

Be Rawhiti Holdings Limited - Rawhiti Estate

Introduction

This report records the results of a Partial Provisional Audit; 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: Be Rawhiti Holdings Limited

Premises audited: Rawhiti Estate

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

Dates of audit: Start date: 27 August 2019 End date: 28 August 2019

Proposed changes to current services (if any): A partial provisional was completed to verify 27 independent living units as suitable for rest home level residents. All rooms could also be used by married couples.

Total beds occupied across all premises included in the audit on the first day of the audit: 23



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

Rawhiti Estate provides rest home, dementia and hospital level care for up to 68 residents. There were 23 residents in the assisted living units at the time of the audit.

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 residents and staff files, observations, and interviews with residents, family, management, CEO, director, staff and a general practitioner. A concurrent partial provisional audit was also conducted to verify 27 independent living units as suitable for rest home level of care. All 27 units are suitable also for married couples which increases certified beds by 54. This will increase the total bed numbers from 68 to 122. This audit has verified the new serviced apartment wing as suitable to provide rest home level care.

The manager/registered nurse is appropriately qualified and experienced and is supported by a clinical manager/registered nurse and the directors. There are quality systems and processes being implemented. The residents and relatives interviewed spoke positively about the care and support provided.

No areas for improvement were identified as a result of this audit.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Policies and procedures that adhere with the requirements of the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) are in place. The welcome information includes information about the Code. Residents and families are informed regarding the Code and staff receive training about the Code.

The personal privacy and values of residents are respected. There is an established Māori Health plan in place. Individual care plans reference the cultural needs of residents. Discussions with residents and relatives confirmed that residents and (where appropriate) their families are involved in making care decisions. Regular contact is maintained with families including if a resident is involved in an incident or has a change in their current health. Families and friends are able to visit residents at times that meet their needs.

There is an established system for the management of complaints, which meets timeframes established by HDC.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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Services are planned, coordinated, and are appropriate to the needs of the residents. The manager and clinical manager are responsible for day-to-day operations. Goals are documented for the service with evidence of regular reviews.

A quality and risk management programme is in place. Corrective actions are implemented and evaluated where opportunities for improvements are identified. The risk management programme includes managing adverse events and health and safety processes.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. Ongoing education and training for staff includes on-line training, in-service education and competency assessments.

Registered nursing cover is provided seven days a week and on call 24/7. Residents and families reported that staffing levels are adequate to meet the needs of the residents.

The integrated residents' files are appropriate to the service type.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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There is an admission pack that provides information on all levels of care. Registered nurses are responsible for the provision of care and documentation at every stage of service delivery. Sufficient information is gained through the initial support plans, specific assessments, discharge summaries and the care plans to guide staff in the safe delivery of care to residents. The care plans are resident, and goal orientated. Care plans are reviewed every six months or earlier if required. Files reviewed identified integration of allied health and a team approach is evident in the overall resident file. There is a review by the general practitioner at least every three months.

The lifestyle support team implements a varied activity programme to meets the individual needs, preferences and abilities of the resident groups. The programme encourages the maintenance of community links. There are regular entertainers, outings, and celebrations. Activities are focused on meaningful and sensory activities in the memory loss neighbourhood (dementia care).

Medications are managed appropriately in line with accepted guidelines. Registered nurses and senior care support staff who administer medications have an annual competency assessment and receive annual education. Medication charts are reviewed three-monthly by the general practitioner.

All meals and baking are prepared on site in a large modern kitchen, by an experienced executive chef. There is a current food control plan in place. Resident dietary needs and resident preferences are catered for. There are nutritious snacks available 24 hours.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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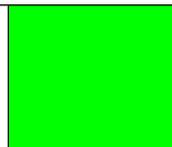
The building has a Code of Compliance certificate and emergency evacuation plan in place. Ongoing maintenance issues are addressed. Chemicals are stored safely on site. Cleaning and maintenance staff are providing appropriate services and are well monitored through the internal auditing system. Laundry is outsourced to an external provider.

All resident rooms are spacious with full ensuites to ensure safe care and support is provided to all residents. Communal areas are well designed and spacious. There is sufficient space to allow the movement of residents around the facility using mobility aids. There are a number of small lounge and dining areas throughout the facility in addition to its main communal areas in each wing. The internal areas are able to be ventilated and heated. The outdoor areas are safe and easily accessible and secure for the wings that require this.

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.

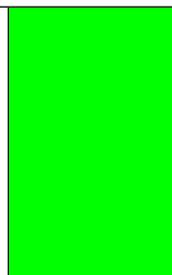


Standards applicable to this service fully attained.

Staff receive training around restraint minimisation and the management of challenging behaviour. The service has appropriate procedures and documents for the safe assessment, planning, monitoring and review of restraint and enablers. There were no residents requiring the use of a restraint or an enabler. Staff regularly receive education and training in restraint minimisation and managing challenging behaviours.

Infection prevention and control

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



Standards applicable to this service fully attained.

