

Deakoda Holdings Limited - Shalom Aged Care

Introduction

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

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

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

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

The specifics of this audit included:

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| Legal entity: | Deakoda Holdings Limited |
| Premises audited: | Shalom Aged Care |
| Services audited: | Rest home care (excluding dementia care) |
| Dates of audit: | Start date: 19 November 2019 End date: 19 November 2019 |
| Proposed changes to current services (if any): | None |
| Total beds occupied across all premises included in the audit on the first day of the audit: | 28 |

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 |
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|  | 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 |
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| 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

Shalom Aged Care provides rest home level care for up to 30 residents. On the day of the audit there were 28 residents living at the facility.

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

The owner is supported by two appropriately qualified and experienced managers, one who is a registered nurse. Residents and family interviewed were very complimentary of the services they receive.

There are systems, processes, policies and procedures that are structured to provide appropriate care for residents. Implementation is being supported through the organisation's quality and risk management programme. An induction and in-service training programme that provides staff with appropriate knowledge and skills to deliver care and support is in place.

The service has fully attained all the standards.

Consumer rights

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| 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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Information about services provided is readily available to residents and families/whānau. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is available in the information presented to residents and their families during entry to the service. Policies are implemented to support rights such as privacy, dignity, abuse and neglect, culture, values and beliefs, complaints, advocacy and informed consent. Māori values and beliefs are understood and respected. Care planning accommodates individual choices of residents and/or their family/whānau. Informed consent processes are adhered to. Residents are encouraged to maintain links with their community. Complaints processes are implemented, and complaints and concerns are managed appropriately.

Organisational management

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| 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. Two managers, one who is a registered nurse, are responsible for the day-to-day operations of the care facility. Quality and risk management processes are established. Quality goals are documented for the service. A risk management programme is in place, which includes a risk management plan, incident and accident reporting and health and safety processes. Adverse, unplanned and untoward events are documented by staff. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. A staff education and training programme is embedded into practice. Registered nursing cover is available twenty-four hours

a day, seven days a week. There are adequate numbers of staff on duty to ensure residents are safe. The residents' files are appropriate to the service type.

Continuum of service delivery

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

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

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

All meals are cooked on site. Residents' food preferences, dislikes and dietary requirements are identified at admission and accommodated. Residents commented positively on the meals.

Safe and appropriate environment

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

Restraint minimisation and safe practice

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| 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 and safe practice policies and procedures are in place to guide staff in the use of an approved enabler and/or restraint. Policy is aimed at using restraint only as a last resort. Staff receive regular education and training on restraint minimisation. No restraint or enabler was in use.

Infection prevention and control

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

Standards applicable to this service fully attained.

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator is responsible for the collation of infections and orientation and education for staff. There is a suite of infection control policies and guidelines to support practice. Information obtained through surveillance is used to determine infection control activities and education needs within the facility. There was an influenza A outbreak in August of this year.

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) |
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| 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) |
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| 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 |
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| Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation. | FA | The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is available in the information presented to residents and their families during entry to the service. Policy relating to the Code is implemented. Staff interviewed (three caregivers, two registered nurses (RNs), one educator, one activities coordinator, one kitchen supervisor, one laundry supervisor, one maintenance) could describe how the Code is incorporated into their job role and responsibilities. Staff receive training about the Code during their induction to the service, which continues through the staff education and training programme. |
| Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed | FA | The service has in place a policy for informed consent. Completed general and resuscitation consent forms were evident on all resident files reviewed (six rest home). Discussions with staff confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care. Enduring power of attorney (EPOA) evidence is filed in the residents' charts. |

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| <p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p> | FA | <p>Health and Disability Commissioner (HDC) advocacy brochures are included in the information provided to new residents and their family/whānau during their entry to the service. Residents and family interviewed were aware of the role of advocacy services and their right to access support. The complaints process is linked to advocacy services. Staff receive regular education and training on the role of advocacy services, which begins during their induction to the service. A list of available advocacy agencies is posted in a visible location for residents and families to access.</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> | FA | <p>The service has an open visiting policy. Residents may have visitors of their choice at any time. The service encourages their residents to maintain their relationships with friends and community groups. Assistance is provided by the care staff to ensure that the residents participate in as much as they can safely and desire to do, evidenced through interviews and observations.</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> | FA | <p>The complaints procedure is provided to residents and families during entry to the service. Access to complaints forms are located at reception. The complaints process is linked to advocacy services.</p> <p>A record of complaints received is maintained using a complaint's register. One resident complaint lodged with the DHB in May 2019 has been resolved. Appropriate action was taken and timeframes for dealing with the complaint were met. No other complaints have been lodged (year-to-date). No complaints were lodged in 2018. Issues raised in the residents' meetings are addressed.</p> <p>Discussions with residents and families/whānau confirmed they were provided with information on the complaints process and remarked that any concerns or issues they had were addressed promptly.</p> |
| <p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p> | FA | <p>Details relating to the Code and the Health and Disability Advocacy Service are included in the resident information that is provided to new residents and their families. The staff discuss aspects of the Code with residents and their family on admission. Discussions relating to the Code are also held during the monthly resident meetings. All four residents and two family interviewed reported that the residents' rights were being upheld by the service.</p> |

