

# Victoria Epsom Limited - Victoria Epsom Rest Home

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Victoria Epsom Limited
<b>Premises audited:</b>	Victoria Epsom Rest Home
<b>Services audited:</b>	Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 17 October 2019      End date: 18 October 2019
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	21

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Victoria Epsom is a 24-bed rest home. There have been changes to the management of the service since the last audit. The majority of the residents are of Chinese cultural heritage.

This certification audit was conducted against the relevant Health and Disability Services Standards and the provider's contract with the district health board. The audit process included the review of policies and procedures, a sample of staff and resident files, observations, and interviews with residents, family members, management, staff and the general practitioner. The services of an independent interpreter were used for conducting interviews with the residents.

There were six areas identified as requiring an improvement. These relate to the management role, staffing, supplies, medications, the menu and the infection prevention and control programme.

## 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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The service provides care that reflects the Code of Health and Disability Services Consumer Rights (the Code). Information about the Code is promoted and shared with resident's, family members and staff. Residents are encouraged to maintain cultural customs and connections with their community. Care and support are delivered in line with good practice. The residents' communication needs are met. Residents and family advise that the service treats them with dignity and respect. The complaints process complies with consumer rights legislation.

## 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 rest home is governed by the owner/manager. The mission statement, vision, goals and philosophy are documented and displayed. Organisational performance is monitored. Day to day management is the responsibility of the service manager and owner/manager.

There is a documented and implemented quality and risk management system. The required policies and procedures are documented. A range of quality data is gathered and used to improve services. Adverse events are managed in a timely and appropriate manner.

Human resource processes for recruitment, employment, orientation, training and performance monitoring are implemented.

## 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.		Some standards applicable to this service partially attained and of low risk.
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Registered nurses assess and develop care plans in consultation with the residents and their family. The residents need and care requirements are evaluated as required. The required personal care and clinical interventions are implemented. There are a wide range of activities for residents to participate in. Medication is managed via an electronic platform. Meals are cooked on site and the menu meets cultural requirements and requests.

## 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 is leased and fit for purpose. There is a current building warrant of fitness and approved evacuation plan. Ongoing maintenance and compliance monitoring ensure that the physical environment meets the needs of the residents and health and safety requirements. Electrical and medical equipment, furniture and fittings are maintained in safe working order. Emergency management plans and equipment are in place.

Residents have private bedrooms. There are sufficient communal areas within the facility, and the garden, for residents to enjoy. Outdoor areas are maintained to ensure safety.

There are documented cleaning and laundry procedures. Personal protective equipment is readily available. Appropriate training, information, and equipment for responding to emergencies are provided. Cleaning and laundry services are monitored.

## Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Restraint minimisation processes are in place and the registered nurse is the restraint coordinator. There were no residents using restraint nor enablers at the time of the audit. The restraint policy outlines that the use of enablers shall be voluntary with the intention of promoting residents' independence and safety.

## 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.		Some standards applicable to this service partially attained and of low risk.
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A registered nurse is the infection prevention and control co-ordinator. There are policies and procedures to guide practice. The surveillance programme is appropriate to the size and scope of the service. Staff receive training on infection prevention and control.

## 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)
<b>Standards</b>	0	39	0	4	1	1	0
<b>Criteria</b>	0	87	0	4	1	1	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	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 organisation has policies that address consumer rights legislation. The Code is displayed in the entry foyer. Admission agreements sampled confirmed that residents and their family had received information on the Code.</p> <p>The residents interviewed confirmed they were aware of their rights, and in addition advised that their family had also been told of consumer rights legislation. Family members confirmed they were aware of, and had been advised of, consumer rights legislation.</p> <p>Staff interviewed were able to describe consumer rights and give examples of how they apply them in day to day practice. Consumer rights legislation is included in staff orientation and ongoing in-service education.</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</p>	FA	<p>There is a current informed consent policy. Clinical records sampled contained a signed admission agreement that included relevant consents. Additional consents were sighted that pertained to additional care interventions such as receiving the influenza vaccination. Documentation in the clinical records included notification advising if an Enduring Power of Attorney (EPOA) was in place. Each resident's resuscitation status was documented and current. There was evidence that families were involved and/or updated in the resident's care and decision-making process. The general</p>