The infection control management system is appropriate for the size and complexity of the service. The infection control coordinator (clinical manager) working together with the village manager and registered nurses, is responsible for coordinating and providing education and training for staff. The infection control manual outlined the scope of the programme and included a comprehensive range of policies and guidelines. The infection control coordinator 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. Staff and residents are offered the annual flu vaccine. 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	0	45	0	0	0	0	0
Criteria	0	93	0	0	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Policies and procedures are implemented that align with the requirements of the Code of Health and Disability Services Consumer Rights (the Code). Families and residents are provided with information on admission, which includes information on the Code. Staff receive training about resident rights at orientation and as a regular training topic. Interviews with two managers (general manager/RN, clinical manager/RN) and seventeen staff (six care support staff (caregivers) that work across all three levels (rest home, hospital and dementia) on both the am and pm shifts, three registered nursing (RN) staff, two chefs, one health and safety officer (receptionist), two cleaners, three activities staff) confirmed their understanding of the Code. Staff could provide examples of how the Code applies to their job role and responsibilities.</p> <p>Six residents interviewed (two rest home and four hospital) and three relatives (one rest home, one hospital and one dementia) confirmed that staff respect their privacy and support them in making choices.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice</p>	FA	<p>The service has in place policies and procedures for informed consent and resuscitation, which meets the requirements of the Code. Five resident files were reviewed (three hospital, one rest home and one dementia level of care). Informed consent processes are discussed with residents and families (as appropriate) on admission. Written consents and general consents are signed by the resident or their enduring power of attorney (EPOA). Advanced directives are signed for separately by the competent resident. There was evidence of discussion with family when the GP completed a clinically indicated not for resuscitation order where residents</p>

<p>are provided with the information they need to make informed choices and give informed consent.</p>		<p>were deemed not to be competent. The memory loss neighbourhood (dementia care) resident file had a copy of the activated EPOA.</p> <p>The registered nurses and care support staff interviewed confirmed verbal consent is obtained when delivering care. Discussions with family members identified that the service actively involves them in decisions that affect their relative's lives.</p> <p>All five long-term resident files reviewed had signed admission agreements.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	<p>FA</p>	<p>Residents interviewed confirmed they are aware of their right to access independent advocacy services. Details relating to advocacy services are addressed in their compendium, available in each resident room. Discussions with relatives confirmed the service provided opportunities for the family/EPOA to be involved in decisions. The residents' files include information on residents' family/whānau and chosen social networks.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	<p>FA</p>	<p>Residents and relatives interviewed confirmed open visiting. Visitors were observed coming and going during the audit. The activities programmes include opportunities to attend events outside of the facility. Residents are supported and encouraged to remain actively involved in community and external groups. Relatives and friends are encouraged to be involved with the service and care.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>The service has a complaints policy that describes the management of the complaints process. Complaints forms are in the resident's compendium, accessed in each resident room. Information about complaints is provided on admission. Interviews with residents and family members confirmed their understanding of the complaints process. Staff interviewed were able to describe the process around reporting complaints.</p> <p>A complaint register includes written and verbal complaints, dates and actions taken. Complaints are being managed in a timely manner, meeting timeframes determined by the Health and Disability Commissioner (HDC). Ten complaints have been lodged since the facility opened (November 2018). Four complaints received were reviewed in detail. Timeframes were met, the complaints were investigated, regular contact was made with each complainant and they were documented as resolved.</p> <p>The complaints process is linked to the quality and risk management systems being implemented. Staff are kept</p>

		informed of complaints received and participate in training where indicated.
Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.	FA	The information given to prospective residents and families includes information about the Code and the nationwide advocacy service. There is the opportunity to discuss aspects of the Code during the admission process. Residents and relatives interviewed confirmed that information had been provided to them on the Code. The manager and/or clinical manager discuss the Code with residents/relatives on admission. Families and residents are informed of the scope of services and any liability for payment of items not included in the scope. This is included in the service agreement.
Standard 1.1.3: Independence, 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.	FA	A tour of the premises confirmed there are areas that support personal privacy for residents. During the audit, staff were observed to be respectful of residents' privacy by knocking on doors prior to entering residents' rooms and keeping doors closed when cares were being provided. The service has a philosophy that promotes quality of life and involves residents in decisions about their care. Resident preferences are identified during the admission and care planning processes. This includes family involvement. Interviews with residents confirmed their values and beliefs were considered. Staff could describe definitions around abuse and neglect that aligned with policy. Staff training on abuse/neglect is provided at orientation and as a regular training topic. Residents and relatives interviewed confirmed that staff treat residents with respect.
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	Policies provide recognition of Māori values and beliefs and identify culturally safe practices for Māori. Family/whānau involvement is encouraged in assessment and care planning and visiting is encouraged. Links are established with Ngati Whatua Orakei marae with a designated Māori liaison contact person. Resident rooms are blessed following a death in line with the resident's preferences/religion. No residents identified as Māori during this certification audit.
Standard 1.1.6:	FA	An initial care planning meeting is carried out where the resident and/or whānau as appropriate are invited to be

<p>Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>		<p>involved. Individual beliefs or values are discussed and incorporated into the care plan. Care plans are detailed and individualised to reflect the resident's specific needs, likes and dislikes.</p> <p>Six monthly multi-disciplinary team meetings are scheduled to assess if resident needs are being met. Family are invited to attend. Discussions with relatives confirmed that residents' values and beliefs are considered. Residents interviewed confirmed that staff consider their values and beliefs.</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>Staff job descriptions include the job role and responsibilities. Staff sign a code of conduct during their induction to the facility, evidenced in all seven staff files reviewed. Meetings with staff included discussions on professional boundaries and concerns as they arise. Interviews with managers and staff confirmed their awareness of professional boundaries.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>This purpose-built facility has been designed to deliver resident-centred care. A master copy of policies purchased through Healthcare Compliance Solutions have been edited to fit the purpose of Rawhiti Estate and are implemented in line with current accepted best practice. The content of policy and procedures are sufficiently detailed to allow effective implementation by staff.</p> <p>A range of clinical indicator data is collected against each service level. It is collated, monitored and benchmarked against other aged care facilities. Examples of indicators include resident adverse events, resident infections by type, staff incidents or injuries by type, and resident and relative satisfaction. Average falls rates are below 4/1000 bed nights. When the target exceeds threshold, corrective actions are put into place.</p> <p>Staff training is evident and includes both in-services and online learning. Training packages include monitoring staff competency. Attendance is tracked.</p> <p>The 'checked in care' system is a state-of-the-art system whereby residents are issued with a tablet that provides links to a call system, family contact, meal ordering, health education, scheduling appointments, entertainment, etc. At the time of the audit, 19 residents were using this system regularly (thirteen in the assisted living units and six in independent living units). The call bell system can be activated via a pendant that each resident wears, and via the checked in care electronic system.</p> <p>Satisfaction survey results (May 2019) reflected satisfied (78%) or very satisfied (14%) residents. Corrective</p>