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| <p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p> | FA | <p>The residents' personal belongings are used to decorate their rooms. Privacy signage is on communal toilet and shower doors. All residents' rooms are single use.</p> <p>The caregivers interviewed reported that they knock on bedroom doors prior to entering rooms, ensure doors are shut when cares are being given and do not hold personal discussions in public areas. They reported that they promote the residents' independence by encouraging them to be as active as possible. Residents and families interviewed and observations during the audit confirmed that the residents' privacy is respected.</p> <p>Guidelines on abuse and neglect are documented in policy. Staff receive education and training on abuse and neglect, which is linked to consumer rights education.</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>A Māori health plan is documented for the service. The service is committed to ensuring that the individual interests, customs, beliefs, cultural and ethnic backgrounds of Māori are valued and fostered within the service. The care staff interviewed reported that they value and encourage active participation and input from the family/whānau in the day-to-day care of the residents. There were no residents living at the facility who identified as Māori. One Māori caregiver interviewed confirmed that previous Māori residents' values and beliefs were upheld by the service.</p> <p>Māori consultation is available through the DHB. Education on cultural awareness is a regular educational topic for staff. The caregivers interviewed provided examples of how they ensure Māori values and beliefs are upheld by the service.</p> |
| <p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p> | FA | <p>The service identifies the residents' personal needs and desires from the time of admission. This is achieved in collaboration with the resident, family/whānau and/or their representative. The staff demonstrated through interviews and observations that they are committed to ensuring each resident remains a person, even in a state of decline. Beliefs and values are discussed and incorporated into the residents' care plans, evidenced in all six care plans reviewed. Residents and family/whānau interviewed confirmed they were involved in developing the resident's plan of care, which included the identification of individual values and beliefs.</p> |
| <p>Standard 1.1.7:</p> | FA | <p>Professional boundaries are discussed with each new employee during their induction to the service. Professional boundaries are also described in job descriptions. Interviews with the care staff confirmed their</p> |

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| <p>Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p> | | <p>understanding of professional boundaries including the boundaries of the caregivers' role and responsibilities. Professional boundaries are reconfirmed through education and training sessions, staff meetings and performance management if there is an infringement with the person concerned.</p> |
| <p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p> | <p>FA</p> | <p>Good practice was evident. A registered nurse is available either on site (Monday – Friday) or on call 24 hours a day, 7 days a week. Residents are reviewed by a general practitioner (GP) every three months at a minimum. All resident rooms are of a high standard.</p> <p>Resident meetings are held monthly. Families are offered a family meeting after one month of admission and then yearly. Residents and family/whānau interviewed reported that they are either satisfied or very satisfied with the services received. A resident/family satisfaction survey is completed annually and confirmed high levels of satisfaction with the services received.</p> <p>Quality initiatives implemented over the past 18 months reflect evidence of good practice and include: implementing a cleaning programme for removeable mats to ensure the facility smells fresh and clean, implementation of an electronic medication system (Medimap) and designation of a medication room to help reduce any medication errors, implementation of online learning opportunities for staff, purchasing lidded containers for residents' dentures to be stored in, purchase of new sterilising equipment.</p> <p>The service receives support from the district health board (DHB) which includes (but is not limited to) specialist visits. Physiotherapy services are available on an 'as needed' basis. A van is available for regular outings.</p> |
| <p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p> | <p>FA</p> | <p>The open disclosure policy is based on the principle that residents and their families have a right to know what has happened to them and to be fully informed at all times. The care staff interviewed understood about open disclosure and providing appropriate information and resource material when required.</p> <p>Families interviewed confirmed they are kept informed of the resident's status, including any events adversely affecting the resident. Ten accident/incident forms reviewed reflected documented evidence of families being informed following an adverse event. This information is documented on the accident/incident forms.</p> <p>An interpreter service is available and accessible if required through the district health board. Families and staff are utilised in the first instance. There were no residents at the time of the audit that did not speak English.</p> |

