

Ranfurly Village Hospital Limited - Bob Reed, Ranfurly Care & Veterans

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Ranfurly Village Hospital Limited

Premises audited: Ranfurly Village

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 2 July 2019 End date: 3 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: 56



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

Ranfurly Village Hospital Ltd is privately owned. A health services manager/registered nurse is employed and responsible for the daily operations of the service. A care manager and stable workforce support her. The service provides rest home and hospital level of care for up to 60 residents. On the day of the audit, there were 56 residents.

The residents and relatives spoke positively about the care provided at Ranfurly Village Hospital. The service has been assessed to be able to deliver medical services at the required standard.

This certification audit was conducted against the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of resident and staff files, observations, and interviews with family, management, staff and the general practitioners.

This audit identified all standards were fully attained.

The service has been awarded a continuous improvement rating for falls minimisation.

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.		All standards applicable to this service fully attained with some standards exceeded.
--	--	---

Information about services provided is readily available to residents and families. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is evident in the entrance and on noticeboards. Policies are implemented to support rights such as privacy, dignity, abuse and neglect, culture, values and beliefs, complaints, advocacy and informed consent. Care planning accommodates individual choices of residents and/or their family/whānau. Family stated they are kept well informed on their relative's health status. Residents are encouraged to maintain links with the community. Complaints processes are implemented, and complaints and concerns are managed appropriately.

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.
---	--	--

Ranfurly Village has implemented a new quality and risk management system that supports the provision of clinical care. A series of meetings are in place to support the quality system. Annual resident and relative satisfaction surveys are completed and there are regular resident and relative meetings. There are human resources policies including recruitment, selection, orientation, staff training and development. The service has an induction programme that provides new staff with relevant information for safe work practice. There is an implemented training programme covering mandatory requirements and relevant aspects of care and support. The staffing policy aligns with contractual requirements and includes skill mixes.

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.
--	--	--

There is an admission package available prior to or on entry to the service. Registered nurses are responsible for each stage of service provision. A registered nurse assesses and reviews residents' needs, outcomes and goals with the resident and/or family input. Care plans viewed demonstrate service integration and are reviewed at least six monthly. Resident files include medical notes by the contracted general practitioners and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses are responsible for the administration of medicines. Medication charts are reviewed three monthly by the GP.

The diversional therapist implements the activity programme to meet the individual needs, preferences and abilities of the residents. Residents are encouraged to maintain community links. There are regular entertainers, outings, and celebrations.

All meals are cooked on site. Residents' food preferences, dislikes and dietary needs are recorded. The food control plan has been verified.

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.
--	--	--

Chemicals are stored safely throughout the facility. Appropriate policies and product safety charts are available. The building holds a current warrant of fitness. All rooms are single, and all have ensuites. External areas are safe and well maintained with shade and seating available. Fixtures, fittings and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. Cleaning and laundry services are monitored through the internal auditing system. Systems and supplies are in place for essential, emergency and security services.

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.

There are policies and procedures on safe restraint use and enablers. There was one resident voluntarily using enablers and three residents with restraints. A registered nurse/quality and risk coordinator is the restraint coordinator. Staff receive training around restraint and challenging behaviours. Assessment and evaluation processes are implemented.

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 programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator is responsible for the collation of infections and orientation and education for

staff. There is a suite of infection control policies and guidelines to support practice. Information obtained through surveillance is used to determine infection control activities and education needs within the facility. There have been no outbreaks.