		<p>actions are implemented where the residents and/or families have identified areas for improvements.</p> <p>Two general practitioners visit the facility eight hours a week with 24/7 on-call services in place. Links are embedded with allied health professionals. A physiotherapist is contracted for three hours a week.</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>Open disclosure occurs between staff, residents and relatives. Staff are guided by the incident reporting policy which outlines responsibilities around open disclosure and communication. Staff are required to record family notification when entering an incident into the database. Ten incidents reviewed indicated that this requirement is being met. Family members interviewed confirmed they are notified following a change of health status of the resident or following an adverse event. There is an interpreter policy in place and contact details of interpreters were available.</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>Rawhiti Estate is located in the suburb of Remuera in Auckland. This 68-bed care centre is located across two levels. There are 20 dedicated dementia level beds on level two and 48 dual purpose beds (14 on level two and 34 on level three). The service is governed by a board of directors.</p> <p>The building is divided into four neighbourhoods: Ranui memory loss unit (20 studios within a secure dementia unit), and Rakau dual-purpose neighbourhood (wing) (six one room care suites and eight two room care suites) are located on level two neighbourhood (wing) (12 one room care suites and 8 two room care suites) and Upland dual-purpose neighbourhood (wing) (6 one room care suites and 8 two room care suites) are on level three. Residents are assessed by the need's assessment coordinator prior to their purchase of the care suite to ensure they meet either rest home, hospital or dementia level of care. Care suites are chosen for purchase in any of the dual-purpose neighbourhoods for rest home/hospital level of care and in the memory loss unit for dementia level of care. The resident retains all the rights to the occupation of the care suite under the occupation rights agreement.</p> <p>At the time of the audit, there were 23 residents (14 hospital, 5 rest home level, 4 dementia level). All funded residents were on the age-related care contract (ARCC) contract.</p> <p>On the day of audit 23 residents had been assessed by the need's assessment coordinator prior to their purchase of their care suite, and were assessed as either rest home, hospital or dementia level of care. One resident in the memory loss unit had been assessed as needing dementia care, and was admitted under a private short-term agreement for a trial before committing to purchase an occupation right agreement</p> <p>A business plan is developed (2018-2020) with evidence of a review occurring on 30 July 2019. Strategies include (but are not limited to) increasing occupancy, reducing the number of resident falls, reducing the incidence of clinical depression, enhancing resident engagement with technology, and addressing continence in</p>

		<p>the dementia unit.</p> <p>The manager is a registered nurse (RN) with management and auditing experience in the aged care industry. She has been employed since the planning stage of Rawhiti Estate. The clinical manager has been employed by Rawhiti Estate for one year. This is her sixth year working as a clinical manager in aged care. The managers are supported by the directors who are actively involved in business operations while work is underway for expanding the business to other New Zealand locations.</p> <p>Partial Provisional</p> <p>As part of this audit, 27 independent living apartments were verified as suitable to provide rest home level care. Thirteen independent living apartments were occupied at the time of the audit. The staff roster, equipment requirements, documented systems and processes are appropriate for providing rest home level care in the self-contained (independent living) apartments.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>The clinical manager fulfils the general manager's role during the temporary absence of the general manager. During the audit it was observed that additional support is available by the chief executive officer (CEO) and the chief property officer.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality</p>	FA	<p>Rawhiti Estate is implementing a quality and risk management system that is directed by a software package developed by an external consultant (Healthcare Compliance Solutions). Quality and risk performance is reported across the range of facility meetings and also to the organisation's board of directors. Discussions with the managers and staff and review of management and staff meeting minutes reflected everyone's involvement in quality and risk management activities.</p> <p>Resident meetings are scheduled two-monthly. Resident and relative surveys were completed prior to this audit (May 2019). Results were collated and analysed with results shared with staff.</p> <p>The service has policies and procedures and associated implementation systems to provide a good level of assurance that it is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. The quality monitoring programme is</p>