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| <p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p> | <p>FA</p> | <p>All 30 beds at Shalom Aged Care are certified for rest home level of care. On the day of the audit 28 residents were living at the facility. All residents were being funded under the aged residential care contract (ARCC).</p> <p>The facility has a 2019 strategic plan which identifies the purpose, values, scope, direction, goals and specific aims for the calendar year. Services are planned to ensure residents' needs are being met. Goals are regularly reviewed by the owner and managers.</p> <p>The owner is on site two days a week and assists with maintenance duties. He has delegated day-to-day operations to two experienced managers. One manager has been at the facility for over ten years and has many years of experience in aged care. She is employed Monday – Friday and holds an administrative role. The second (nurse) manager is a registered nurse with a current practicing certificate who has over 30 years of aged care experience and has been working at Shalom Aged Care for over 10 years. She holds a clinical role and works three – four days a week. Both managers have maintained over eight hours annually of professional development activities related to managing an aged care facility.</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> | <p>FA</p> | <p>Managerial responsibilities are shared between two managers. If both managers are away, the owner performs the administrative duties and a staff RN oversees clinical responsibilities.</p> |
| <p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p> | <p>FA</p> | <p>A quality policy and plan are implemented for the service that links to business goals and objectives. Interviews with the managers and staff reflected their understanding of the quality and risk management systems that have been put into place.</p> <p>A system of document control is in place with evidence of two-yearly reviews. Staff are made aware of any policy changes through staff meetings, evidenced in meeting minutes.</p> <p>The monthly collating and analysis of quality and risk data includes monitoring accidents and incidents, resident satisfaction and infection rates. Internal audits regularly monitor compliance. Corrective actions are documented and signed off where areas are identified for improvement. Staff are kept informed regarding results via staff meetings and during staff handovers.</p> |

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| | | <p>Annual resident satisfaction surveys are completed. The 2019 satisfaction survey results reflected very positive ratings by residents and families. High levels of satisfaction were also identified during interviews with residents and families.</p> <p>A health and safety programme is in place, which includes managing identified hazards. The health and safety officer (educator) were interviewed. Health and safety inspections have been increased from three monthly to once a month and now involves another staff and a resident. Health and safety training begins during staff orientation. It is discussed regularly in the monthly staff meetings and is a topic on the annual education calendar. The hazard register is regularly reviewed.</p> <p>Falls prevention strategies include the identification of interventions on a case-by-case basis to minimise future falls. Sensor mats, intentional rounding and input from physiotherapy services on an 'as needed' basis have assisted in reducing the frequency of residents falling.</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. Individual reports are completed for each incident/accident with immediate action noted including any follow-up action(s) required. Incident/accident data is linked to the facilities quality and risk management programme. Ten accident/incident forms were reviewed (two bruising, one medication error, one skin tear, six falls). Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. Neurologic observations were conducted for suspected head injuries.</p> <p>The managers are aware of their responsibility to notify relevant authorities in relation to essential notifications. Public health authorities and the DHB were notified following an infectious outbreak in August 2019.</p> |
| <p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p> | FA | <p>Human resources policies are in place, including recruitment, selection, orientation and staff training and development. Six staff files reviewed (one RN, two cooks, three caregivers) included evidence of the recruitment process, signed employment contracts, reference checking and completed orientation programmes. The orientation programme provides new staff with relevant information for safe work practice. Competencies are completed specific to worker type. Staff interviewed stated that they believed new staff were adequately orientated to the service.</p> <p>A register of current practising certificates for all health professionals is maintained. There are fifteen caregivers who have completed level two Careerforce training through to level four.</p> <p>There is an annual education schedule that is being implemented. In addition, opportunistic education is provided. One of four RNs have completed their interRAI training. There is a minimum of one staff available on site 24/7 with a current CPR certificate. Staff who accompany residents on outings also hold current CPR</p> |