give informed consent.		practitioner stated they discussed the resident's resuscitation status with each resident and their family. This was confirmed by residents and family interviewed. Advance care directives were sighted in clinical records. Staff interviewed were able to describe the principles of informed consent, and confirmed they discussed options in the resident's language to ensure understanding.
Standard 1.1.11: Advocacy And Support Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.	FA	The service had pamphlets on the national advocacy support service on display. Staff were aware of the right of residents to advocacy and to have support persons freely available to them if desired. They were also aware of support groups such as Age Concern to provide advice and support to the residents if required. Staff also discussed the residents right to complain and the process involved. Residents interviewed were aware of their right to advocacy and support persons of their choice.
Standard 1.1.12: Links With Family/Whānau And Other Community Resources Consumers are able to maintain links with their family/whānau and their community.	FA	Family and visitors are able to visit residents without restriction. During the audit visitors were observed to be sitting with the residents, and some residents had gone out with family to community activities. Residents spoken with advised they had frequent and unrestricted access to visitors and were supported to telephone family members as desired. Family members spoken to advised they are made to feel welcome and were encouraged to visit and take their family member on outings when desired.
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	The complaints procedure meets consumer rights legislation. Complaint forms are displayed in languages appropriate to the resident. Residents and family members interviewed confirmed their understanding of the complaints process. There have been no formal complaints from residents over the last certification period with no complaints on the complaints register. Management reported that there have been no complaints to external organisations. Staff interviewed were well versed in the complaint's management process. A register of compliments is also maintained. This includes a range of feedback from family who have greatly appreciated the care and support provided to their family members.
Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.	FA	Pamphlets explaining the national advocacy service are available at the main entrance. The owner/manager, general practitioner and registered nurses separately discuss the Code and the complaints process with residents and their family on admission, in an appropriate language to meet individual needs. Residents and family members interviewed confirmed that they had been given information informing

		them of their rights, and stated they felt comfortable making contact with staff or management to ask questions should they require clarification.
<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>There is a privacy and dignity policy that addresses the requirements of privacy legislation. Each resident has a private room, decorated with their personal belongings. The bedroom doors are kept closed to allow privacy, and healthcare assistants were observed to knock and wait for a response before entering the room. All staff have a code of conduct. The consequences to staff regarding any alleged breach in any professional boundaries or misconduct are included in the employment agreements.</p> <p>Staff interviewed were aware of the residents right to be independent and treated with dignity. This was observed during the audit. Residents interviewed confirmed they were treated with respect, and this was confirmed by the comments of family members. The resident's values and beliefs are captured during the assessment process. The majority of residents are Chinese and actively participate in associated cultural activities.</p> <p>There are policies and procedures regarding the management and reporting of abuse and neglect. There have been no reported incidents of abuse, neglect or discrimination and all residents interviewed stated they felt safe.</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>The service has a Maori Health Plan and staff interviewed were aware of it. There were no Maori residents at the time of the audit. Staff stated they have received training in the principles of the Treaty of Waitangi and have access to additional resources to ensure Maori are appropriately catered for, should a Maori resident be admitted.</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>There is a policy that focuses on the provision of culturally responsive care with the service catering for residents of Chinese origin. Observations during the audit confirmed that care to residents was delivered in a manner which acknowledged cultural values and beliefs. Care plans sampled identified cultural needs, with reviews occurring six monthly or more frequently if required. Staff interviewed were knowledgeable of the ethnic, cultural and spiritual beliefs of the residents, and gave examples of how they incorporated this knowledge into care provision. Residents and families interviewed confirmed care was provided in a manner that acknowledged and supported cultural requirements. Residents attended church and community services with family members as desired. Residents</p>