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	1	49	0	0	0	0	0
Criteria	1	100	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
Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	Five residents (four rest home and one hospital level of care) and eight relatives (three hospital level and five rest home level of care) interviewed, confirmed that information has been provided around the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Residents stated their rights are respected when receiving services and care. There is a resident rights policy in place. Discussion with six healthcare assistants and four registered nurses (RN) identified they were aware of the Code and could describe the key principles of resident's rights when delivering care.
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.	FA	The service has in place a policy for informed consent. Completed general and resuscitation consent forms were evident on all resident files reviewed (three rest home and five hospital). Discussions with staff confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care. Enduring power of attorney (EPOA) evidence is filed in the residents' charts.
Standard 1.1.11: Advocacy And	FA	Residents and families are provided with a copy of the Code of Health and Disability Services Consumer Rights and Advocacy pamphlets on entry. Resident advocates are identified during the

Support Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.		admission process. Pamphlets on advocacy services are available at the entrance. Interviews with the residents and relatives confirmed their understanding of the availability of advocacy services. Returned service association welfare officers and the weekly pastor visits act as advocates to residents/relatives. Staff receive education and training on the role of advocacy services.
Standard 1.1.12: Links With Family/Whānau And Other Community Resources Consumers are able to maintain links with their family/whānau and their community.	FA	The service has an open visiting policy and family/whānau and friends are encouraged to visit the home and are not restricted to visiting times. All residents interviewed confirmed that family and friends are able to visit at any time and visitors were observed attending the home. Residents and relatives verified that they have been supported and encouraged to remain involved in the community. The service has a van and group outings are provided. Community groups visit the home as part of the activities programme.
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	The complaints procedure is provided to residents and relatives at entry to the service. A record of all complaints, both verbal, email and written on the complaints form is maintained by the general manager using a complaints' register. There have been five resident/family related complaints to date for 2019. All complaints/concerns have been managed in line with Right 10 of the Code. A review of complaints documentation evidenced resolution of the complaint, to the satisfaction of the complainant. Residents and family members advised that they are aware of the complaints' procedure. Discussion around concerns, complaints and compliments were evident in facility meeting minutes. Complaints forms and a suggestion box is in the main entrance.
Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.	FA	The service has available information on The Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code) at the main entrance to the facility. The code of rights is also displayed in the resident areas. A welcome information folder includes information about the code of rights. The resident, family or legal representative has the opportunity to discuss this prior to entry and/or at admission, with the general manager or care manager. Residents and relatives confirmed they receive sufficient verbal and written information to be able to make informed choices on matters that affect them.
Standard 1.1.3: Independence,	FA	There are policies in place to guide practice in respect of independence, privacy and respect. The

Personal Privacy, Dignity, And Respect Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.		initial and ongoing assessment includes gaining details of people's beliefs and values. A tour of the facility confirmed personal privacy is provided and respected for residents. Staff were observed to be respectful of residents' personal privacy by knocking on doors prior to entering resident rooms during the audit. Residents and families interviewed confirmed that staff were respectful and caring and maintain their dignity, independence and privacy at all times. A review of documentation, interviews with residents, relatives and staff highlighted how they demonstrate their commitment to maximising resident independence and make service improvements that reflect the wishes of residents.
Standard 1.1.4: Recognition Of Māori Values And Beliefs 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.	FA	There is a Māori health plan and cultural safety and awareness policy to guide staff in the delivery of culturally safe care. The policy includes references to other Māori providers that are available and interpreter services. The Māori health plan identifies the importance of whānau. There were no residents who identified as Māori at the time of audit. The health services manager, care manager and care staff were able to describe how to access information and provide culturally safe care for Māori.
Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.	FA	The service provides a culturally appropriate service by identifying any cultural needs as part of the assessment and planning process. Care plans are reviewed at least six monthly to ensure the clients individual culture, values and beliefs are being met. Staff recognise and respond to values, beliefs and cultural differences. Residents are supported to maintain their spiritual needs with regular on-site church services, and they are supported to attend other community groups as desired. The local pastor provides weekly chaplaincy visits and one-on-one interaction with residents or their immediate family and palliative support. The service works closely with the Ranfurly Veterans Trust.
Standard 1.1.7: Discrimination Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.	FA	The staff employment process meets best practice in regard to recruitment, including reference checks and police vetting. Professional boundaries are defined in job descriptions. Staff were observed to be professional within the culture of a family environment. Staff are trained to provide a supportive relationship based on sense of trust, security and self-esteem. Healthcare assistants interviewed could describe how they build a supportive relationship with each resident. Residents interviewed stated they are treated fairly and with respect.
Standard 1.1.8: Good Practice	CI	The management are committed to providing service of a high standard, based on the provider

