

Elsdon Enterprises Limited - Highview Home & Hospital

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: Elsdon Enterprises Limited

Premises audited: Highview Home & Hospital

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

Dates of audit: Start date: 19 August 2019 End date: 20 August 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: 40

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Highview Rest Home provides rest home and hospital (medical and geriatric) level care services for up to 41 residents. On the day of audit there were 40 residents.

This certification audit was conducted against the health and disability sector standards and the district health board contract. The audit process included the review of policies and procedures, the review of resident and staff files, observations and interviews with residents, a general practitioner, relatives, staff and management.

The manager (registered nurse) has been in the role since January 2019 and is supported by an experienced clinical manager who has been in the role since November 2018. They are supported by registered nurses and healthcare assistants. The service has implemented a quality and risk management system and quality initiatives are identified. Residents and relatives interviewed spoke positively about the care and support provided.

Improvements are required around complaint management, first aid training and staffing, interRAI timeframes, wound care documentation, menu reviews, review of restraint, and call bell availability in a shared room.

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.		Some standards applicable to this service partially attained and of low risk.
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Policies and processes are implemented to support residents' rights. The cultural and spiritual needs of residents are being met by the service. Families are kept informed of any changes to the status of the resident. Information on informed consent is included in the admission agreement and discussed with residents and relatives. Residents and families are made aware of the complaints process.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The quality and risk management programme includes a service philosophy and goals that are reviewed. Quality activities are conducted. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and investigated.

Input from residents and families are regularly sought. An education and training programme is implemented. Appropriate employment processes are adhered to and employees have a staff appraisal completed on an annual basis.

Continuum of service delivery

<p>Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.</p>		<p>Some standards applicable to this service partially attained and of low risk.</p>
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There is an information package for residents/relatives on admission to the service. The registered nurses complete interRAI assessments, and care planning. Care plans demonstrate service integration. Care plans were updated for changes in health status and reviewed at least six monthly.

The activity programmes meet the abilities and needs of residents. There is provision for group and individual one-on-one activities. The activity programmes meet the abilities and recreational needs of the groups of residents. Residents interviewed spoke positively around activities.

There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education. The general practitioner reviews the electronic medicine charts at least three-monthly.

All meals and baking are cooked on site. Individual and special diets are accommodated. Residents interviewed responded favourably to the food provided

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.		Some standards applicable to this service partially attained and of low risk.
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Highview Rest Home has a current building warrant of fitness. Reactive and preventative maintenance is carried out. Medical equipment and electrical appliances have been calibrated. Emergency management systems are being implemented.

Resident rooms and bathroom facilities are spacious. There is plenty of natural light in all rooms and the environment is comfortable with adequate ventilation and heating. All communal areas within the facility are easily accessible. There is sufficient space to allow the movement of residents around the facility using mobility aids.

There is a designated laundry at the site, which includes the safe storage of cleaning and laundry chemicals. There is a documented process for waste management.

External garden areas are available with suitable pathways, seating and shade provided.

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.		Some standards applicable to this service partially attained and of low risk.
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Restraint minimisation and safe practice policies and procedures are in place. The manager is the designated restraint coordinator. On the day of audit, there were two residents using a restraint and two residents using an enabler.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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The infection control programme is appropriate for the size and complexity of the service. The infection control coordinator (clinical manager) is responsible for coordinating and providing education and training for staff. The infection control coordinator has attended external training. The infection control manual outlined the scope of the programme and included a range of policies and guidelines. Surveillance data is collected and collated. The infection control officer uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. This included audits of the facility, hand hygiene and surveillance of infection control events and infections. A recent outbreak in July was well documented and well managed.

Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	41	0	8	1	0	0
Criteria	0	92	0	8	1	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Health and Disability Commissioner’s (HDC) Code of Health and Disability Services Consumers’ Rights (the Code) policy and procedure is being implemented. Discussions with management (manager/registered nurse (RN) and clinical manager/RN) and staff (two healthcare assistants, two registered nurses, one diversional therapist, one cook, one maintenance) confirmed their familiarity with the Code and its application to their job role and responsibilities. Interviews with six residents (five rest home and one hospital) and four families (three rest home and one hospital) confirmed the services being provided are in line with the Code.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>There are established informed consent policies/procedures and advanced directives. General written consents are obtained on admission. Specific consents are obtained for specific procedures such as influenza vaccine. Six long-term resident files contained signed consents and admission agreements (one resident had just been admitted to the service). All residents (where appropriate) have signed their resuscitation orders.</p> <p>An informed consent policy is implemented. Systems are in place to ensure residents, and where appropriate their family/whānau, are provided with appropriate information to make informed choices and informed decisions. The healthcare assistants (HCAs) interviewed demonstrated a good understanding in relation to informed consent and informed consent processes. Residents interviewed confirmed they</p>