improvement principles.		<p>designed to monitor contractual and standards compliance and the quality of service delivery in the facility and across the organisation. There are clear guidelines and templates for reporting. Internal audits are completed each month as per the audit schedule. The facility has implemented processes to collect, analyse and evaluate data, which is utilised for service improvements. Corrective actions are logged on a corrective action register and are signed off when implemented. Quality and risk results are communicated to staff across a variety of meetings and reflect actions being implemented.</p> <p>Health and safety policies are implemented and monitored. The health and safety officer (receptionist and information technology support) has completed stage one health and safety education. The five health and safety committee members include maintenance, housekeeping and care support. Risk management, hazard control and emergency policies and procedures are in place. A six-monthly review was completed in May.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made. All contractors are inducted to health and safety processes electronically at reception. New staff are also inducted and orientated to the health and safety programme. Health and safety is a regular agenda item at all resident and staff meetings. Health and safety information (eg, new hazards, staff injuries) are analysed and reported monthly to the Board.</p> <p>Falls prevention strategies are in place including identifying residents at risk of falling from the time of admission. Falls rates are below the targeted threshold.</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>There is an incident reporting policy that includes definitions, and outlines responsibilities including immediate action, reporting, monitoring, corrective action to minimise and debriefing. Individual incident reports are completed electronically for residents and in hard copy for staff accidents.</p> <p>A review of 10 resident incident/accident reports (eg, witnessed and unwitnessed falls, skin tears, one pressure injury) identified that all were fully completed and include follow-up by a registered nurse. The managers (general manager, clinical manager) are involved in the adverse event process. Meetings and handovers during the week provide an opportunity to review any incidents as they occur. Neurological observations are implemented for unwitnessed falls.</p> <p>The general manager is able to identify situations that would be reported to statutory authorities. An example was provided that involved reporting a fault in the resident call system.</p>
Standard 1.2.7: Human Resource Management	FA	<p>There are comprehensive human resources (HR) policies including recruitment, selection, orientation and staff training and development. All seven staff files reviewed (three caregivers (care support), one clinical manager, two staff registered nurses, one kitchen assistant) included signed contracts, job descriptions relevant to the role</p>

<p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>the staff member is in, police checks, inductions, application forms and reference checks. Staff will undergo a performance appraisal following one year of employment (sighted for the clinical manager).</p> <p>A register of registered nurse practising certificates is maintained within the facility. Practising certificates for other health practitioners (GPs, physiotherapists, dietitian, pharmacy) are also retained to provide evidence of current registration.</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice. This programme is specific to worker-type. Caregivers are buddied with more experienced staff. Staff are given six weeks to complete their orientation programme. Competencies are included in orientation (eg, hoist transfers, the electronic call system (vocera), emergency procedures, hand hygiene, medicine management).</p> <p>There is an implemented annual education plan and staff training records are maintained. Staff have completed on average 3.5 hours per month of online training. In-service training is also offered on a range of topics each month and include external speakers. Registered nurses are supported to maintain their professional competency. Six of eight registered nurses (including the village manager and clinical manager) have completed their interRAI training. A minimum of one staff holding a current CPR/first aid certificate is available 24/7 at the facility and on outings.</p> <p>Seventeen of twenty-one caregivers hold a level four National certificate and have either completed or are working towards completion of a national certificate in dementia care. Two of four activities staff (lifestyle coordinators) have completed a diversional therapy qualification.</p> <p>Partial Provisional</p> <p>There are sufficient staff employed to cover the current independent living apartments. The current training programme implemented with staff meets the needs of all residents within the service.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>A policy is in place for determining staffing levels and skills mix for safe service delivery. Rosters implement the staffing rationale. The general manager and clinical services manager work Monday – Friday.</p> <p>Four wings wrap around a central atrium and are located across two floors. Rakau wing (occupancy 13); Upland wing (occupancy 3); and Orakei wing (occupancy 3) is staffed with one-two RNs on the AM and PM shifts and one RN on the night shift. The three-rest home/hospital wings are staffed with five carer support on the AM shift, four on the PM shift and three on the night shift (all eight-hour shifts).</p> <p>The RNs provide oversight in the dementia wing (Ranui memory unit). Ranui (dementia), with an occupancy of four residents is staffed with one carer support (caregiver) across each shift.</p> <p>Staff on the days of the audit, were visible and were attending to residents in a timely manner as confirmed by the residents interviewed. Staff interviewed stated that the staffing levels are satisfactory, and that the management</p>

		<p>team provide good support. Residents and family members interviewed also reported there are adequate staff numbers.</p> <p>Partial Provisional:</p> <p>The service is well staffed for the number and acuity of residents in the service. There is a draft roster for the increase in resident numbers in independent living units. The roster allows for the increase of staff due when the acuity of residents increases.</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>The resident files were appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. 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. Entries are legible, dated and signed by the relevant care staff or registered staff, including their designation. Residents' files demonstrated service integration.</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>The service has admission policies and processes in place. Referring agencies establish the appropriate level of care required prior to admission of a resident. Residents and families/whānau receive an information pack outlining services able to be provided, the admission process and entry to the service, including admission into the memory loss neighbourhood (dementia care). The general manager (RN) screens all potential residents prior to entry and records all admission enquires.</p> <p>The admission agreement form in use aligns with the requirements of the ARC contract. Exclusions from the service are included in the admission agreement. The information provided at entry includes examples of how services can be accessed that are not included in the agreement. Residents and families interviewed verified they received information prior to admission and had the opportunity to discuss the admission agreement.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition,</p>	FA	<p>Planned exits, discharges or transfers are coordinated in collaboration with the resident and family 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 residents and their families are involved for all exits or discharges to and from the service.</p>