<p>Consumers receive services of an appropriate standard.</p>		<p>statement and philosophy. The leadership team were all able to describe the resident-centred approach to care and support and care staff demonstrated a caring and respectful attitude to the residents. All residents and families spoke positively about the care provided. The service has implemented new policies and procedures that provide a good level of assurance that it is adhering to relevant standards. Care staff and RNs have access to internal and external education opportunities. Staff have a sound understanding of principles of aged care and stated that they feel supported by management.</p> <p>The service has implemented a series of improvements that have included; monthly weight loss reports and review of interventions; a pressure injury reduction plan that has included additional training, pressure injuries have reduced; acute admissions to hospital have reduced and reduced 'same day return' to the service, this is as a result of additional RN training around the assessment processes and linkages to the DHB frailty project; since 2017 the service has implemented RN specialist roles of; sleep support, wound care, restraint, falls prevention, and continence.</p> <p>The service has been awarded a continuous improvement around falls minimisation.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Management promote an open-door policy. Relatives/residents are aware of the open-door policy and confirmed on interview that the staff and management are approachable and available. Residents/relatives have the opportunity to feedback on service delivery through family meetings, resident meetings, and annual surveys with meetings and survey results all posted up on a family/resident noticeboard. Falls are documented as discussed at resident meetings. Family newsletters are a new initiative that has been received well by family members interviewed.</p> <p>Accident/incident forms for falls showed relatives had been informed of the incident. Relatives interviewed stated they are notified promptly of any changes to resident's health status.</p> <p>Residents and family are informed prior to entry of the scope of services and any items they have to pay for that are not covered by the agreement. An interpreter service is available if required.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Ranfurly Village Hospital Ltd is privately owned. The service has a working relationship with the veteran's trust. Veterans are given priority for admission. The service provides rest home and hospital level of care for up to 60 residents. All beds are dual-purpose within a new purpose-built facility. There are 30 beds on level two, and 30 beds on level three. On the day of audit there were 23 rest home residents and 33 hospital residents. All residents were under the ARCC.</p> <p>The service is managed by a health services manager who is a registered nurse (RN) with considerable aged care management experience. She provides clinical governance on the board of</p>

		<p>trustees and reports to the village manager. She is supported by an experienced care manager and a training/health and safety coordinator.</p> <p>There is a documented business and quality plan and a business continuity plan. Monthly meetings between the health services manager, village manager and director and executive reports review the plans and progress towards goals. Weekly management meetings ensure progress towards goals.</p> <p>The health services manager maintains an annual practicing certificate and has maintained at least eight hours annually of professional development that is related to managing a rest home and hospital including attending aged care provider forum, first aid and human resource management.</p>
Standard 1.2.2: Service Management The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.	FA	<p>During the temporary absence of the health services manager, the care manager provides clinical and management oversight of the facility including the on-call requirement. A current practicing certificate for the health services manager operations, nurse manager and RN/team leader were sighted.</p>
Standard 1.2.3: Quality And Risk Management Systems The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.	FA	<p>The service has a new quality risk management plan in place. The service has implemented new policies and procedures to support service delivery from an external provider. Staff are required to sign the reading sheet to acknowledge they have read new/reviewed policies.</p> <p>Meetings are well documented and include; weekly management meetings, monthly staff meeting, monthly senior staff/quality meetings and monthly RN meetings. HCA meetings are held and link to the wellness committee. The health service manager reported that these two meeting have been implemented to improve workplace culture and to enable HSC to have more input to services. HCAs interviewed commented positively on the workplace culture and the supportive management team. It was noted that the most recent staff survey documented a self-reported staff reduction in work related stress.</p> <p>Meeting minutes evidence discussion around quality data including complaints, compliments, health and safety, accident/incident, infection control, internal audit and survey results. Trends are identified and analysed for areas of improvement. Healthcare assistants confirmed on interview they were kept informed on quality data including corrective actions and quality initiatives.</p> <p>Internal audits are completed as scheduled. Corrective action plans are completed for any corrective actions required. The quality and risk coordinator signs off completed corrective actions and provides</p>