		have been made aware of and fully understand informed consent processes and that appropriate information had been provided.
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	A policy describes access to advocacy services. Information about accessing advocacy services information is available at the entrance on a noticeboard and includes advocacy contact details. The information pack provided to residents at the time of entry to the service also provides residents and family/whānau with advocacy information. Advocacy support is available if requested. Interviews with residents and families identified that they are aware of advocacy and how to access an advocate.
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	Residents are encouraged to be involved in community activities and maintain family and friends' networks. On interview, all staff stated that residents are encouraged to build and maintain relationships. All residents interviewed confirmed that relative/family visiting could occur at any time.
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	PA Low	<p>The service has a complaints policy that describes the management of the complaints process. Complaints forms are available at the entrance. Information about complaints is provided in the entry pack of information presented to prospective residents and families. Interviews with residents and families demonstrated their understanding of the complaints process. They confirmed that issues are addressed promptly, and that they feel comfortable to bring up any concerns. The complaints process is linked to the quality and risk management system.</p> <p>Verbal and written complaints are recorded in a complaint register. There were six complaints logged in the register for 2019 (year to date). All complaints reflected evidence of being resolved. Missing in the register was documented evidence that each complaint had followed HDC guidelines to confirm that the complaint was acknowledged and investigated.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	There are posters of the Code on display and leaflets are available in the foyer of the facility. The service is able to provide information in different languages and/or in large print if requested. Information is given to next of kin or enduring power of attorney (EPOA) to read with the resident and discuss. On entry to the service, the information pack is reviewed in detail with the resident and the family/whānau. The information pack includes a copy of the Code.

<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>The service has policies that align with the requirements of the Privacy Act and Health Information Privacy Code. Staff were observed respecting resident's privacy and could describe how they manage/maintain privacy and respect personal property. All residents interviewed stated their needs in regard to maintaining independence, privacy, dignity and respect were being met.</p> <p>There are two double rooms, one shared by a married couple (double bed) and one room with two single beds shared by two family members (link 1.4.7.5). Privacy measures are in place in both rooms.</p> <p>Training on abuse and neglect begins during staff orientation and continues as a regular in-service topic. There have been no reported instances of abuse or neglect since the previous audit.</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>	FA	<p>There is a Māori health plan being implemented. Cultural needs are addressed in care plans when identified (there were no residents who identified as Māori at the time of the audit). Cultural and spiritual practice is supported, and identified needs are incorporated into the care planning process and reviewed as demonstrated in resident files sampled. Discussions with staff confirmed that they are aware of the need to respond to cultural differences.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>The service has established cultural policies aimed at helping meet the cultural needs of its residents. All residents interviewed reported that they were satisfied that their cultural and individual values were being met. Information gathered during assessment, including residents' cultural beliefs and values, is used to develop a care plan that the resident and their family/whānau are asked to consult on.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>The facility has a staff code of conduct in place. The managers supervise staff to ensure professional practice is maintained in the service. The abuse and neglect policy cover harassment and exploitation. All residents interviewed reported that staff respected them. Job descriptions include responsibilities of the position, ethics, advocacy and legal issues. The employee agreement includes standards of conduct.</p>