exit, discharge, or transfer from services.		
<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 comprehensive policies and procedures in place for all aspects of medication management. There was one resident self-administering on the day of audit. The self-medication assessment was current. Each neighbourhood has a medication room with secure access. Medication fridges had daily temperature checks recorded and were within normal ranges. Registered nurses or senior care support staff who administer medications have completed their medication competency assessment. There is a signed agreement with the local pharmacy. The facility uses a robotics pack medication management system for the packaging of all tablets. There was documented evidence that all medication, including robotic packages received are checked and recorded on delivery. If there are any discrepancies these are fed back to the pharmacy. The facility does not utilise standing orders. Eyedrops and other liquid medications were dated on opening.</p> <p>The Medimap medication management system is utilised at the facility. Ten medication profiles were reviewed (six hospital, two rest home and two dementia level of care). All charts reviewed had photo identification and allergy status documented. All medication sheets evidenced three monthly reviews by the GP. Prescribed medication was signed after being administered as witnessed on the day of the audit. All 'as required' medication prescribed had indications for use documented by the GP. Effectiveness of 'as required' medication administered was documented in the progress notes.</p> <p>Partial Provisional</p> <p>Residents medication including controlled drugs, will be stored in the care centre medication room trolley and controlled drug safe as required. Resident's medication prescriptions and profiles will be accessed through the Medimap medication system. Registered nurses and senior care support staff will be responsible for medication administration in the independent living apartments providing rest home level of care.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>All meals are prepared on site by an experienced executive chef who also functions as the kitchen manager. The kitchen manager/chef works six days a week and is supported by a second chef and two kitchen assistants. The four-week menu is developed by the main chef and reviewed by a dietitian. The menu can be changed to meet the resident preferences. A resident nutritional profile is developed for each resident on admission and provided to the kitchen staff. This document is reviewed as part of the care plan review and the kitchen is notified of any change in dietary requirements. Pureed meals of high nutritional value are provided and presented in moulded shapes (sighted). Resident dislikes and preferences are noted and accommodated. Lip plates are provided to encourage resident independence with eating. Independent residents from the assisted living and memory loss unit choose to dine in their neighbourhood dining areas or join the residents from the independent living apartments in the ground floor dining room (adjacent to the atrium) as witnessed during the audit. For those residents that require assistance with feeding their meals are plated in the kitchen and transported in scan boxes</p>

		<p>to the neighbourhood dining rooms. Breakfast is prepared and served in the neighbourhood kitchens. Adequate fluids are delivered to the kitchenette fridges including smoothies and thickened fluids. There were “finger foods”, yoghurts, ice-cream, sandwiches and home baking readily available for the memory loss neighbourhood residents over 24 hours.</p> <p>The Food Control Plan expires on 6 July 2020. All kitchen staff have completed food safety training. The temperatures of refrigerators, freezers, chiller, incoming chilled goods and end-cooked food and meat temperatures are monitored and recorded. All food is stored appropriately, and date labelled. Cleaning schedules are maintained. The kitchen team conduct three monthly audits and generate quality interventions based on findings, this is shared at the residents meeting and quality meetings.</p> <p>Residents and relatives have the opportunity to feedback on the service through meetings and surveys. Residents and the family members interviewed were very happy with the quality and variety of food served.</p> <p>Partial Provisional</p> <p>Residents in the independent living apartments have access to a dedicated independent living dining room or the communal dining area (adjacent to the atrium), the fine dining room or alternatively they can dine in their rooms. The apartments are across three floors with level one and two linked to the care centre and level three is linked via the lift and staircase. It is the resident’s choice where they would like to eat. Food is to be transported from the kitchen in hot boxes and served in residents’ rooms or in one of the dining rooms as currently in practise.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	<p>FA</p>	<p>Rawhiti Estate has a process for declining entry should this be necessary. This includes informing persons and referrers (as applicable) the reasons why the service has been declined. Management have not had to decline entry to prospective residents as yet. The reason for declining service entry to prospective residents would be recorded and communicated to the prospective resident/family/whānau and referring agency.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements,</p>	<p>FA</p>	<p>An initial nursing assessment and care plan is completed within 24-hours of admission by the registered nurse. Personal needs, outcomes and goals of residents are identified. There are a range of assessment tools completed on admission and reviewed six monthly or earlier if the resident’s health status changes. New residents admitted have an interRAI assessment completed within 21 days of admission. Assessment process</p>

<p>and preferences are gathered and recorded in a timely manner.</p>		<p>and the outcomes are communicated to staff at shift handovers and through the clinical record. The assessment tools link to the individual care plans, which include interRAI outcome scores. The general practitioner completes a medical admission within five working days. All residents and relatives interviewed were satisfied with the assessment process.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>The initial care plan is developed from the initial admission assessment process and the needs identified by the registered nurse. Comprehensive long-term care plans are individually developed and are reflective of the outcomes of the interRAI and risk assessment tools completed. Long-term care plans are completed with consultation with the resident and/or family/whānau. Residents and family members interviewed stated they were involved in the care planning process. All long-term care plans reviewed were up to date. Nursing diagnosis, goals and outcomes were identified. Care plan interventions were individualised for each resident. All five long-term care plans reviewed recorded sufficient detail to guide care staff. Activities care plans were completed for all five resident files; these were reviewed six-monthly with the long-term care plans. Residents have been seen by the GP at least three monthly or more frequently if required. The GP records progress in the medical records and notes reviews on the resident's medicine management charts. Short-term care plans were being used for acute changes in health status.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>The registered nurses (RNs) and care support staff follow the care plan and report progress against the care plan each shift at handover. If external nursing or allied health advice is required, the clinical manager/RNs will initiate a referral (eg, to the wound care nurse specialist or the mental health team). If external medical advice is required, this will be actioned by the GP.</p> <p>Sufficient continence products are available and resident files reviewed included a continence assessment and plan as part of the plan of care. Specialist continence advice is available through the DHB as needed and this could be described.</p> <p>Staff have access to sufficient medical supplies (eg, dressings). Wound assessment, wound management and evaluation forms are in place for two hospital level residents with wounds (one with a pressure injury stage one and skin tear, another with a skin tear). Both have appropriate care documented and provided, including pressure relieving equipment. Access to specialist wound care advice and support is available as needed.</p> <p>Interviews with registered nurses and care support staff demonstrated understanding of the individualised needs of residents. Monitoring forms reviewed included two hourly turning charts, monthly weight and vital sign monitoring, food and fluid charts, behaviour charts and neurological observations for residents with unwitnessed falls.</p> <p>Residents and family members interviewed confirmed their satisfaction with care delivery.</p>