		interviewed spoke with pride regarding a recent cultural celebration event they attended.
Standard 1.1.7: Discrimination Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.	FA	All staff interviewed were aware of discrimination, harassment and exploitation and were able to describe what it is and how it may show. Staff advised they had received training on the Code including discrimination, coercion, and exploitation. Attendance at this training was confirmed in education records sampled. Residents and family members interviewed stated that were pleased with the care received, and did not feel discriminated, harassed or exploited.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	The service has policies and procedures to guide practice. These are based on current best practice guidelines. A general practitioner provides medical oversight of the residents, providing an on-call service in addition to regular weekly visits. The GP interviewed confirmed satisfaction with the clinical care being provided.  Health care assistant hand over was observed and was noted to be comprehensive and based on best practice. Handover included a review of medications administered, dietary intake and elimination patterns. In addition, both health care assistants sighted each resident during handover, giving a verbal summary of the resident's activities during the previous shift. A written handover sheet was completed and signed by both staff members.  Residents and their family spoken to advised they felt they received safe and effective care.
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	The predominant language spoken by residents in the facility is Mandarin. Staff are able to communicate effectively in both Mandarin and English. A small number of residents speak Cantonese as their first language but can understand a little Mandarin. These residents will utilise family members to assist with interpretation if required. Mandarin and Cantonese residents and their families were interviewed, both advising that they had no issues with communication and said they were happy with the care and services provided. The general practitioner speaks to the residents in Mandarin. Interpreter services are available if required.  During the audit one family member provided an example of how they had not initially fully understood the 'resuscitation choice' document that they witnessed their parent sign, however following further discussion with the registered nurse they fully understood the document and the choice that had been made.  Family members interviewed advised they were notified when their family member experienced an accident, incident or if there was a change in condition. They also advised staff engaged in

		discussions with them when they visited, and they felt involved in the development of care planning. Incident reports sampled confirmed that relatives were notified of an event.
<p><b>Standard 1.2.1: Governance</b></p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>The rest home is owned and operated by the owner/manager. The organisation was previously managed by two owner/managers, however one of the previous owner/managers is no longer actively involved with the rest home but remains a shareholder. The owner/manager who has left was a registered nurse and has been replaced by the service manager (refer required improvement in standard 1.2.2). The remaining owner/manager has a background in business and financial management and has owned the rest home since 2016.</p> <p>The quality policy identifies the mission of the organisation and the procedures undertaken to achieve the mission statement. The owner/manager reported that the mission and goals of the organisation were reviewed and have not required amendments since the purchase of the rest home.</p> <p>The owner/manager monitors organisational performance through attendance at all staff meetings and visits the rest home daily Monday to Friday. The owner/manager is also available after hours as needed.</p> <p>The organisation is a member of an aged care association and belongs to a local cluster group of aged care providers. On the day of audit 21 beds were occupied by residents at rest home level of care. There was one of resident under the age of 65 years. There was one boarder living independently at the service in separate accommodation.</p>
<p><b>Standard 1.2.2: Service Management</b></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>	PA Moderate	<p>Day to day management duties are now the responsibility of the owner/manager and the service manager. The service manager has been working at the rest home since 2007 and is an overseas trained nurse. The service manager is enrolled to commence the competency assessment programme for nursing registration in New Zealand. The service manager lives on site, is rostered management duties Monday to Friday and is also available on call as required. The owner/manager and the registered nurses are able to perform the duties of the service manager during a temporary absence.</p> <p>The owner/manager has attended the required training over the last 12 months. The owner/manager attends two monthly meetings with other owners of Asian rest homes. These meetings are provided by the district health board (DHB) and facilitated by the Health of the Older Person quality nurse leader. The owner/manager also engaged in training provided by the Care Association NZ which included quality and risk management at the rest home. Attendance at cluster group meetings was also confirmed.</p>