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| | | certificates. |
| <p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p> | FA | <p>The staffing policy aligns with contractual requirements. A minimum of one RN is on site Monday – Friday with an overlap of two RNs, two days a week. A designated RN is on call when not on site.</p> <p>One of two managers is an experienced RN who works three - four days a week. She is supported by four RNs, one who is currently seconded to the DHB. All RNs share the on-call roster which provides RN cover 24/7.</p> <p>Three caregivers cover the AM shift (two long and one short shift). Two caregivers cover the PM shift (to 2100), and one caregiver covers the night shift (2100 – 0700).</p> <p>There are separate cleaning and laundry staff. Staffing is flexible to meet the acuity and needs of the residents. Interviews with residents and families confirmed staffing overall was satisfactory.</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 residents' files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into each resident's individual record. An initial support plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Residents' files are protected from unauthorised access by being held in a secure room. Archived records are secure in a separate locked area.</p> <p>Residents' files demonstrated service integration. Entries are legible, dated, timed and signed by the relevant caregiver or RN, including designation.</p> |
| <p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p> | FA | <p>There are policies and procedures to safely guide service provision and entry to services including an admission policy. The service has an information pack available for residents/families at entry. The admission agreements reviewed met the requirements of the ARRC contract. Exclusions from the service are included in the admission agreement. All admission agreements sighted were signed and dated.</p> |
| Standard 1.3.10: | FA | Policy describes guidelines for death, discharge, transfer, documentation and follow up. A record of transfer |

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| <p>Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p> | | <p>documentation is kept on the resident's file. All relevant information is documented and communicated to the receiving health provider or service. Communication with family is made.</p> |
| <p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p> | <p>FA</p> | <p>There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. There were two residents self-administering on the day of audit. Consent forms had been signed and the residents deemed competent to self-administer. Medications were safely stored. There are no standing orders. There are no vaccines stored on site.</p> <p>The facility uses an electronic and medico pack system. Medications are checked on arrival and any pharmacy errors recorded and fed back to the supplying pharmacy. RNs and senior medication competent HCAs administer all medications. Staff attend annual education and have an annual medication competency completed. Three RNs are syringe driver trained by the hospice. The medication fridge and medication room temperatures are checked weekly. Eye drops are dated once opened.</p> <p>Staff sign for the administration of medications on the electronic system. Twelve medication charts were reviewed. Medications are reviewed at least three monthly by the GP. There was photo ID and allergy status recorded. 'As required' medications had indications for use charted.</p> |
| <p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p> | <p>FA</p> | <p>The service has one kitchen supervisor who covers Monday to Friday and one weekend cook. There is one kitchenhand and one kitchenhand/cook who does relief. All cooks have current food safety certificates. The kitchen supervisor oversees the procurement of the food and management of the kitchen. There is a well-equipped kitchen and all meals are cooked on site. Meals are served in each area from the kitchen bain marie. The temperature of the food is checked before serving. Special equipment such as lipped plates is available. On the day of audit, meals were observed to be hot and well presented. There is a kitchen manual and a range of policies and procedures to safely manage the kitchen and meal services. Audits are implemented to monitor performance. Kitchen fridge and freezer temperatures were monitored and recorded weekly. Food temperatures are checked, and these were all within safe limits. The residents have a nutritional profile developed on admission which identifies dietary requirements and likes and dislikes. Changes to residents' dietary needs have been communicated to the kitchen. Special diets and likes and dislikes were noted. If there are any problems the kitchen supervisor talks to the residents individually. The four weekly menu cycle is approved by a dietitian. All resident/families interviewed were very satisfied with the meals. They particularly like the home baking.</p> |

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| <p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p> | FA | <p>The service records the reason for declining service entry to residents should this occur and communicates this to residents/family. The reasons for declining entry would be if the service is unable to provide the assessed level of care or there are no beds available. Potential residents would be referred back to the referring agency.</p> |
| <p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p> | FA | <p>Files sampled indicated that all appropriate personal needs information is gathered during admission in consultation with the resident and their relative where appropriate. InterRAI assessments had been completed for all long-term residents except the new admission. Overall the goals were identified through the assessment process and linked to care plan interventions. Other assessment tools in use included (but were not limited to) nutrition, pressure injury risk and continence.</p> <p>Files sampled indicated that all appropriate personal needs information is gathered during admission in consultation with the resident and their relative where appropriate. InterRAI assessments had been completed for all long-term residents except the new admission. Overall the goals were identified through the assessment process and linked to care plan interventions. Other assessment tools in use included (but not limited to) nutrition, pressure injury risk and continence.</p> |
| <p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p> | FA | <p>Care plans reviewed evidenced multidisciplinary involvement in the care of the resident. All care plans reviewed were resident centred. Interventions documented support needs and provided detail to guide care. Short-term care plans were in use for changes in health status. Residents and relatives interviewed stated that they were involved in the care planning process. There was evidence of service integration with documented input from a range of specialist care professionals including the physiotherapist, podiatrist and mental health care team for older people. The care staff interviewed advised that the care plans were easy to follow.</p> |
| <p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate</p> | FA | <p>When a resident's condition changes the RN initiates a GP consultation. Staff stated that they notify family members about any changes in their relative's health status. Care plans sampled had interventions documented to meet the needs of the resident and there was documented evidence of care plans being updated as residents' needs changed.</p> |