<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>The service has policies to guide practice that aligns with the health and disability services standards for residents with aged care needs. Residents interviewed spoke very positively about the care and support provided.</p> <p>The facility has recently had a general upgrade in décor and in the residents' rooms. Improvements in stock control and the availability of medical, food and continence items has been addressed by the new owners and managers.</p> <p>Evidence-based practice is evident, promoting and encouraging good practice. A general practitioner (GP) visits the facility twice per week. The service receives support from the local district health board (DHB). Physiotherapy services are available as required. A podiatrist visits every six weeks.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>Residents interviewed stated they were welcomed on entry and were given time and explanation about the services provided. Accident/incidents and open disclosure processes alert staff of their responsibility to notify family/next of kin of any accident/incident and to ensure full and frank open disclosure occurs. Ten incident/accident forms reviewed identified that family notification is consistently being documented. Families interviewed confirmed that they are notified of any changes in their family member's health status or if there is an adverse event.</p> <p>Interpreter services are available if required. Staff and families are used in the first instance.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Highview Home & Hospital provides care for up to 41 rest home and hospital (geriatric and medical) level care residents. There are 22 dedicated rest home beds, nine dedicated hospital beds and 10 dual-purpose beds. At the time of the audit there were 40 residents. There were 21 rest home residents including two on a long-term services – chronic health care (LTS-CHC) contract (rest home level) and one private paying. Nineteen hospital residents including one resident on a DHB emergency category funding contract. The remaining residents were under the age-related residential care (ARRC) contract.</p> <p>The manager is a registered nurse (RN) with a current practising certificate. She began her role at Highview in January 2019 and has over 20 years of management experience in aged care and mental health in New Zealand and the UK. She is supported by a clinical manager/RN who has 25 years of experience in aged care.</p> <p>The service has adopted a quality statement policy, mission, philosophy statement, goals and objectives. The business plan was last reviewed on 22 May 2019.</p> <p>The manager has undertaken training relating to her management role and plans to complete a minimum</p>

		of eight hours within her first year of employment at Highview.
<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	In the absence of the manager, the clinical manager is in charge (link 1.2.8.1). The clinical manager is supported by four permanent nursing staff in her absence.
<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>	PA Low	<p>A quality and risk management programme is established. A system of document control is in place. Policies were last reviewed in May 2019 and are scheduled to be reviewed again in two years unless changes occur. The monthly collating and analysis of quality and risk data includes monitoring accidents and incidents and infection rates. Trends in data are communicated to staff, evidenced in the staff meeting minutes. Internal audits regularly monitor compliance. Corrective actions are documented where improvements are required but there was a lack of documented evidence to reflect that corrective actions were communicated to staff. A resident satisfaction survey was recently completed (10 respondents). Results were positive.</p> <p>Falls prevention strategies include the analysis of falls events and the identification of interventions on a case-by-case basis to minimise future falls.</p> <p>There are implemented risk management and health and safety policies and procedures in place including accident and hazard management. Health and safety is overseen by the manager and maintenance officer. Health and safety training begins during staff induction and is discussed in staff meetings. A health and safety staff meeting took place on Friday 16 August 2019. The hazard register was reviewed on 23 May 2019. Staff received manual handling and hoist training by a physiotherapist on 30 April 2019.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are</p>	FA	There is an accidents and incidents reporting policy. A registered nurse conducts a clinical follow-up of each adverse event. The clinical manager investigates accidents and near misses and analyses results. Ten incident forms reviewed for 2019 demonstrated that an investigation occurred following each incident and that family were informed. Neurological observations are completed for unwitnessed falls or

<p>systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>		<p>if there is a suspected injury to the head.</p> <p>Discussion with the managers confirmed their awareness of the requirement to notify relevant authorities in relation to essential notifications. This has been completed for RN staffing on the night shifts (link 1.2.8.1). There has been one recent outbreak. Public health authorities were notified.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>PA Low</p>	<p>There are human resource management policies in place. The recruitment and staff selection process require that relevant checks are completed to validate the individual's qualifications, experience and veracity. A copy of practising certificates for health professionals is maintained. Six staff files were reviewed (four RNs, two healthcare assistants). The service has implemented an orientation programme that provides new staff with relevant information for safe work practice.</p> <p>The in-service education programme meets contractual requirements. External speakers are invited to present (eg, cultural safety by Age Concern, manual handling by physiotherapist, medication training by pharmacy services, fire drill by Safety First). The registered nurses attend external training including sessions provided by the DHB. Three of five RNs have completed their interRAI training. Annual staff appraisals were evident in all staff files reviewed (where applicable). Missing was evidence of staff CPR/first aid training to indicate that there is a minimum of one trained staff on every shift.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>PA Moderate</p>	<p>There is a documented rationale for staffing. The manager/RN and clinical manager/RN both work full time (Monday to Friday) and are available 24/7 for any operational and/or clinical issues. There is one RN rostered for each shift. Either the facility manager or clinical manager have been covering the night shift if a staff RN is unavailable, with notification to HealthCERT.</p> <p>In the downstairs wing there are 27 beds (20 dual-purpose) with 26 residents at the time of the audit (eight rest home residents and eighteen hospital residents). Two long shift and two short shift healthcare assistants are rostered on the AM and PM shifts. One healthcare assistant covers the night shift.</p> <p>In the upstairs wing there are 14 beds with 14 rest home residents at the time of the audit. There are two healthcare assistants (one long and one short shift) on the AM and PM shifts and one healthcare assistant on the night shift.</p> <p>Staff working on the days of the audit were visible and were attending to call bells in a timely manner as confirmed by the residents and families interviewed.</p>
<p>Standard 1.2.9: Consumer</p>	<p>FA</p>	<p>Resident files are appropriate to the service type. Residents entering the service have relevant initial</p>