		An improvement is required regarding the role and duties of the service manager.
<p><b>Standard 1.2.3: Quality And Risk Management Systems</b></p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>Policies and procedures are developed by an aged care consultant and personalised to the organisation. The consultant provides updates as required or as changes in best practice or legislation occur Staff have access to the most recent version of policies and procedures. Obsolete documents are archived. There is a system in place to enable the retrieval of documents as needed.</p> <p>There is a documented quality and risk plan (October 2019). This includes all the quality activities that are occurring in the organisation. For example: satisfaction surveys, internal audits, health and safety strategies, a review of supplier performance, infection control surveillance data and education requirements. Data gathered is collated and shared at staff meetings. The staff meeting minutes template includes actions to be followed up.</p> <p>The internal auditing programme is maintained. A range of internal audits were sampled and confirmed that corrective actions are implemented where required. Satisfaction surveys are completed annually and confirm general satisfaction with the services provided.</p> <p>Interview with the owner regarding risk management confirmed that organisational risks are identified with mitigation strategies in place. The health and safety programme is implemented, including hazard management and the required insurance is in place.</p>
<p><b>Standard 1.2.4: Adverse Event Reporting</b></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>The owner/manager is aware of their obligations in relation to essential notification reporting and knows which regulatory bodies must be notified as identified in policy. The owner/manager reports there have been no reportable events since they purchased the service.</p> <p>A record of adverse events is maintained. Events are collated every month and used to identify any shortfalls. Event records sampled confirmed timely and appropriate actions. The required notifications were made including family members, the general practitioner and the registered nurses. The most frequent type of event is resident falls and there is evidence of mitigation strategies and appropriate actions to try to reduce their likelihood.</p>
<p><b>Standard 1.2.7: Human Resource Management</b></p> <p>Human resource management processes are conducted in</p>	FA	<p>Both the service manager and the owner/manager share responsibility for human resources. There are policies and procedures on human resource management. The skills and knowledge required for each position are documented in job descriptions which were evident in staff files sampled. The pre-employment process includes reference checking and police vetting. The registered nurses were screened and came through a recruitment agency. The majority of health care assistants are</p>

<p>accordance with good employment practice and meet the requirements of legislation.</p>		<p>Chinese.</p> <p>Current practicing certificates were sighted for both the registered nurses. One of the registered nurses has the required interRAI training and competency. Some of the health care assistants have the New Zealand Qualification Authority health and wellbeing certificate (levels 3 and 4) and staff who work in the kitchen have certificates in food safety. The organisation also maintains a copy of the practicing certificates of other visiting health professionals.</p> <p>All staff receive an orientation. The orientation includes the essential components of the services provided. There are also specific orientation training and competencies for the different roles. One of the nurses was orientated by the previous facility manager/owner who was a registered nurse. New health care assistants have an identified buddy to work with during orientation and are additional to the roster.</p> <p>The 2019 education plan meets contractual requirements. The service has links with another aged care service for ongoing education and competency assessment training. Training is also added to staff meetings and staff attend the district health board hosted aged residential care study days. Education attendance sheets are maintained. All staff have an annual performance review.</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 High</p>	<p>There is a documented allocation of staff to meet the needs of the residents at rest home level of care. The policy meets the contractual requirements for the care staff ratio. The service manager is on site business hours Monday to Friday and on call after hours. There is at least one registered nurse on site for three days per week, with both the nurses being on site for the fourth day of the week. This enables the nurses to ensure consistency of information regarding the residents. There are at least two health care assistants on duty during the day and one at night. The health care assistants' duties also include cleaning and laundry. Rosters sampled confirmed adequate staffing and that shifts are covered by an additional staff member in the event of a temporary absence.</p> <p>An improvement is required regarding on call availability of the registered nurses.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	<p>FA</p>	<p>All residents have an individual record. Entries into the resident's files are made daily, and as required, and are reviewed by the registered nurses on a weekly basis. All entries sampled were legible and dated with the signature and designation of the writer. Resident records are integrated including entries made from visiting health professionals. All resident information is secure and held in the nurses' station.</p>