		<p>a monthly quality report to the general manager and facility meetings.</p> <p>The service has a health and safety coordinator. The health and safety representative (interviewed) stated the health and safety committee of representatives across the services were involved in the development and review of health and safety goals. Staff are given the opportunity to provide input into the two monthly health and safety committee meetings. The health and safety committee review monthly accident/incident reports and review the hazard reports and register. Health and safety information is displayed on the staff noticeboard. The representative interviewed has been involved with the contractors regularly. The village area under construction is cordoned off safely and a hazard board was in place.</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>	FA	<p>As part of the risk management and health and safety framework, there is an accident/incident policy. All incidents are logged onto an online data base by the RNs. The care manager reviews all incidents daily and documents a monthly report to the management, health and safety committee, clinical and facility meetings. Accident/incident data, trends and corrective actions are documented in meeting minutes sighted.</p> <p>Fourteen incident forms (three rest home and twelve hospital) were reviewed from June 2019. All incident forms identified timely RN assessment of the resident and corrective actions or recommendations that had been completed and signed off by the health services manager or care manager. Neurological observations had been completed for unwitnessed falls and any known head injury and all incidents reviewed also documented follow-up through progress notes. Next of kin had been notified for all incidents/accidents. The healthcare assistants interviewed could discuss the incident reporting process.</p> <p>The health services manager could describe situations that would require reporting to relevant authorities. The service has reported two section 31 notifications (both pressure injuries).</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>There are human resources policies to support recruitment practices. The register of RN practising certificates and allied health professionals is current. Nine staff files were reviewed (clinical manager, three RNs, three healthcare assistants, one diversional therapist and one chef). All files contained relevant employment documentation including current performance appraisals and completed orientations. The orientation programme provides new staff with relevant information for safe work practice. Care staff interviewed were able to describe the orientation process and believed new staff were adequately orientated to the service.</p> <p>The health and safety/educator manages the education for the service. She reviews the education</p>

		<p>plan six monthly to ensure that training is appropriate to resident care needs and/or any issues that have arisen. The education plan covers all the mandatory education requirements. Registered nurses have access to external training that includes clinical education relevant to medical conditions. In-service attended on site delivered by external educators includes end of life/palliative care, loss and grief, diabetes, pressure mapping and pressure injury prevention and management, wound care, and pain management and nutrition. Ten RNs are interRAI competent. Staff complete competencies relevant to their roles.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. Sufficient staff are rostered to manage the care requirements of the residents.</p> <p>The staffing includes; the health service manager and the clinical manager Monday to Friday.</p> <p>The RN roster includes an RN for each of the two floors on an AM, plus an additional RN two or three days a week. An RN is rostered for each of the floors for the PM and one RN over night for both floors. Senior RN also provide on call and can escalate on call to the Health service manager or clinical manager as needed.</p> <p>Healthcare assistant staffing is as follows;</p> <p>The floor is staffed by floor. Each floor has a mixture of rest home and hospital residents. Level three has 29 residents (13 rest home and 16 hospital) and the level two has 27 residents (10 rest home 17 Hospital). The following HCAs are rostered on each floor; AM two long shifts and two short shifts plus one meal assist support person. On the afternoon shift, there are two long shifts and one short shift and two HCAs each floor at night. A village HCA also helps during the day.</p> <p>There are designated staff for activities, cleaning and laundry services and food services.</p> <p>Interviews with residents and family members identified that staffing is adequate to meet the needs of residents.</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>There are resident files appropriate to the service type. Residents entering the service have all relevant initial information recorded within 48 hours of entry into the residents' individual record and resident register. Resident clinical and allied health records are integrated. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Resident files are protected from unauthorised access. All entries in the progress notes are legible, dated and signed with the designation.</p>