<p>Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>		<p>information recorded within 24 hours of entry into the resident's individual record. Residents' files are protected from unauthorised access by being locked away in the nurses' stations. Informed consent to display photographs is obtained from residents/family/whānau on admission. Other residents or members of the public cannot view sensitive resident information. Entries in records were legible, dated and signed by the relevant healthcare assistant or registered nurse, including their designation.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>Highview Rest Home has admission policies and processes in place. Residents receive an information pack outlining services provided, and entry to the service. All residents entering the service have been assessed by the needs assessment service coordination team (NASC). The manager in consultation with the clinical manager screens all potential residents prior to entry. Residents and relatives interviewed confirmed they received information prior to admission and had the opportunity to discuss the admission agreement with the manager. Six admission agreements in use align with the requirements of the ARC contract. One resident was recently admitted to the service.</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>	FA	<p>Planned exits, discharges or transfers are coordinated in collaboration with the resident, relatives, allied health and the needs assessment team (when appropriate) to ensure continuity of care. There are documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The yellow envelope system is used for transfers to the public hospital. A transfer form accompanies residents to receiving facilities (sighted when a resident has been transferred to hospital). The residents and relatives are involved for all exit or discharges to and from the service. The clinical manager and RNs interviewed were knowledgeable in the transfer/discharge process.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are medicine management policies and procedures that align with recognised standards and guidelines for safe medicine management practice in accordance with current legislation. All medication is checked on delivery against the electronic medication chart and any pharmacy errors recorded and fed back to the supplying pharmacy. The service uses a two-weekly robotic roll system. All medications are stored safely. All eye drops, and ointments were dated on opening. The medication fridge is maintained within the acceptable temperature range.</p> <p>RNs administer medications downstairs (hospital and rest home residents) and HCAs with medication competencies administer medications upstairs (rest home level only). Medication education and medication competencies have been completed annually. Appropriate practice was demonstrated on the witnessed medication rounds.</p> <p>Fourteen medication charts reviewed met legislative requirements. All residents had individual</p>

		medication orders with photo identification and allergy status documented. Medications had been signed as administered in line with prescription charts. There were no residents self-medicating on the day of audit. Standing orders were not in use.
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	PA Low	<p>There is a small but well-functioning centrally located kitchen. All meals are cooked on site for the facility. A food control plan is in place and expires 28 February 2020.</p> <p>Food is served from the kitchen to the adjacent downstairs dining area. There is a servery upstairs adjacent to the dining room where meals are served to residents. Meals are delivered to the upstairs servery on trolleys.</p> <p>A nutritional assessment is made by the RN as part of the assessment process and this includes likes and dislikes. Nutritional assessments were evident in a folder for kitchen staff to access. This included consideration of any dietary needs (including cultural needs). This was reviewed six-monthly as part of the care plan review or sooner if required. The menu is a four-weekly seasonal menu. The menu has not yet been reviewed by a registered dietitian. There was evidence of residents receiving supplements, as prescribed by the GP. Fridges and freezer temperatures are monitored and recorded daily in the kitchen. Food in the fridges was covered and dated. Cleaning schedules are maintained and signed by staff. There is a kitchen manual and a range of policies and procedures to safely manage the kitchen and meal services. Special or modified diets were catered for. Soft and pureed dietary needs were documented in files sampled. Resident and relatives interviewed were complimentary of the food service.</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 reasons for declining service entry to potential residents should this occur and communicates this to potential residents/family/whānau. 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 if entry were declined.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences</p>	FA	<p>InterRAI assessments were completed on a six-monthly basis for six of the seven resident files reviewed (one resident was on an exceptional circumstances contract). The interRAI assessment is reflected in the paper-based care plan templates. InterRAI assessments and summaries were evident in printed format in all files. Files reviewed identified that risk assessments have been completed on admission</p>