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| <p>services in order to meet their assessed needs and desired outcomes.</p> | | <p>Resident falls are reported on accident forms and written in the progress notes. Neurological observations are taken when there is a head 'knock' or for an unwitnessed fall.</p> <p>Care staff interviewed stated there are adequate clinical supplies and equipment provided including continence and wound care supplies.</p> <p>Wound assessment, wound management and wound evaluation forms are in place for all wounds. Wound monitoring occurs as planned. There are currently four wounds being treated. There is currently one stage one pressure injury.</p> <p>Monitoring forms were in use as applicable such as weight, vital signs and wounds. Behaviour charts were available for any residents that exhibit challenging behaviours.</p> |
| <p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p> | <p>FA</p> | <p>There is one activities coordinator who is currently completing the diversional therapy course. She works 28 hours a week. There are also volunteers who assist her. On the day of audit residents were observed listening to a newspaper reading and enjoying an entertainer. One resident was up dancing.</p> <p>There is a weekly programme in large print on noticeboards in all areas. Every Monday each resident is given a copy of the weekly programme to keep in their room. Residents have the choice of a variety of activities in which to participate and every effort is made to ensure activities are meaningful and tailored to residents' needs. These include exercises, bingo, news from the paper, music, quizzes and games.</p> <p>Those residents who prefer to stay in their room or who need individual attention have one-on-one visits to check if there is anything they need and to have a chat.</p> <p>There is a monthly interdenominational church service.</p> <p>There are weekly van outings. Sometimes they just go for a drive with a stop for ice creams at McDonalds drive through, other times it may be to an event such as the flower show. There are entertainers weekly. Special events like birthdays, Easter, Mothers' Day, Anzac Day and the Melbourne Cup are celebrated. There is monthly pet therapy.</p> <p>There is community input from the local preschools and dance groups. Clothing retailers visit twice a year and residents are able to buy what they want. Residents go out to 4C's, probus and 60's plus.</p> <p>Residents have an activity assessment completed over the first few weeks following admission that describes the residents past hobbies and present interests, career and family. Resident files reviewed identified that the comprehensive individual activity plan is based on this assessment. Activity plans are evaluated at least six-monthly at the same time as the review of the long-term care plan.</p> <p>Resident meetings are held monthly.</p> |

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| <p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p> | FA | <p>Except for the new admission, all plans reviewed had been evaluated by the registered nurse six monthly or when changes to care occurred. Short-term care plans for short-term needs are evaluated and signed off as resolved or added to the long-term care plan as an ongoing problem. Activities plans are in place for each of the residents and these are also evaluated six-monthly. The multidisciplinary review involves the RN, GP and resident/family if they wish to attend. There is at least a three-monthly review by the GP. The family members interviewed confirmed that they are informed of any changes to the care plan.</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> | FA | <p>Referral to other health and disability services is evident in the resident files reviewed. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. There was evidence of where residents had been referred to the physiotherapist, mental health services for older people and the hospice. Discussion with the registered nurse identified that the service has access to a wide range of support either through the GP, specialists and allied health 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, generated during service delivery.</p> | FA | <p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. The hazard register identifies hazardous substances and staff indicated a clear understanding of processes and protocols. Gloves, aprons, and goggles are available for staff.</p> |
| <p>Standard 1.4.2: Facility</p> | FA | <p>The building holds a current warrant of fitness which expires 1 June 2020. There is one maintenance person who works two days a week and one who works three days a week. They both do the garden as well.</p> |

