective resident and family/whanau are supported to find an appropriate care alternative. If the needs of a resident change and they are no longer suitable for the services offered, a referral for reassessment to the NASC team is made and a new placement found, in consultation with the resident and family/whanau.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>The initial assessments are completed within the required time frame on admission while care plans and interRAI are completed within three weeks according to policy. Assessments are completed to identify any deficits and to inform care planning. The sample of care plans reviewed had an integrated range of resident-related information. These were detailed and include input from the family/whanau and other health team members as appropriate. In interviews, residents and relatives expressed satisfaction with the assessment process.</p>

<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>Care plans are resident focussed, integrated and provide continuity of service delivery. Care plans sampled reflected the support needs of residents, and the outcomes of the integrated assessment process and other relevant clinical information. The needs identified by the interRAI assessments were reflected in care plans reviewed.</p> <p>Any change in care required is documented and verbally passed on to relevant staff. The service develops care plans for residents admitted needing palliative/end of life care and mental health services. These are regularly reviewed. Residents and families reported participation in the development and ongoing evaluation of care plans.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>Documentation, observations and interviews corroborated that the provision of care provided to residents was consistent with their needs, goals and the plan of care. The attention to meeting a diverse range of residents' individualised needs was evident in all areas of service provision. The nurse manager reported that care plans for residents assessed as needing palliative/end of life care and mental health services are developed in consultation with the local district health board specialists. The GP interviewed, reported that medical input is sought in a timely manner, that medical orders are followed, and care is person centred. Care staff confirmed that care was provided as outlined in the documentation. A range of equipment and resources was available, suited to the level of care provided and in accordance with the residents' needs.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The activities programme is provided by the diversional therapist (DT) and an assistant coordinator. Social history and assessments are undertaken on admission to ascertain residents' needs, interests, abilities and social requirements. Activities assessments are regularly reviewed to help formulate an activity programme that is meaningful to the residents. The resident's activity needs are evaluated when there is any change in condition and as part of the formal six-monthly care plan review. The DT reported that they attend three monthly DT Hawkes Bay meetings where information and experiences are shared. Minutes of the meetings were sighted.</p> <p>Activities reflect residents' goals, ordinary patterns of life and include normal community activities. Individual, group activities and regular events are offered. There is a monthly budget set for activities, and this is utilised as when needed. Residents under 65 years of age are catered for if they want to engage in their own preferred activities. Residents and families/whanau are involved in evaluating and improving the programme through residents' meetings, word of mouth and satisfaction surveys. The last resident meeting was held on 21 May</p>

		2019. Residents interviewed expressed satisfaction with the planned activities programme in place.
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	Resident care is evaluated on each shift and reported in the progress notes. If any change is noted, it is reported to the nurse managers to further investigate. Formal care plan evaluations occur every six months in conjunction with the six-monthly interRAI reassessment, or as residents' needs change. Where progress is different from expected, the service responds by initiating changes to the plan of care. Evidence of short-term care plans being consistently reviewed, and progress evaluated as clinically indicated were sighted. Unresolved problems where necessary are noted on the long-term care plans with detailed interventions to address the problems. Residents and families/whanau interviewed confirmed involvement in evaluation of progress and any resulting changes.
<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	Residents are supported to access or seek referral to other health and/or disability service providers. If the need for other non-urgent services are indicated or requested, the GP or nurse managers sends a referral to seek specialist service provider assistance from the local district board. Referrals are followed up on a regular basis by the nurse managers or the GP. The resident and the family are kept informed of the referral process, as verified by documentation and interviews. Acute or urgent referrals are attended to and the resident transferred to public hospital in an ambulance if the circumstances dictate.
<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>A local contractor and kerb side local council collection is used for the removal of all non-hazardous waste. Staff follow documented processes for the management of waste and infectious and hazardous substances. Appropriate signage is displayed where necessary.</p> <p>An external company is contracted to supply and manage all chemicals and cleaning products. Material safety data sheets were available where chemicals are stored, and staff interviewed knew what to do should any chemical spill event occur.</p> <p>There is provision and availability of protective clothing and equipment and staff were observed using this.</p>
Standard 1.4.2: Facility Specifications	FA	A current building warrant of fitness (expiry date June 2020) is publicly displayed.