<p>are gathered and recorded in a timely manner.</p>		<p>and reviewed six monthly as part of the evaluation and when the residents had a change in condition. Additional assessments for management of wound care, pressure injury prevention, nutrition, pain, continence, mobility, behaviour and restraint were completed as required.</p>
<p>Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>Initial care plans are developed on admission and provide staff with an overview of the support residents require. Long-term care plans for residents describe the individual support and interventions required to meet the resident goals. The long-term care plans reflected the outcomes of risk assessment tools and the interRAI assessment triggers are identified and highlighted in the care plans. Care plans demonstrated service integration and included input from allied health practitioners such as Hospice. Additional care plans were added (eg, for residents at risk of pressure injuries with specific pressure prevention cares required). Short-term care plans were in use for changes in health status. These are evaluated regularly and either resolved, or if an ongoing problem, added to the long-term care plan. Residents and relatives interviewed confirmed they participate in the care planning process, doctor reviews, and confirmed care delivery and support by staff is consistent with their expectations. There was evidence of service integration with documented input from specialist care professionals.</p>
<p>Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>PA Low</p>	<p>When a resident's condition alters, the RN initiates a review and if required, alerts the GP. The resident on the exceptional circumstances contract had an initial assessment and care plan developed with resident-centred goals. There is evidence that relatives were notified of any changes to resident health including (but not limited to) accident/incidents, infections, health professional visits and changes in medications. Relative notifications were documented in progress notes and in the family contact sheet in the residents' files reviewed.</p> <p>Wound management policies and procedures are in place. Adequate dressing supplies were sighted. A wound assessment and wound care plan (including dressing type and evaluations on change of dressings) were in place for four superficial wounds. There was two resolving stage two pressure injuries on the day of audit. Wound care evaluations did not consistently document the progression and/or deterioration of the wounds. The wound specialist nurse is available when required and has previously been involved with one of the pressure injuries.</p> <p>Continence products are available. The residents' files include a continence assessment and continence products used. Monitoring occurs for blood pressure, weight, vital signs, food and fluids, blood glucose, pain and challenging behaviours.</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>Highview Rest Home employs an experienced, qualified diversional therapist who works 27.5 hours per week (5.5 hours over five days). The diversional therapist (DT) has been in the role for 15 years and qualified as a diversional therapist in 2016. A weekly programme is developed in consultation with residents and reflects their interests and abilities. The programme is varied and provides group and individual activities to meet the hospital, rest home and younger resident's recreational preferences and interests. Residents have an activities assessment completed over the first few weeks after admission, which forms the basis of a diversional therapy plan and is then reviewed on a six-monthly basis. The resident/family/whānau/EPOA as appropriate, is involved in the development of the activity plan. Progress notes are maintained on a monthly basis. A record is kept of individual resident's activities.</p> <p>Activities include (but are not limited to); two van rides, a shopping trip and a trip for coffee on a Friday morning are offered each week dependent on resident request. There are weekly entertainers, group activities including baking and crafts. A local school visits regularly and the residents join the 'Octagon group' and visit a theatre group. The residents who are under 65 are active within Highview and have jobs like folding laundry, wiping tables and helping out with group activities such as shouting out the Housie numbers (witnessed on the day of the audit). The current residents decline participation with exercises, instead exercise is included in the walking groups, and group games such as balloon tennis.</p> <p>One-on-one contact is made with residents who are unable to or choose not to participate in group activities. These activities include nail cares, facials, the DT has a chat with the resident, and reading books. The DT describes catching up with groups of residents to discuss activities they would like to do; this is held outside of the three-monthly resident meetings.</p> <p>The residents interviewed are happy with the current activities and feel able to suggest activities they would like to do. Relatives could freely describe a range of activities they have witnessed while visiting.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Long-term care plans reviewed had been evaluated by RNs six monthly, or when changes to care occurred. Evaluations are conducted by the RNs with input from the diversional therapist and GP. Relatives are notified of any changes in the resident's condition, as evidenced in sampled resident files and confirmed in relative interviews. Short-term care plan evaluations are completed regularly. Progress notes are documented each shift and evidenced regular RN reviews related to care plan goals. There is a three-monthly clinical review by the medical practitioner or sooner if needs change. Residents and relatives interviewed, confirmed their participation in care plan evaluations and this was evidenced in the files reviewed.</p>
<p>Standard 1.3.9: Referral To</p>	<p>FA</p>	<p>Referral to other health and disability services is evident in the residents' files sampled. The service</p>