<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The activities team is made up of one village lifestyle coordinator that works from 8.30 am to 3 pm Monday to Friday and two lifestyle support staff that work from 8 am to 4.15 pm Monday to Friday. The lifestyle support staff member who is allocated in the memory loss neighbourhood (dementia unit) is a qualified diversional therapist (DT) and supported by a RN who has previously worked as a dementia care clinical coordinator. The other lifestyle support staff member is based in the assisted living neighbourhood (hospital and rest home). Each unit has an open plan dining/lounge area where residents and staff can freely access resources for small group or one-on-one activities. The neighbourhoods are equipped with kitchenettes so that residents can have supervised baking sessions as observed on the days of the audit. There is a large central atrium with many seating areas, lots of plants and a vertical garden. The ground floor units have direct access to the atrium. This covered area has both sunlight and artificial light so that activities can be conducted during the day and evenings. Residents from all the neighbourhoods and independent living units were observed socialising in this central hub having the morning exercise session, eating their midday meal, listening to music and enjoying the pet therapy visit. Activities are also a part of the care support role and care support staff were observed in resident activities on the days of audit (eg, baking).</p> <p>The lifestyle support team encourages residents to participate in activities which focus on meaningful and sensory stimulation, and more on one-on-one activities rather than group sessions. The memory loss neighbourhood residents can choose to be involved/participate in the crossword club, exercise group, carpet bowls, table activities, walking group, reminiscing, coffee club, cooking club, men's woodwork group, art and craft and musical activities. Activities offered in the assisted living neighbourhoods include music, reminiscing, sing-a-longs, colouring art, exercises, men's group, ladies flower arranging, games/crossword, one-on-one pampering, cooking and newspaper reading. The assisted living neighbourhood is currently trialling the 'checked in care' entertainment programme that is accessed through a care cohort tablet. The tablet has movies, games, radio stations and residents' access to the call bell system. The village lifestyle coordinator has scheduled scenic van trips: Tuesdays are for the residents in the memory loss neighbourhood, Mondays for the assisted living neighbourhood and Thursdays are shopping trips open to all residents. The facility has community visits from the local schools and churches. Residents/family have the opportunity to provide feedback on the activity programme through resident meetings and satisfaction surveys.</p> <p>Residents and family members interviewed spoke positively about the diverse activities programme and activities team.</p>
<p>Standard 1.3.8: Evaluation Consumers' service</p>	<p>FA</p>	<p>All five resident files evidenced the initial care plans were evaluated by the RNs within three weeks of admission and a long-term care plan developed. Care plans had been evaluated six monthly in two of the five long-term resident files reviewed. The other three residents (two hospital residents and one resident with dementia) had not been at the service six months. Written evaluations identified if the desired goals had been met or unmet. The</p>