<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	<p>FA</p>	<p>Resident files sampled confirmed that residents had been assessed as appropriate to enter the service prior to admission. Following admission relevant assessments were completed within required timeframes. All resident files contained signed and dated admission agreements that included a range of consents and services provided to the resident. Residents and family members interviewed advised they had received sufficient information about the service provided. Registered nurses interviewed were able to describe the admission process and criteria.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>There are written procedures to ensure that transfers from the service occur in a manner that promotes continuity of care. Residents who require transfer from the service have their care coordinated by the registered nurse on duty and the general practitioner. The family of the resident is informed and involved in the arrangement of the transfer as much as practical. The receiving facility/service is advised in advance of the transfer and provided all written information via a verbal handover, in addition written documentation accompanies the resident.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Low</p>	<p>The medication policies and procedures are aligned with legislation, guidelines and best practice and is available to staff. The service uses and electronic medication prescribing and administration platform. All medication records contained a photograph of the resident. 'As required' medications had indications and maximum doses and short courses medications had a start and finish date. Standing orders were sighted, observed to be current and signed by both the general practitioner and a registered nurse. There are no controlled drugs kept on the premises. All medication records had been reviewed within the past three months by the general practitioner.</p> <p>Medications are dispensed and delivered from a local pharmacy. All medications are checked by the registered nurse on arrival. Health care assistants administer medication under the direction and delegation of the registered nurses. A medication round was observed, the principles of safe medication administration were followed.</p> <p>No residents were self-administering medication during the audit. A self-administration procedure is available, as is a self-administration competency test. Self-administration of medication is generally used for topical medications only.</p> <p>Medication training to health care assistants is provided annually via the registered nurses. The two registered nurses had completed medication training within the past 12 months. Health care assistants interviewed were aware of their scope of practice and stated they made contact with the registered nurse prior to administration of 'as required' medications or standing orders, this was confirmed by the registered nurse (refer standard 1.2.8 regarding the availability of the registered</p>

		nurses over a 24-hour period). An improvement is required with regard to medication storage and disposal.
<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>Meals are provided on site. The main cook works four days per week, planning the menu, ordering supplies and ensuring required food service standards are maintained. In the absence of the cook other staff members run the kitchen and prepare meals. All staff who work in the kitchen have had food safety training.</p> <p>The cook was familiar with the food service policies and procedures and was aware of the special dietary requirements of the residents. A health care assistant who also worked in the kitchen confirmed orientation to kitchen processes.</p> <p>The kitchen was sighted and was observed to be clean and tidy. All food stored in the fridge and freezer was covered and dated. Records sampled confirmed daily fridge and freezer temperatures were recorded, cleaning records were also sighted. Cleaning materials and products were kept separate to food stuffs. Food is ordered weekly, or as required. All food on site looked fresh, with no food seen that had past it's 'best by' or 'expiry date'. A food service plan certification had been issued on the day prior to the audit.</p> <p>The registered nurse completes a dietary assessment on admission, which is reviewed at least six monthly, a copy of this is given to the kitchen. Residents spoken to provided positive feedback about the food service.</p> <p>An improvement is required regarding menu planning.</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	The service declines residents if there are no beds available or if the level of care required is outside of the scope of the organisation. Any person/s declined are advised as to the reason and referred to the assessment and referral agency.
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are</p>	FA	Residents admitted to the service have an initial assessment completed within 24 hours. The initial assessment is comprehensive and utilises a range of assessment tools including but not limited to falls, pressure area, dietary, oral, and dementia assessment. Files sampled evidenced ongoing