<p>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>		<p>facilitates access to other medical and non-medical services. There is documented evidence of referrals to a wound nurse specialist, hospice services, podiatrist, physiotherapist, dietitian, mental health services for older people and the needs assessment service coordination centre as required. There are documented policies and procedures in relation to exit, transfer or transition of residents. The residents and the relatives are kept informed of the referrals made by Highview Rest Home.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>There are documented processes for the management of waste and hazardous substances in place, to ensure incidents are reported in a timely manner. Safety datasheets were readily accessible for staff. Chemicals were stored safely throughout the facility. Relevant staff have completed chemical safety training. Personal protective clothing was available for staff and was seen to be worn by staff when carrying out their duties on the day of audit. Staff interviewed indicated a clear understanding of processes and protocols.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>The building holds a current warrant of fitness, which expires on 20 December 2019. Hot water temperatures are checked monthly. Medical equipment and electrical appliances have been tested and tagged and calibrated. Essential contractors are available 24-hours. The maintenance manager discussed the planned schedule to maintain regular and reactive maintenance. Fire equipment is checked by an external provider.</p> <p>Residents were observed to mobilise safely within the facilities. There are sufficient seating areas throughout the facilities. There have been refurbishments made to the main entrance and hallway, with further renovations planned. There is safe wheelchair access to all communal areas.</p> <p>The exterior has been well maintained with safe paving, outdoor shaded seating, lawn and gardens. There is a designated smoking area in the garden.</p> <p>Healthcare assistants interviewed confirmed there was adequate equipment to carry out the cares according to the resident needs and as identified in the care plans.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p>	<p>FA</p>	<p>All resident rooms have hand-washing facilities. There are sufficient communal toilets and showers to meet resident requirements. All communal toilets and bathrooms have appropriate signage and locks on</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.		the doors. Fixtures, fittings and flooring is appropriate. Communal, visitor and staff toilets are clearly identifiable, equipped with locks and flowing soap and paper towels.
Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.	FA	The resident rooms are spacious enough to allow residents to move about the furnishings with mobility aids, wheelchairs and standing or lifting hoist. Residents and relatives are encouraged to personalise their rooms as viewed on the day of audit. Residents were observed safely moving around the facility.
Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.	FA	Highview Rest Home has a large lounge and dining room area downstairs and another combined smaller one upstairs. A separate small quiet lounge is also available downstairs. Residents were able to move freely with mobility aids. Activities occur throughout the facility and residents interviewed stated they were able to use alternative communal areas if they did not wish to participate in communal activities being held in one of these areas.
Standard 1.4.6: Cleaning And Laundry Services Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.	FA	Highview Rest Home has policies and procedures in place for laundry and cleaning services. Product information and safety datasheets are available for all chemicals in use. All chemicals were securely stored. Staff receive training at orientation and through the in-service programme. All chemicals were clearly labelled. Protective personal equipment was available in the sluice and laundry. The laundry area is located outside behind the building and not accessible to residents, with two commercial washing machines and two commercial dryers. All linen and personal laundry is laundered on site by the cleaning staff and HCAs. There are colour coded linen bags and all linen and personal clothing items are sorted prior to washing. Residents and relatives reported satisfaction with the laundry services.
Standard 1.4.7: Essential, Emergency, And Security	PA Low	There are policies and procedures on emergency and security situations including how services will be provided in health, civil defence or other emergencies. Civil defence supplies, adequate food and water,

<p>Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>		<p>and a gas barbeque for alternative cooking are available. In the event of a power cut, there is emergency lighting in place.</p> <p>Six monthly fire evacuations are held. There is an approved fire evacuation plan. There have been no building changes since the previous audit that would require a new fire evacuation plan. The manager reported that there is a first aider on duty at all times, but the auditor was unable to evidence the documentation to verify this (link 1.2.7.5). Residents' rooms and communal areas have call bells, but one double room (with two single beds) only has one call bell installed next to one of the beds.</p> <p>Security policies and procedures are documented and implemented by staff. There is security lighting at night and access to the building is by call bell and intercom.</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 living areas are heated via large heat pumps and resident rooms are appropriately heated with individual heaters. All resident rooms have external windows and are well ventilated. The facility has plenty of natural light. All residents interviewed, stated they were happy with the temperature of the facility. Smoking is only allowed outside in designated areas.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. It is linked into the quality management system. The clinical manager is the designated infection control coordinator. Education is provided for all new staff on orientation. The infection control programme has been reviewed annually. Visitors are asked not to visit if they have been unwell. There are hand sanitisers throughout the facility and adequate supplies of personal protective equipment. A recent influenza outbreak in July 2019 was reported to public health and was well managed and documented.</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</p>	FA	<p>Infection control is managed by the infection control coordinator (clinical manager). The infection control coordinator has maintained current knowledge of infection prevention and control. The infection control coordinator has access to infection control personnel within the district health board, laboratory services and the GP.</p>