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| <p>Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p> | | <p>Contracted plumbers and electricians are available when required.</p> <p>Electrical equipment has been tested and tagged. The scales are checked annually. Hot water temperatures have been monitored randomly in resident areas and were within the acceptable range. The communal lounges, hallways and bedrooms are carpeted. The corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external areas and gardens were well maintained. All outdoor areas have seating and shade. There is safe access to all communal areas.</p> <p>Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home level of care residents.</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> | FA | <p>Eight rooms have toilets and hand basins. The rest of the rooms have hand basins only. There are five communal toilets and four communal showers. Fixtures, fittings and flooring are appropriate. Toilet/shower facilities are easy to clean. There is ample space in toilet and shower areas to accommodate shower chairs if appropriate. There are signs on all shower/toilet doors.</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> | FA | <p>All rooms are single. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. Staff interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.</p> |
| <p>Standard 1.4.5: Communal Areas For</p> | FA | <p>There is a large and small lounge. Activities occur in the larger area and the smaller area is a space where residents who prefer quieter activities or visitors may sit. There is also a computer in the smaller lounge. The</p> |

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| <p>Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p> | | <p>dining room opens off the kitchen.</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> | <p>FA</p> | <p>All laundry is done on site. There is a laundry worker in the morning. The laundry is divided into a “dirty” and “clean” area. There is a laundry and cleaning manual and safety data sheets. Personal protective equipment is available. Cleaning and laundry services are monitored through the internal auditing system. The cleaner’s equipment was attended at all times or locked away. All chemicals on the cleaner’s trolley were labelled. There is a sluice room for the disposal of soiled water or waste and the sluicing of soiled linen if required. The sluice room and the laundry are kept closed when not in use.</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> | <p>FA</p> | <p>Emergency and disaster policies and procedures and a civil defence plan are documented for the service. Fire drills occur every six months. The orientation programme and annual education and training programme include fire and security training. Staff interviewed confirmed their understanding of emergency procedures. Required fire equipment was sighted on the day of audit. Fire equipment has been checked within required timeframes.</p> <p>There are adequate supplies available in the event of a civil defence emergency including food, water and blankets. A gas barbeque is available. A generator would be hired if needed.</p> <p>A call bell system is in place. Residents were observed in their rooms with their call bell alarms in close proximity. Call bells are checked regularly by maintenance staff.</p> |
| <p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and</p> | <p>FA</p> | <p>All bedrooms and communal areas have ample natural light and ventilation. There is electrical heating. Staff and residents interviewed stated that this is effective. All areas are smoke free.</p> |

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| <p>an environment that is maintained at a safe and comfortable 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 appropriate to the size and scope of the service.</p> | <p>FA</p> | <p>There are clear policies and procedures for infection, prevention and control which minimises any risk of infection to residents, staff and visitors. Infection control management is appropriate to the size and scope of the facility.</p> <p>There is an infection control coordinator (a RN) who is responsible for infection control across the facility. The coordinator liaises with the clinical manager and reports to the infection control and staff meetings. The responsibility for infection control is described in the job description. The coordinator collates monthly infection events and reports to the infection control and staff meetings. The infection control programme is reviewed annually by the IC coordinator and the clinical manager.</p> <p>Visitors are asked not to visit if unwell. Hand sanitisers are appropriately placed throughout the facility. Residents are offered the annual influenza vaccine. There was an influenza A outbreak in August of this year. This was well documented and reported to the DHB.</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 IC coordinator is a very experienced RN. She has access to infection control expertise within the DHB, public health, and laboratory. The GP monitors the use of antibiotics.</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</p> | <p>FA</p> | <p>The infection control policies include a comprehensive range of standards and guidelines including defined roles and responsibilities for the prevention of infection and training and education of staff. Infection control procedures developed in respect of the kitchen, laundry and housekeeping incorporate the principles of infection control. The policies were developed by an external infection control specialist.</p> |

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| requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided. | | |
| Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers. | FA | The IC coordinator is responsible for coordinating/providing education and training to staff. Training on infection control is included in the orientation programme. Staff have participated in IC education this year and there is further training planned. Resident education occurs as part of providing daily cares and as applicable at resident meetings. |
| Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme. | FA | There is a policy describing surveillance methodology for monitoring of infections. The infection control coordinator collates information obtained through surveillance to determine infection control activities and education needs in the facility. Infection control data including trends is discussed with the clinical manager and at infection control and staff meetings. Meeting minutes are available to staff. Trends are identified, analysed and preventative measures put in place. |
| Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised. | FA | Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0. The nurse manager is the designated restraint coordinator. Staff interviews and education records evidenced guidance and training has been given on restraint minimisation and safe practice (RMSP), enabler usage and prevention and/or de-escalation techniques. No residents were using restraints or enablers. |

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.

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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.

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End of the report.