gathered and recorded in a timely manner.		assessment at six monthly periods and more frequently if required. A wound assessment tool was available for use, however there were no residents with wounds at the time of the audit. All resident files had interRAI assessments that had been completed within the past six months. Family members interviewed advised that they had been notified when an updated assessment had been completed. All files sampled had monthly recording of the resident's vital signs and weight. Residents with diabetes had regular blood sugar levels documented.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	Care-plans are developed using the interRAI assessment process, addressing the activities of daily living and the CAPS triggered by the interRAI. The care-plans are easily assessable in the clinical record and written in language to ensure that the support and intervention required to meet the desired outcome is understood by all members of the health care team. Files sampled integrated general practitioner assessment and documentation and there was evidence that the intervention/s were incorporated into updated care-plans, both long term and short term. The clinical records also integrated the podiatrist record and other visiting specialities.  The care-plans sighted were resident focused and contained evidence that the resident and family had been consulted and included in the development of the plan. This was confirmed during resident and family interviews. Short term care plans sampled contained a problem list, goal, intervention, evaluation and completion date, and were appropriate for the identified problem and objective/goal.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	PA Low	Short term and long-term care plans sampled included interventions appropriate to meet the residents desired outcomes. The interventions were multidisciplinary in nature and not restricted to medical, nursing or dietary elements only. Observation charts were used to record resident meal and fluid intake and output, where this had been identified as an issue. Wound assessment and management plans were available to be used if required. The general practitioner confirmed that staff implement the prescribed interventions as require.  An improvement is required regarding the availability of medical supplies and products.
Standard 1.3.7: Planned Activities Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the	FA	The service manager develops and monitors the activities programme. The service manager has had training relevant to managing activity programmes in aged care. The health care assistants assist with the implementation of the programme. Planned activities reflect the cultural and spiritual beliefs of the residents, and includes, but are not limited to outings, painting singing and gardening. An exercise programme is run daily. Residents and relatives interviewed provided positive feedback

<p>setting of the service.</p>		<p>about the activities programme.</p> <p>Clinical files sampled contained an individualised activity plan that complemented the interRAI care plan. Review of the activities plan occurred as part of the six-monthly care plan review. Residents and family members interviewed confirmed they are consulted on the development of individual activity plans.</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>InterRAI care-plans sampled were reviewed at six monthly intervals or more frequently when indicated, with evidence that changes were made following evaluation. Short term care plans were evaluated regularly, with the care plan being signed off when the problem was resolved or integrated into the long-term care plan if required. Day to day monitoring and evaluation was reported in the clinical progress notes each duty.</p> <p>When a resident's health status changes the registered nurse is notified in the first instance and makes an assessment. If required, the general practitioner or other health care provider as appropriate may be notified and requested to attend the resident. Family members interviewed confirmed they were notified of any changes in the resident's health status.</p> <p>Residents are reviewed by the general practitioner three monthly, confirmed by clinical records, and resident and family interviews.</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>Resident files sampled confirmed that referrals were made to other health and disability services when required. Residents and their families stated they were given information regarding other services to support their needs. The registered nurses interviewed discussed the referral process and gave examples of referrals that had been made to other service providers. The general practitioner confirmed that they refer residents to other services as required.</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,</p>	<p>FA</p>	<p>There are documented policies and procedures for the management of waste and hazardous substances. There are very limited hazardous substances on site. Domestic rubbish is secure and removed as per council requirements. There is additional outdoor storage for garden equipment. Staff have access to the required personal protective equipment (PPE) and were observed using PPE appropriately. A sharps container is available in the nurse's station and is removed and replaced by an external provider. Domestic chemicals and medications are securely stored. There</p>

<p>generated during service delivery.</p>		<p>have been no reported adverse events regarding waste or hazardous substances. The management of waste and hazardous substances is included in staff orientation and discussed at staff meetings as required.</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 is leased, and the owner/manager is responsible for the maintenance and improvements. Maintenance is addressed in a routine and ongoing manner. Records of maintenance requests are maintained and confirmed that hazards and maintenance requirements are addressed. A generic hazard management system and register is documented. Generalised wear and tear of the building and floor surfaces is monitored and addressed. The current building warrant of fitness is displayed. A contracted company completes the certification of compliance through monthly inspections, maintenance and reporting procedures. Electrical equipment is tagged, and medical devices are calibrated. Equipment inventories are maintained.</p> <p>Environmental audits are routinely conducted. There are easily accessible outdoor areas for residents. Residents were sighted moving around safely both indoors and outdoors. All furniture and fittings were purchased by the owner/manager following purchase and have been replaced as needed. Interviews with residents and family members confirmed the environment is suitable to meet their needs.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>There is an adequate number of toilets, bathing and shower facilities to meet the needs of the residents. This was confirmed in interviews with residents. All toilet and showering facilities are shared. Each bedroom has a hand basin. Hot water is monitored on a monthly basis and records confirmed that the temperature remains consistent and within the recommended temperature. Wall linings in the wet areas are monitored for water tightness.</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</p>	<p>FA</p>	<p>There are two bedrooms which can be used a double room. One of these rooms is currently being used as a single room and the other is used by a couple. All other rooms are single occupancy. Rooms have sufficient space to accommodate personal items and for the resident to move around safely. Rooms include adequate storage with a built-in wardrobe in each room. Residents interviewed confirmed satisfaction with their private rooms.</p>