meet the needs of the organisation.		
<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	The infection control manual outlines a range of policies, standards and guidelines and includes the infection control programme, responsibilities and oversight, training and education of staff. The policies have been reviewed annually.
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	The infection control policy states that the facility is committed to the ongoing education of staff and residents. Formal infection control education for staff has occurred. Staff receive education on orientation and one-on-one training as required. Visitors are advised of any outbreaks of infection and are advised not to attend until the outbreak has been resolved. Information is provided to visitors that is appropriate to their needs. Resident education occurs at resident meetings such as use of sanitisers and hand washing. Hand hygiene posters have been placed in all resident toilet areas.
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	Infection surveillance is an integral part of the infection control programme and is appropriate to the size and complexity of Highview Rest Home. Monthly infection data is collected for all infections based on signs and symptoms of infections. Effective monitoring is the responsibility of the infection control coordinator. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. Surveillance data is available to all staff. Corrective actions are established where trends are identified, if there is an emergent issue, it is acted upon in a timely manner. All infections are entered into the electronic data system monthly and analysed for trends. The electronic system produces graphs, which are discussed at meetings. Short-term care plans were in place for current infections.

<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 service has documented systems in place to ensure the use of restraint is actively minimised. There were two hospital level residents with restraint (bedrails) and two hospital level residents with an enabler (bedrails). The manager is the designated restraint coordinator.</p> <p>One enabler file was reviewed. An assessment for the use of the enabler had been completed and evidence was sighted of voluntary consent by the resident for its use. The enabler was linked to the resident's care plan.</p> <p>Staff interviews, and staff records evidenced guidance has been given on restraint minimisation and safe practice (RMSP), enabler usage and prevention and/or de-escalation techniques. Staff education on RMSP/enablers was last provided on 16 August 2019.</p>
<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>	<p>FA</p>	<p>The assessment and consent processes for restraint use includes the restraint coordinator, registered nurses, resident or representative and medical practitioner.</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>	<p>FA</p>	<p>The service completes an assessment for residents who require restraint or enabler interventions. These were undertaken by RN staff in partnership with the family/whānau. Two files were reviewed of residents using restraint. The restraint coordinator, the resident's family/EPOA and the GP were involved in the consent process. In the files reviewed, assessments and consents were fully completed.</p>
<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	<p>FA</p>	<p>Procedures around monitoring and observation of restraint use are documented in policy. Assessments identify the specific interventions or strategies trialled before implementing restraint.</p> <p>Restraint authorisation is in consultation/partnership with the resident, family and the GP. The use of restraint is linked to the resident's restraint care plan, sighted in the two residents' files reviewed.</p> <p>Each episode of restraint is monitored at pre-determined intervals depending on individual risk to that</p>

		<p>resident. Consistent evidence to verify monitoring was evidenced on the monitoring forms for the residents' files reviewed.</p> <p>A restraint register is in place, providing an auditable record of restraint use and is completed for residents requiring restraints and enablers.</p>
<p>Standard 2.2.4: Evaluation</p> <p>Services evaluate all episodes of restraint.</p>	PA Low	<p>The service has documented evaluation of restraint every three months. In the files reviewed, three-monthly evaluations were missing. Any adverse outcomes resulting from the use of restraint would be reported via the adverse event reporting process. None were identified at the time of the audit.</p>
<p>Standard 2.2.5: Restraint Monitoring and Quality Review</p> <p>Services demonstrate the monitoring and quality review of their use of restraint.</p>	FA	<p>The restraint coordinator (manager) confirmed that the service plans to review the restraint programme, including staff education and restraint policies and procedures annually.</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.1.13.3</p> <p>An up-to-date complaints register is maintained that includes all complaints, dates, and actions taken.</p>	PA Low	A complaints register is being maintained but did not include adequate detail to address acknowledgement of the complaint, an investigation (if required) and informing the complainant of the outcome, although all complaints were documented as resolved.	The complaints register for 2019 (year to date) failed to include all actions taken (eg, acknowledgement of the complaint, investigation of the complaint).	<p>Ensure the complaints register includes not only the complaint and evidence it is resolved, but all dates and actions taken.</p> <p>90 days</p>