Standard 1.3.1: Entry To Services Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.	FA	There are policies and procedures to safely guide service provision and entry to services including an admission policy. The service has an information pack available for residents/families at entry. The admission agreements reviewed met the requirements of the ARRC contract. Exclusions from the service are included in the admission agreement. All long-term admission agreements sighted were signed and dated.
Standard 1.3.10: Transition, Exit, Discharge, Or Transfer Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.	FA	Policy describes guidelines for death, discharge, transfer, documentation and follow-up. A record of transfer documentation is kept on the resident's file. All relevant information is documented and communicated to the receiving health provider or service. The facility uses the 'yellow envelope' transfer system. Communication with family is made.
Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	<p>There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. There were two residents self-administering on the day of audit. A consent form had been signed and the resident deemed competent to self-administer. The nasal spray and inhaler were in a drawer. There are no standing orders. There are no vaccines stored on-site</p> <p>The facility uses an electronic and robotic pack system. Medications are checked on arrival and any pharmacy errors recorded and fed back to the supplying pharmacy. RNs administer all medications. Staff attend annual education and have an annual medication competency completed. All RNs are syringe driver trained by the hospice. The medication fridge temperature is checked weekly. Eye drops are dated once opened.</p> <p>Staff sign for the administration of medications on the electronic system. Sixteen medication charts were reviewed (six rest home and ten hospital). Medications are reviewed at least three monthly by the GP. There was photo ID and allergy status recorded. 'As required' medications had indications for use charted.</p>
Standard 1.3.13: Nutrition, Safe Food, And Fluid Management A consumer's individual food, fluids	FA	The service has a head chef who works Monday-Friday 0600-1430. There are three other cooks employed. There are four kitchenhands who work on a rostered system. There are two cleaners who do the entire kitchen cleaning. All cooks have current food safety certificates. The head chef oversees the procurement of the food and management of the kitchen. There is a well-equipped

<p>and nutritional needs are met where this service is a component of service delivery.</p>		<p>kitchen and all meals are cooked on site. Meals are served in each area from hot boxes. Special equipment such as lipped plates is available. On the day of audit meals were observed to be hot and well presented.</p> <p>There is a kitchen manual and a range of policies and procedures to safely manage the kitchen and meal services. Audits are implemented to monitor performance. Kitchen fridge and freezer temperatures were monitored and recorded weekly. Food temperatures are checked, and these were all within safe limits. The residents have a nutritional profile developed on admission which identifies dietary requirements and likes and dislikes. Changes to residents' dietary needs have been communicated to the kitchen. Special diets and likes and dislikes were noted. The four weekly menu cycle is approved by a dietitian. The residents choose from three options. All resident/families interviewed were satisfied with the meals. New initiatives have included a weight loss programme with monthly weight reports and actions plans in association with the dietitian. The action plans are monitored monthly. Resident food choices are collected daily with resident assisted to choose meals from a selection on an iPad.</p> <p>The food control plan was verified 11 July 2018.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>The service records the reason for declining service entry to residents should this occur and communicates this to residents/family. The reasons for declining entry would be if the service is unable to provide the assessed level of care or there are no beds available. Potential residents would be referred back to the referring agency.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>Files sampled indicated that all appropriate personal needs information is gathered during admission in consultation with the resident and their relative where appropriate. InterRAI assessments had been completed for all long-term residents whose files were sampled. Overall the goals were identified through the assessment process and linked to care plan interventions. Other assessment tools in use included (but are not limited to) nutrition, pain and continence.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated,</p>	FA	<p>Care plans reviewed evidenced multidisciplinary involvement in the care of the resident. All care plans reviewed were resident centred. Interventions documented support needs and provide detail to guide care. Short-term care plans are in use for changes in health status. Residents and relatives interviewed stated that they were involved in the care planning process. There was evidence of</p>