and setting.		
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>There is one large open plan lounge with sufficient space for the residents to relax. There is an adjoining dining room. Both these areas can be used for activities depending on what the activities are. There is also a large covered deck area which was being well used by the residents during the days of the audit.</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>There are documented processes for the management of cleaning and laundry. The health care assistants complete all laundry and cleaning tasks. The owner/manager also owns a laundry business and all linen taken off site for washing. Only the residents' personal items are laundered on site. The laundry has identified clean and dirty areas and a safe and sheltered area for drying. Laundry and cleaning products are securely stored. Only domestic products are used. Material data safety sheets are displayed. Pest control is managed by an external provider. Cleaning and laundry services are monitored through routine internal audits. Residents interviewed confirmed satisfaction with the cleaning and laundry service. On observation, the laundry was tidy and all areas throughout the rest home appeared clean.</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 approved fire evacuation plan was sighted. There have been no alterations to the building since the original fire plan was approved. Trial evacuations are completed every six months as required. Fire equipment is displayed and maintained. Emergency evacuation procedures are displayed throughout the building. There are smoke alarms in each room. The sprinkler system is checked every month. Fire evacuation audits are routinely completed.</p> <p>There are sufficient supplies of emergency equipment. This includes water, food, first aid supplies and a civil defence kit. Extra blankets are available, and gas is supplied to the kitchen for cooking. The building has emergency lighting. There is a defibrillator on site. All staff have a current first aid certificate. Emergency procedures are included in staff orientation and revisited during regular staff meetings.</p> <p>There are call bells in each bedroom, bathrooms and toilets. These are routinely checked during environmental internal audits. There are security lights outside the building and security cameras. Staff conduct security checks each evening. All residents interviewed confirmed that they felt safe.</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>The building is ventilated and heated appropriately. A new heating and ducting system has recently been installed. All bedrooms have an external window of normal proportions. There are no residents who smoke.</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>	PA Low	<p>One of the registered nurses is responsible for the infection control programme. There are adequate policies and procedures for the size and scope of the service. Infection prevention and control is a standard agenda item in all monthly staff meetings. Recent infections, potential causes, treatments and outcomes are discussed. There is a sign at the facility entrance requesting visitors who are unwell to avoid visiting, and relatives are informed of this when a resident is admitted. Residents are offered a free influenza vaccination annually.</p> <p>An improvement is required regarding the infection control programme.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The recently appointed infection control co-ordinator is currently undertaking the required education to implement the infection control programme. The co-ordinator has access to the general practitioner, laboratory and local pharmacist. Relationships are being currently being developed with the district health board infection prevention and control team. Staff interviewed were aware of and discussed the principles of infection control, particularly in relation to hand hygiene.</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</p>	FA	<p>The infection control policies and procedures are current and appropriate to the nature of the service provided. Staff interviewed were aware of these policies describing the content and location of them. During the audit, staff were observed to be performing hand hygiene as per the five moments programme.</p>