<p>delivery plans are evaluated in a comprehensive and timely manner.</p>		<p>family contact forms reviewed reflected that family are invited to attend multidisciplinary team (MDT) reviews and informed on GP reviews. The GP reviews the residents at least three monthly or earlier if required. Ongoing nursing, activities and other allied health evaluations occur as indicated and were documented within the progress notes.</p> <p>Short-term care plans are evaluated and resolved or added to the long-term care plan if the problem is ongoing, as sighted in resident files reviewed. Where progress is different from expected, the service responds by initiating changes to the care plan.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	<p>FA</p>	<p>Referral to other health and disability services is evident in the sample group of resident files. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. The RNs initiate referral through the clinical manager and specialist referrals are made through the GP. The clinical manager and registered nurses interviewed provided examples of where a resident's condition had changed, and the resident was reassessed. There was evidence of where a resident was reassessed and transferred from dementia care to rest home level of care. Discussions with the clinical manager identified that the service had access to a wide range of support either through the GP, physiotherapy, podiatry, aromatherapy and other allied health professionals.</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 implemented policies in place to guide staff in waste management and chemical storage. Staff interviewed were aware of practices outlined in relevant policy. Gloves, aprons, and goggles were available in the two sluice rooms (one on each level) and staff were observed wearing personal protective clothing while carrying out their duties. Sharps containers were available and met the hazardous substances regulations for containers. Chemicals sighted were clearly labelled with manufacturer's labels and stored safely throughout the facility. Safety datasheets were available. Infection prevention and control policies state specific tasks and duties for which protective equipment is to be worn. A hazard register was evident that identified hazardous substances. Staff interviewed indicated a clear understanding of processes and protocols.</p> <p>Partial Provisional</p> <p>Rawhiti Estate has waste and hazard substance management and chemical storage policies, procedures and facilities in place that are able to manage the additional requirements for residents within the 27 independent living apartments.</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 has a current building code of compliance that expires on the 3 May 2020.</p> <p>The building is three levels with two lifts. The three levels have direct access to the outdoors due to the fall across the site. The 20-bed memory loss neighbourhood on level two, opens out into secured outdoor raised gardens, shaded seating and safe walking pathways. The 48-bed dual purpose assisted living neighbourhoods are located on level two and three with both lift and stairway access between each level. The dining rooms, lounges, family rooms and kitchenettes are fully furnished. The communal areas are large, the corridors are wide and spacious enough for residents to safely mobilise with walking aids as observed during the audit. There is safe access to the internal atrium and external areas with seating and shade. There is wheelchair access to all areas within the facility. All internal and external landscaping is well maintained by an external provider.</p> <p>A full-time maintenance manager is employed to address the reactive and preventative maintenance programme. The annual maintenance plan includes monthly checks, for example call bells, resident equipment and safety checks. Hot water temperatures are monitored and managed within 43-45 degrees Celsius. All ensuites, showers and utility areas have non slip porcelain tiles. Electrical equipment has been tested and tagged. Clinical equipment is less than 12 months old and has been scheduled for calibration and servicing. Essential contractors are available 24-hours a day. Fire equipment is checked by an external provider.</p> <p>The facility has a car and van available for transportation of residents. Those staff transporting residents hold a current first aid certificate. The RNs and care support staff stated they have enough equipment to safely deliver the cares as outlined in the resident care plans.</p> <p>Partial Provisional</p> <p>The 27 independent living apartments (ILU) with request for configuration of services to include rest home beds which are in the same building as the current care services, (is connected to the care suite section of Rawhiti Estate by wide corridors) and the environment was determined to be safe and appropriate for rest home care. There is adequate equipment and amenities in place to provide rest home care within the apartments. There are nine apartments spread over three floors (Garden, Terrace and Vista) which are in the same building as the current care services. All apartments have been verified as suitable for a married couple.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers</p>	<p>FA</p>	<p>There are adequate toilets and showers in Rawhiti Estate. All residents' bedrooms have large spacious ensuites. Fixtures fittings and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. Communal, visitor and staff toilets have appropriate signage and privacy locks on the doors. The ensuites in the memory loss neighbourhood have light sensors that switch on with movement in the room at night. Residents interviewed stated their privacy and dignity is maintained while staff attend to their personal cares and hygiene. There are toilets near communal areas with privacy locks.</p> <p>Partial Provisional</p>

<p>are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>		<p>The 27 independent living apartments have ensuites with a toilet included, and in addition there is a separate toilet available within the apartment. The ensuites are sufficiently spacious for disabled access. They are fitted with an emergency call bell which rings through to the Vocera system. There are adequate communal toilets available. There are toilets near communal areas with privacy locks.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>Resident rooms are spacious, and residents can manoeuvre mobility aids around the bed and within their personal space. There is adequate room to safely manoeuvre mobility aids and transferring equipment such as hoists in the resident bedrooms. There are ceiling hoists in 47 of the 48 dual purpose rooms. The rooms are furnished with a king single bed (with high pressure rating mattress) and an electric lazy boy chair with high pressure rating cushion and padding. Each neighbourhood has a spacious dining and lounge area with a fully equipped kitchenette.</p> <p>In the memory loss neighbourhood (dementia unit), bedroom doors are painted in different colours with photo boxes for easier identification of their room. The bedrooms have motion sensors that alert staff to resident movement through the Vocera system. Residents and families are encouraged to personalise the residents' rooms. A tour of the facility evidenced personalised rooms including the residents own furnishing and adornments.</p> <p>Partial Provisional</p> <p>The bedrooms and lounge areas in the independent living apartments have adequate room to safely manoeuvre mobility aids and hoists. Each room is fitted with call bells that link to the Vocera nurse call system and residents have call bell pendants.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining</p>	<p>FA</p>	<p>There is a large atrium in the centre of the complex where activities can be held including entertainment or evening functions etc. The facility has a swimming pool, spa and gym that are available to all residents under their ORA agreement. These areas have secured access and supervision when in use. The pool is fitted with a pool hoist for emergencies. There is also a massage/beauty therapist room on site.</p> <p>Each neighbourhood of dual-purpose beds has a communal dining/lounge with a fully functional kitchen that residents (under supervision) or family can bake or prepare family meals. There are a number of smaller lounges with dining tables and seating where residents can meet with families or participate in quieter activities. There is also a fine dining area room located off the independent living dining room that can be booked for family and special events.</p> <p>The memory loss neighbourhood (dementia unit) is spacious and provides an internal walking area, large</p>