and promote continuity of service delivery.		service integration with documented input from a range of specialist care professionals including the hospice nurse, wound care nurse and mental health care team for older people. The care staff interviewed advised that the care plans were easy to follow.
<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>When a resident's condition changes the RN initiates a GP consultation. Staff stated that they notify family members about any changes in their relative's health status. Care plans sampled had interventions documented to meet the needs of the residents and there is documented evidence of care plans being updated as residents' needs changed.</p> <p>Resident falls are reported on electronic accident/incident forms and written in the progress notes. Neurological observations are taken when there is a head 'knock' or for an unwitnessed fall.</p> <p>Care staff interviewed stated there are adequate clinical supplies and equipment provided including continence and wound care supplies.</p> <p>Wound assessment, wound management and wound evaluation forms are in place for all wounds. Wound monitoring occurs as planned. There are currently fourteen wounds being treated. There were no current no pressure injuries.</p> <p>Monitoring forms are in use as applicable such as weight, vital signs and wounds. Behaviour charts are available for any residents that exhibit challenging behaviours. HCAs document changes of position on turning charts.</p> <p>Electronic monitoring forms are in use as applicable such as weight, vital signs and wounds and behaviour.</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>There is one diversional therapist who works forty hours a week and one activities assistant who works twenty hours a week. The assistant has completed level 3 and level 4 dementia. Both work across all areas.</p> <p>There is a weekly programme in large print on noticeboards in all areas. Every Monday each resident is given a copy of the weekly programme to keep in their room. Residents have the choice of a variety of activities in which to participate and every effort is made to ensure activities are meaningful and tailored to residents' needs. These include exercises, bingo, news from the paper, music, quizzes and games.</p> <p>Those residents who prefer to stay in their room or who need individual attention have one-on-one visits to check if there is anything they need and to have a chat. The service has researched and implemented aromatherapy and hand massage for residents. The recent survey documented positive</p>

		<p>feedback for this innovation.</p> <p>There is church service every Tuesday and Catholic communion every Friday. The facility has a pastor who visits weekly or on request.</p> <p>Each area has a van outing weekly. Those who are more disabled have short sightseeing trips while those less disabled have longer trips with stops such as the shops or cafés.</p> <p>Special events like birthdays, Easter, Mothers' Day, Anzac Day and Matariki are celebrated. There is monthly pet therapy.</p> <p>There is community input from the local pre-schools, schools and colleges as well as the RSA. Due to the large number of residents who are war veterans the involvement of the RSA is important. Residents go out to RSA lunches monthly, movies, 'Operatunity' and one resident goes to a Parkinson's group.</p> <p>Residents have an activity assessment completed over the first few weeks following admission that describes the residents past hobbies and present interests, career and family. Resident files reviewed identified that the comprehensive individual activity plan is based on this assessment. Activity plans are evaluated at least six monthly at the same time as the review of the long-term care plan.</p> <p>Resident meetings are held two monthly. Residents interviewed stated they enjoyed the activities provided.</p> <p>All residents interviewed who participated in activities were satisfied with the activity programme. They feedback via resident meeting and satisfaction survey. They also tell activities staff directly.</p>
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	Except for the new admission, all plans reviewed had been evaluated by the registered nurse six monthly or when changes to care occurred. Short-term care plans for short- term needs are evaluated and signed off as resolved or added to the long-term care plan as an ongoing problem. Activities plans are in place for each of the residents and these are also evaluated six monthly. The multidisciplinary review involves the RN, GP and resident/family if they wish to attend. There is at least a three-monthly review by the GP. The family members interviewed confirmed that they are informed of any changes to the care plan.
Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)	FA	Referral to other health and disability services is evident in the resident files reviewed. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. There was evidence of where residents had been referred to the wound care nurse specialist, mental health services for older people and the dietitian. Discussion with the registered

Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.		nurse identified that the service has access to a wide range of support either through the GP, specialists and allied health services as required.
Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.	FA	There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. The hazard register identifies hazardous substance and staff indicated a clear understanding of processes and protocols. Gloves, aprons, and goggles are available for staff.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	The building holds a current warrant of fitness which expires 3 October 2019. There is a maintenance person who works full time five days a week. There is an assistant maintenance man who works sixteen a week. Both work in the village as well. There is a fulltime gardener. Contracted plumbers and electricians are available when required. There is a lift between floors which is large enough for a stretcher. It is checked and maintained. Electrical equipment has been tested and tagged. The hoist and scales are checked annually. Hot water temperatures have been monitored randomly in resident areas and were within the acceptable range. The communal lounges, hallways and most bedrooms are carpeted. There are four bedrooms in each wing which have vinyl. The corridors are wide, have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external areas and gardens were well maintained. All outdoor areas have seating and shade. There is safe access to all communal areas. HCAs interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care residents.
Standard 1.4.3: Toilet, Shower, And Bathing Facilities Consumers are provided with	FA	All rooms have ensuites. Fixtures, fittings and flooring are appropriate. Toilet/shower facilities are easy to clean. There is ample space in toilet and shower areas to accommodate shower chairs and hoists if appropriate. There are signs on all shower/toilet doors.

adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.		There are communal toilets near each large lounge and dining room. There are visitor toilets available as well.
<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	All rooms are single. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. Staff interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.
<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	There are large and small lounges. Activities occur in the larger areas and the smaller areas are spaces where residents who prefer quieter activities or visitors may sit. The dining rooms are spacious. There is a hairdressing salon.
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	All laundry is done on site. There is a laundry worker from 0545-1430 Monday-Friday and there is an assistant who works 0930-1745 Monday, Tuesday, Wednesday and weekends. The laundry is divided into a “dirty” and “clean” area. There is a laundry and cleaning manual and safety data sheets. Personal protective equipment is available. Cleaning and laundry services are monitored through the internal auditing system. The cleaners’ equipment was attended at all times or locked away. All chemicals viewed on the cleaner’s trolley were labelled. There are sluice rooms on each floor for the disposal of soiled water or waste and the sluicing of soiled linen if required. The sluice rooms and the laundry are kept closed when not in use.
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate</p>	FA	There is an emergency management business management plan in place (business continuity plan), civil defence and other emergencies are included. Staff interviewed were able to describe the emergency management plan and how to implement this. Emergencies, first aid and CPR are included in the mandatory in-service programme. At least one staff member is on duty at all times with

<p>and timely response during emergency and security situations.</p>		<p>a current first aid certificate. Six-monthly fire evacuation drills have been completed. A contracted service provides checking of all facility equipment including fire equipment.</p> <p>There are civil defence supplies including radios, batteries and food. There are portable generators, barbeques and gas bottles available. There is sufficient bottled water and an external water tank.</p> <p>There are call bells in the residents' rooms and lounge/dining room areas. Residents were observed to have their call bells in close proximity. The resident room assessed as suitable for a double room has a call bell with a double call bell extension.</p> <p>Afternoon and night shift complete security rounds of the facility. The building is secure after hours. There is call bell access to the facility.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>All bedrooms and communal areas have ample natural light and ventilation. There is underfloor heating and heat pumps. Staff and residents interviewed stated that this is effective. There is one outdoor area where residents smoke. All other areas are smoke free.</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>There are clear policies and procedures for infection, prevention and control which minimises any risk of infection to residents, staff and visitors. Infection control management is appropriate to the size and scope of the facility. There is an infection, prevention and control coordinator and an infection control committee.</p> <p>Visitors are asked not to visit if unwell. Hand sanitisers are appropriately placed throughout the facility. Residents are offered the annual influenza vaccine. There have been no outbreaks.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of</p>	FA	<p>The IC coordinator is a very experienced RN. She has access to infection control expertise within the DHB, wound nurse specialist, public health, and laboratory. The GPs monitor the use of antibiotics.</p>