<p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>		<p>Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for their purpose and maintained. The testing and tagging of electrical equipment and calibration of bio medical equipment is current as confirmed in documentation reviewed. Observation of the environment and equipment verified all equipment is current. Staff ensure the environment is hazard free, to ensure residents are safe, and independence is promoted.</p> <p>External areas are safely maintained and are appropriate to the resident groups and setting. Staff confirmed they know the processes they should follow if any repairs or maintenance is required, any requests are appropriately actioned and reported through at staff and resident meetings.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>Each resident room has an ensuite consisting of a toilet and hand basin. There are three communal bathrooms for showering. Appropriately secured and approved handrails are provided in the toilet and shower areas along with other equipment and accessories to promote resident independence.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>Adequate personal space is provided to allow residents and staff to move around within their bedrooms safely. All bedrooms provide single accommodation. Rooms are personalised with furnishings, photos and other personal items displayed.</p> <p>There is room to store mobility aids and additional wheelchairs. Staff and residents reported the adequacy of bedrooms.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	<p>FA</p>	<p>Communal areas are available for residents to engage in activities. The dining and lounge areas are spacious and enable easy access for residents and staff. Corridors overlook a courtyard garden area., where residents can maintain their own personal garden if they wish. Residents can access areas for privacy, if required. Furniture is appropriate to the setting and residents' needs.</p>
<p>Standard 1.4.6: Cleaning And Laundry</p>	<p>FA</p>	<p>Laundry is undertaken on site in a dedicated laundry. Dedicated laundry staff member</p>

<p>Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>		<p>demonstrated a sound knowledge of the laundry processes, dirty/clean flow and handling of soiled linen. Residents and family members interviewed reported the laundry is managed well and clothes are returned in a timely manner.</p> <p>There is one designated cleaning staff member (Monday to Friday) who received appropriate training, as confirmed in an interview and training records. Carers undertaken cleaning duties as if required.</p> <p>Chemicals were stored in a lockable cupboard in the laundry area and were in appropriately labelled containers.</p> <p>Cleaning and laundry processes are monitored through the internal audit programme, with any issues identified addressed at the staff meetings or at the time. Meeting minutes and an action plan verified this process.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>Policies and guidelines for emergency planning, preparation and response are displayed and known to staff. The emergency and business defence planning guides (May 2019) and directs the facility in their preparation for disasters and describes the procedures to be followed in the event of a fire or other emergencies. A trial evacuation takes place six-monthly, with a copy sent to the New Zealand Fire Service, the most recent being June 2019. The orientation programme includes fire and security training. Staff confirmed their awareness of the emergency procedures.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including food, water, blankets, mobile phones were sighted and meet the requirements for the residents. A water storage tank is located at the back of the complex. Emergency lighting is regularly tested.</p> <p>Call bells alert staff to residents requiring assistance. Residents and families reported staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place. Doors and windows are locked at a predetermined time. Residents may enter or leave the premises at any time.</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</p>	FA	<p>All residents' rooms and communal areas are heated and ventilated appropriately. Rooms have natural light, opening external windows and many have doors that open onto an outside courtyard. Heating is provided by wall heaters in residents' rooms and in the communal areas. Areas were warm and well ventilated throughout the audit and residents and families confirmed the facilities are maintained at a comfortable temperature.</p>

and comfortable temperature.		
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>Bardowie Retirement Complex implements an infection prevention and control programme to minimise the risk of infection to residents, staff and visitors. The nurse manager 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. Care delivery, cleaning, laundry and kitchen staff were observed following organisational policies, such 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>	<p>FA</p>	<p>Staff education on infection prevention and control is conducted by the ICC and other specialist consultants. The ICC attended an infection prevention and control training conducted by the external consultant. Infection control hand washing training was conducted on 22 May 2019 and seven staff members attended. A record of attendance was maintained and 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>	<p>FA</p>	<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. Surveillance programme is reviewed during the infection control programme review.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The organisation is committed to prompting a restraint free environment and to provide the staff with good guidelines to enable them to prevent the need for restraint. Restraint is only used as a last resort and staff receive adequate training to enable them to make informed decisions. All staff receive education regarding restraint minimisation and management of challenging behaviours. Staff interviewed were clear regarding the difference between a restraint and enabler use. The service currently has no residents using restraint or enablers. A restraint register was sighted.</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.