<p>Criterion 1.2.3.6</p> <p>Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.</p>	<p>PA Low</p>	<p>Quality data is regularly collected with trends in data identified by the clinical manager. Staff meeting minutes sighted reflected evidence that results were communicated to staff, but corrective actions required (eg, resulting from internal audits) were missing in the meeting minutes. Annual resident surveys are completed with the most recent survey taking place last month.</p>	<p>Staff meeting minutes failed to reflect evidence of informing staff of the corrective actions that were developed resulting from internal audits.</p>	<p>Ensure staff are kept informed regarding corrective actions where opportunities for improvement are identified.</p> <p>90 days</p>
<p>Criterion 1.2.7.5</p> <p>A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.</p>	<p>PA Low</p>	<p>An education and training plan for staff is being implemented. Missing was documented evidence to verify that there is a minimum of one staff on every shift trained in first aid and CPR.</p>	<p>The manager stated that there is a minimum of one staff trained in first aid and CPR on every shift, but staff files were removed when the previous owners left, and the auditor was unable to verify this in writing. The manager stated that first aid/CPR training is scheduled for later in the year.</p>	<p>Ensure that there is documented evidence to indicate that there is one staff member available 24/7 with a current first aid/CPR certificate.</p> <p>90 days</p>
<p>Criterion 1.2.8.1</p> <p>There is a clearly documented and implemented process which determines service provider levels and skill</p>	<p>PA Moderate</p>	<p>The facility is having difficulty recruiting a full-time RN for the night shift. Either the manager or clinical manager are assisting with the night shifts until another RN is employed to work the night shift.</p>	<p>The manager/RN or clinical manager/RN cover the night shift if a staff RN is unavailable. Each time this occurs, a section 31 report is completed. Six section 31 reports were completed in April, and six in June and ten in July. The facility manager was recently on leave for 10 days and the clinical manager</p>	<p>Ensure adequate staffing is available to cover both clinical and managerial</p>

mixes in order to provide safe service delivery.			was needed to work the night shift over this time leaving no management staff available during the daytime hours.	duties. 60 days
Criterion 1.3.13.1 Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer group.	PA Low	There had been no dietitian input since Highview started providing their own meals. There are residents on puree diets. There was no evidence of nutritional guidelines for residents on special diets. The menu has been accessed from another rest home. Residents were complimentary of the food services.	The current menu Highview are using has not been reviewed by a dietitian since the service started making their own meals.	Ensure the menu is reviewed by a dietitian to ensure all nutritional guidelines are met. 90 days
Criterion 1.3.3.3 Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.	PA Low	Initial assessments and risk assessments are completed at six-month intervals and when there is a change in resident condition. All six long-term residents including the under 65 residents have interRAI assessments completed and re-assessed at six monthly intervals, however, not all interRAI assessments were completed within 21 days.	Four of six long-term residents did not have interRAI assessments completed within 21 days of admission.	Ensure interRAI assessments are completed within 21 days of admission to the service. 180 days
Criterion 1.3.6.1 The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired	PA Low	There are individual wound assessments and plans for current wounds. The assessments are fully completed to include site, type of wound and measurements of the wound, some wound charts have a drawing indicating where the wounds are sited. The management plans include the type of dressing and the frequency of the dressing changes, however, not all	Three of six wound care evaluations do not demonstrate progression or deterioration of wounds.	Ensure all wound care evaluations demonstrate progression or deterioration

outcomes.		evaluations demonstrated progression or deterioration of wounds.		of wounds. 90 days
<p>Criterion 1.4.7.5</p> <p>An appropriate 'call system' is available to summon assistance when required.</p>	PA Low	The call system is inadequate in one shared room with two single beds.	One shared room with two single beds has only one call bell accessible, next to one of the two beds.	<p>Ensure that a call system is available to both residents sharing a double room.</p> <p>90 days</p>
<p>Criterion 2.2.4.2</p> <p>Where an episode of restraint is ongoing the time intervals between evaluation processes should be determined by the nature and risk of the restraint being used and the needs of the consumers and/or family/whānau.</p>	PA Low	As per policy and interview with the restraint coordinator (manager), restraint reviews are scheduled three-monthly. Both files reviewed of residents using restraint failed to reflect evidence of three-monthly reviews.	Evidence of three-monthly reviews were missing in both residents' files of residents using bedrails as restraint.	<p>Ensure restraint minimisation policy is followed to meet the frequency of three-monthly reviews for residents using restraint.</p> <p>60 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.