the organisation.		
Standard 3.3: Policies and procedures 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.	FA	The infection control policies include a comprehensive range of standards and guidelines including defined roles and responsibilities for the prevention of infection; and training and education of staff. Infection control procedures developed in respect of the kitchen, laundry and housekeeping incorporate the principles of infection control. The policies were developed by an external consultant.
Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.	FA	The IC coordinator is responsible for coordinating/providing education and training to staff. Training on infection control is included in the orientation programme. Staff have participated in IC education in 2019 and there are more sessions planned. Resident education occurs as part of providing daily cares and as applicable at resident meetings.
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	FA	Policies and procedures document infection prevention and control surveillance methods. The surveillance data is collected and analysed monthly to identify areas for improvement or corrective action requirements. Infection control internal audits have been completed. Infection rates have generally been low. Trends are identified and quality initiatives are discussed at staff and infection control meetings. Meeting minutes are available to staff. The facility benchmarks with other facilities. Systems in place are appropriate to the size and complexity of the facility.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	There are policies and procedures on restraint minimisation and safe practice. Policy includes guidelines and definitions for use of enablers and restraint. The service only allows bed rail restraints. On the day of the audit, there was one resident with an enabler and three residents with restraints. One resident file reviewed for enabler use identified the resident had given voluntary consent. Restraint and challenging behaviour education are included in the training programme.

<p>Standard 2.2.1: Restraint approval and processes</p> <p>Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.</p>	FA	<p>A registered nurse (also the quality and risk coordinator) is the restraint coordinator with a defined job description. The restraint group meet three monthly to review enabler use. Care staff receive education on safe restraint use at orientation and ongoing. There is ongoing education including challenging behaviours. Staff complete restraint competencies. Quality and clinical meetings include discussion on restraint. Staff carry out and record restraint monitoring including cares delivered during the restraint period.</p>
<p>Standard 2.2.2: Assessment</p> <p>Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.</p>	FA	<p>A restraint assessment tool is completed for residents requiring an approved restraint for safety. The RN in partnership with the restraint coordinator, approval group, resident and their family/whānau undertakes assessments. Restraint assessments are based on information in the care plan, resident/family discussions and observations. Ongoing consultation with the resident and family/whānau are evident. A restraint assessment form was completed for the three residents requiring restraint (sighted). Assessments identify the specific interventions or strategies to try (as appropriate) before implementing restraint.</p>
<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	FA	<p>The service has an approval process (as part of the restraint minimisation policy) that is applicable to the service. Monitoring and observation is included in the restraint policy. The restraint coordinator is responsible for ensuring all restraint documentation is completed. Each episode of restraint is monitored at pre-determined intervals depending on individual risk to that resident. Restraint use, risks and cares to be carried out during the restraint episode are included in the care plan. There is an up-to-date restraint register.</p>
<p>Standard 2.2.4: Evaluation</p> <p>Services evaluate all episodes of restraint.</p>	FA	<p>The restraint evaluations occur three monthly as part of the ongoing review for residents on the restraint register, and as part of their care plan review. Families and the GP are included as part of this review where possible.</p>
<p>Standard 2.2.5: Restraint Monitoring and Quality Review</p>	FA	<p>Restraint usage is monitored regularly. The review of restraint use is discussed at the approval group meetings and relevant facility meetings. The facility is proactive in minimising restraint. There is a replacement programme in place to replace the existing beds with wider beds to prevent residents</p>

Services demonstrate the monitoring and quality review of their use of restraint.		from rolling out of bed and reduce the need for restraint. Perimeter mattresses are also used. Internal restraint audits are completed.
---	--	---

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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 1.1.8.1 The service provides an environment that encourages good practice, which should include evidence-based practice.	CI	The service is proactive with reviewing incidents and accidents and implementing ways to improve services. Monthly meeting document that the service discusses a range of resident related information including weight loss, incidents and accidents, complaints, internal audit outcomes, infection and health and safety.	<p>The service identified in 2017 that falls were an area for improvement. A project was developed to reduce the incidence of falls. The project included;</p> <p>Additional training for staff, physio input to all residents who have fallen, in-depth discussion around falls minimisation and resident specific discussion around falls preventions (seen in minutes), falls prevention posters in staff rooms. Meeting minutes document that the incidences of falls are reviewed and an evaluation of the falls prevention strategies for individuals is reviewed.</p> <p>Resident falls have documented a steady decline. During 2018 falls averaged 27 a month, year to date 2019 they are averaging 20 fall a month with April May and June all documenting declining numbers (19,18 and 13 falls).</p>

End of the report.