practical, safe, and 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>Monthly staff meetings address topical issues associated with infection prevention and control. For example, if a resident is diagnosed with a urinary tract infection, this is discussed by the registered nurse, identifying predisposing factors, treatment and cares that are optimal and may reduce a recurrence of the infection, such as the residents' personal hygiene, inspection of and changing of incontinence product. Staff interviewed stated they have regular teaching with regard to infection prevention and control techniques. This was confirmed in staff education records sampled.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>The infection control surveillance programme is appropriate to the size and setting of the service. Data on diagnosed infections (including laboratory results) is collated monthly including monthly and annual comparisons. Infection rates are discussed in the staff meetings and recommendations to reduce, manage and prevent the spread of infections are discussed.</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 regarding the use of restraint and enablers are developed in line with this standard and best practice. There are clear definitions for both restraint and enablers. All staff receive training regarding restraint and enabler use and the management of challenging behaviour. There were no residents using a restraint or enabler at the time of the audit.</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 1.2.2.1</p> <p>During a temporary absence a suitably qualified and/or experienced person performs the manager's role.</p>	<p>PA</p> <p>Moderate</p>	<p>The service manager was previously the team leader and was promoted to a management role following the departure of the previous manager. The service manager's position description is that of a facility manager and requires both management and clinical responsibilities, however the service manager is not a NZ registered nurse. The service manager is supported by two registered nurses who share weekly duties and are on site up to four days per week. The service managers annual performance review was completed in April 2019 by the owner/manager.</p>	<p>The service manager is not a NZ registered nurse, as required in the facility manager position description.</p>	<p>Ensure clinical management is delegated to a registered nurse, as per the facility management position description.</p> <p>60 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 mixes in order to provide safe service delivery.</p>	<p>PA High</p>	<p>There are documented policies and procedures for the management of emergencies. All staff have a current first aid certificate. The service manager and the owner/manager are on call 24 hours per day, seven days per week for non-clinical emergencies. The registered nurses share on call duties and are available between 7am and 10pm. Outside of these hours staff are advised to call emergency services in the event of a clinical emergency or an 0800-health line Rapid Response.</p>	<p>Staff do not have on call access to one of the employed registered nurses between the hours of 10pm to 7am.</p>	<p>Provide on call access to one of the registered nurses after hours.</p> <p>7 days</p>
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	<p>PA Low</p>	<p>All medications are stored in the nursing station. This includes a medication cupboard and small medication fridge. A number of medications no longer required had not been returned to the pharmacy. The return of these medications commenced during the audit.</p> <p>The medication fridge is situated under the desk. Records of the temperature of the fridge are taken daily, however no action had been taken when temperatures recorded were recorded as being outside of the recommended range.</p>	<p>The storage and disposal of medications does not meet requirements.</p>	<p>Dispose and store medications as required.</p> <p>90 days</p>
<p>Criterion 1.3.13.1</p> <p>Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer group.</p>	<p>PA Low</p>	<p>The menu contained a wide variety of food groups and caters for cultural needs, diabetics and other individuals with specific requirements. Residents who are known to have a poor appetite have their food intake monitored and recorded by the health care assistant each shift, with the information being available to the registered nurses. Dietary supplements are available to residents whom require them, and the residents' weight is monitored. The current menu had not been reviewed to ensure it met the needs of the residents.</p>	<p>The menu has not been reviewed by a registered dietician or nutritionist.</p>	<p>Have the menu reviewed by a registered dietician or nutritionist.</p> <p>90 days</p>
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with,</p>	<p>PA Low</p>	<p>Continence supplies were sighted and were sufficient to meet the needs of the residents. This was confirmed by the health care assistants interviewed. Staff have access to blood pressure monitors, scales, first</p>	<p>There were insufficient supplies in</p>	<p>Ensure sufficient clinical</p>

and contribute to, meeting the consumers' assessed needs, and desired outcomes.		aid supplies and blood glucose monitors, however there were no wound dressing supplies on site in the event a resident experiences a wound, breakdown of skin integrity or skin tear.	the event of a wound or breach in skin integrity.	supplies are available within the facility  90 days
Criterion 3.1.3 The organisation has a clearly defined and documented infection control programme that is reviewed at least annually.	PA Low	The registered nurse responsible for the infection control programme has been recently employed and is in the early stages of undertaking the required training and reviewing and implementing a current infection control programme which has not been reviewed since 2016. There is a signed and current position description for the role.	The infection control programme has not been reviewed annually.	Review the infection control programme annually.  90 days

## Specific results for criterion where a continuous improvement has been recorded

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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.

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End of the report.