needs.		<p>communal lounge/dining, well-equipped kitchen and outdoor gardens and grounds. There is a TV lounge, and games lounge with access and entry to the outdoors. There is also a quiet lounge where residents and families can have one-on-one time.</p> <p>Partial Provisional</p> <p>Each of the 27 independent living unit apartments contains an open plan lounge and dining area with ample room for accessibility to safely manoeuvre mobility aids. They connect by wide hallways to the communal facilities. There are communal lounge areas available through the facility.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>The facility has a dedicated team of two cleaning staff who have access to a range of chemicals, cleaning equipment and protective clothing. The standard of cleanliness is monitored through the internal audit programme. Cleaning trolleys are stored in a designated locked room, on each floor when not in use. The chemicals are stored in a locked cupboard in the basement. Safety data sheets were available. Residents and family members interviewed were satisfied with the standard of cleanliness in the facility.</p> <p>All laundry, personal clothing and facility linen are contracted out. The contracted service provides the dirty linen trolleys which are stored in a dirty linen storage cupboard on each floor. When full, these are taken to the basement in the lift where the dirty linen is collected daily. The contracted service delivers pods of clean linen. There was sufficient linen sighted in each household ready for use. There is a small domestic laundry in the memory loss neighbourhood for family/support staff to use. The food services laundry is washed on site in a designated laundry located in the basement area.</p> <p>Partial Provisional</p> <p>Rawhiti Estate has laundry and cleaning facilities that are designed to manage additional laundry and cleaning requirements for residents within the 27 independent-living apartments.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>The site-specific emergency and disaster policies include (but are not limited to) fire and evacuation and dealing with emergencies and disasters. The fire evacuation scheme for the new building has been approved by the fire service. A large extractor fan is installed in the atrium ceiling as part of the fire evacuation plan. There is an emergency evacuation gate in the secure grounds of the dementia unit that is unlocked in the event of an evacuation. A fire drill is conducted six monthly (last completed 3 March 2019).</p> <p>The service has a generator on site that switches on in the event of a power failure. There are civil defence supplies readily available. The kitchen stores a minimum of three plus days of food. A 25,000-litre water tank in the basement can pump water (by the diesel generator) for essential services.</p> <p>There is a call bell system in all resident rooms, ensuites and communal areas that has a regular alert,</p>

		<p>emergency call and nurse presence. The call bell is soundless and has no light indicators. All nurse call activations are transmitted to the Vocera pendant worn by all staff. The pendant can be voice operated, locate staff, make calls and programme reminders as demonstrated on the day of audit. The Vocera system is fully operational.</p> <p>The double automatic doors at the main entrance are programmed to open and lock at set times. There is an entrance phone used to call staff who can view the door entrance then programme the entry code using their mobile phone. There are CTV cameras strategically placed around the complex that operate on movement and recorded from the control room.</p> <p>The dementia unit has two double doors (one either side of the atrium) that can be accessed by touch pad control and authorised swipe card exit.</p> <p>Partial Provisional</p> <p>The call bell system is available for all residents living at Rawhiti Estate. The apartments are part of the same building as the care centre and come under the emergency management plan.</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>	<p>FA</p>	<p>The environment is maintained at a safe and comfortable temperature by the reticulated heating/ventilation system throughout the building. There is adequate natural light in the studio apartments/suites and communal areas. All resident rooms have external windows.</p> <p>Partial Provisional</p> <p>The 27 independent living unit apartments had adequate natural light, ventilation and are maintained at a comfortable room temperature.</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</p>	<p>FA</p>	<p>Rawhiti Estate has an established infection control programme. 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 incident reporting system and the Rawhiti Estate quality management system. The clinical manager is the designated infection control coordinator with support from the general manager and the registered nurse team. The infection control coordinator has attended formal infection control training and has a signed job description. Minutes of the monthly infection control meeting are emailed to all staff and addressed at staff and quality meetings. Audits that have been conducted included hand hygiene and infection control practices. Education is provided for all new staff on orientation. Hand sanitisers and adequate supplies of personal protective clothing</p>

<p>appropriate to the size and scope of the service.</p>		<p>are available to staff.</p> <p>Influenza vaccines are offered to residents and staff annually. Visitors and family are advised not to visit if they are unwell. There have been no outbreaks at the facility since opening in November 2018.</p> <p>Partial Provisional</p> <p>The infection control team consists of the manager, the clinical manager and registered nurses. The infection control team will remain in place with the change in service levels of the 27 Independent living apartments to rest home and remains appropriate to the size and scope of the service provided.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	<p>FA</p>	<p>The clinical manager is the designated infection control (IC) coordinator. There are adequate resources to implement the infection control programme for the size and complexity of the organisation. Infection prevention and control is part of staff orientation and induction.</p> <p>Hand washing facilities are available throughout the facility and hand gel is freely available. The service has links to an IC nurse specialist through the district health board. Infection control reports are communicated at staff meetings with discussion documented and reports with quality initiatives emailed to all care staff.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and</p>	<p>FA</p>	<p>There are Rawhiti Estate infection control policies and procedures appropriate to for the size and complexity of the service. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. The policies were developed and reviewed by an external consultant.</p>

appropriate/suitable for the type of service provided.		
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>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. The infection control coordinator had attended infection control training in June 2019. Policies and procedures regarding infection control are available electronically to all staff.</p> <p>Visitors are advised of any outbreaks of infection and are advised not to attend until the outbreak has been resolved. Information is provided to residents and visitors that is appropriate to their needs and this is documented in medical records.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Rawhiti Estate infection control manual. An individual resident infection report is completed for all infections which includes signs and symptoms of infection, treatment, follow-up, review and resolution. Short-term care plans are used for residents diagnosed with infections as evidenced in the resident files reviewed. Surveillance of all infections is entered onto a monthly infection summary. The infection control coordinator provides infection control data, trends and relevant information to the general manager and care staff. Areas for improvement are identified, corrective actions developed and followed up. This data is monitored and evaluated monthly. If there is an emergent issue, it is acted upon in a timely manner. On review of the surveillance data the infection rate is very low at the facility and there have been no outbreaks since the last audit.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS8134.0.</p> <p>The service has documented systems in place to ensure the use of restraint is actively minimised. There were no residents using either restraint or an enabler. Staff interviews, and staff records evidenced guidance had been given on restraint minimisation and safe practice (RMSP), enabler usage and prevention and/or de-escalation techniques. The clinical nurse manager is the designated restraint coordinator and is responsible for monitoring any potential use of restraint or enablers.</p>

Specific results for criterion where corrective actions are required

Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.