

# Moana House Trust Board - Moana House

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## Introduction

This report records the results of a Surveillance 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 The DAA Group 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>	Moana House
<b>Premises audited:</b>	Moana House
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 2 December 2019      End date: 2 December 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>	41

# 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
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

Moana House provides rest home and hospital care services for up to 47 residents. The service is owned and operated by the Moana House Trust Board and managed by a general manager (GM) who is a registered nurse with a current practising certificate, with day to day support from other registered nurses (RNs).

This unannounced surveillance audit was conducted against the Health and Disability Services Standards and the service's contract with the district health board. The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents and their family members, staff and a general practitioner (GP). All interviewees spoke positively about the care provided.

The GM reported no significant changes since the previous certification audit in February 2018. The two corrective actions from that audit have been resolved.

This audit resulted in no areas requiring improvement and an ongoing rating of continuous improvement in relation to governance.

## 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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Communication occurs between staff and residents and their families and with other health providers. The service adheres to the practices of open disclosure where necessary.

There have been no complaint investigations by the Office of the Health and Disability Commissioner (HDC) in the past 18 months. Review of complaint records and interviews with staff, residents and families demonstrated that all complaints received since the previous audit were managed effectively.

## Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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The service is maintaining its quality and risk management system with regular monitoring of all service areas.

Adverse events are reliably reported by all levels of staff. There was evidence that people impacted by an adverse event are notified, for example, general practitioners and families. Notification of serious events is occurring as required by regulatory requirements.

Human resources systems are in place and staff are recruited and managed effectively. Staff training in relevant subject areas is occurring regularly. All staff are supported and encouraged to attend ongoing performance development and achieve educational qualifications in health care. Experienced and qualified staff are rostered on all shifts in each of the service delivery areas.

## Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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Residents of Moana House have their needs assessed by the multidisciplinary team on admission within the required timeframes. Verbal shift handovers and communication sheets guide continuity of care.

Care plans are individualised, based on a comprehensive and integrated range of clinical information. Subjective, objective, assessment plans (SOAP) are developed to manage any new problems that might arise. All residents' files reviewed demonstrated that needs, goals and outcomes are identified and reviewed on a regular basis. Residents and families interviewed reported being well informed and involved in care planning and evaluation, and that the care provided is of a high standard.

The planned activity programme is overseen by an activities co-ordinator and provides residents with a variety of individual and group activities and maintains their links with the community. A facility van is available for outings.

Medicines at Moana House are managed according to policies and procedures based on current good practice and consistently implemented using an electronic system. Medications are administered by registered nurses and care staff, all of whom have been assessed as competent to do so.

The food service at Moana House meets the nutritional needs of the residents with special needs catered for. Policies guide food service delivery supported by staff with food safety qualifications. The kitchen was well organised, clean and meets food safety standards. Residents verified overall satisfaction with meals.

## 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.

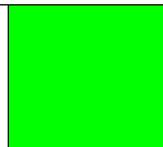


Standards applicable to this service fully attained.

The facility has a current Building Warrant of Fitness. There have been no changes to the footprint of the building.

## 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.

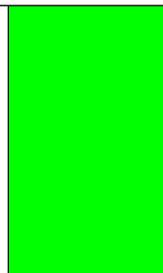


Standards applicable to this service fully attained.

The service provider is maintaining a restraint free environment. On the day of audit there were five residents using enablers to assist them with mobilising.

## 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.

Moana House undertakes aged care specific infection control surveillance with data analysed, trended, benchmarked and results reported through all levels of the organisation. Follow-up action is taken as and when required.

## 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	16	0	0	0	0	0
<b>Criteria</b>	1	38	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)
<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 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>The complaints policy and associated forms meet the requirements of Right 10 of the Code, best practice, contractual and/or legislative requirements. Information on the complaint process is provided to residents and families on admission and those interviewed knew what to do if they had concerns.</p> <p>The complaints register reviewed showed that five complaints have been received since the 2018 certification audit. Review of the complaint documents and interview with the GM confirmed that each complaint had been acknowledged in writing, investigated and resolved within appropriate time frames. Communication between the parties involved had occurred as required and demonstrated open disclosure. A complaint involving the service provider was sent to the DHB in February 2019. The DHB referred it to the Office of the Health and Disability Commissioner (HDC) who did not uphold the complaint and referred it to the Human Rights Commission.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and</p>	<p>FA</p>	<p>Residents and family members stated they were kept well informed about any changes to their/their relative's status and were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in the incident forms and residents' records reviewed. The level of written and verbal information relayed between staff at shift changes about each resident was sufficient to ensure continuity of care.</p> <p>Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the</p>

<p>provide an environment conducive to effective communication.</p>		<p>requirements of the Code. Staff knew how to access interpreter services, although reported this has not been required due to all residents being able to speak English</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>The GM is a registered nurse with a current practising certificate and has been in the role for 19 years. Responsibilities and accountabilities are described in a job description and individual employment agreement. The GM confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency through on-line study, meetings of the NZ Age Care Association, the NZ College of Nurses and regular meetings with other facility managers in the Community Trust Care Aotearoa (CTCA) group. Moana House is part of the CTCA, a business entity of aged care facilities who share common factors such as being located rurally and governed by not for profit organisations. This group is continuing to add value to the nine aged related residential care facilities who are members. A rating of continuous improvement acknowledges this in criterion 1.2.1.1</p> <p>The board are kept informed verbally and in writing by the GM of all operational, quality and risk matters, confirmed by review of a sample of board meeting minutes and reports for 2018-2019.</p> <p>The service provider has agreements with the DHB for age related care (ARC) in rest home, and hospital (medical, geriatric care and palliative) respite/short stay and day services. As well as the Aged Residential Care contract, the service holds agreement with the DHB for provision of primary care, including palliative care, long term support-chronic health conditions (LTS-CHC) and respite services. There is also a young persons with disability (YPD) contract in place with the MoH, though there have been no YPD residents admitted for some years. On the day of audit 41 of the 47 beds were occupied. Twenty-five residents were receiving rest home level care, including one person staying for respite, and 16 were receiving hospital level care. This included one resident admitted under the post-acute care (PAC) agreement, one admitted under primary care and one resident under the age of 65 years funded under LTS-CHC. None of the residents living in the serviced apartments were receiving rest home or hospital care.</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</p>	<p>FA</p>	<p>The organisation has an established quality and risk system that reflects the principles of continuous quality improvement. A part time quality officer (QO) manages the system. This includes collation and analysis of incidents, infections and complaints, carrying out regular resident and family satisfaction surveys and internal audits, and reporting outcomes. Where areas for improvement are identified these are documented and actions are monitored for implementation.</p> <p>Meeting minutes reviewed confirmed regular review and analysis of quality data and benchmarking with eight other age care facilities. Quality data and information is reported and discussed at regular health and safety, infection control, restraint and quality and risk team meetings, and general staff meetings. Staff reported their involvement in quality and risk management activities through audit activities, training and information shared at meetings. The</p>

<p>continuous quality improvement principles.</p>		<p>manager notifies all staff of corrective actions or policy/process changes by memos and verbally at meetings. Review of the most recent resident and family satisfaction surveys revealed no significant issues and moderate to high satisfaction.</p> <p>Policies reviewed cover all necessary aspects of the service and contractual requirements, including reference to the interRAI Long Term Care Facility (LTCF) assessment tool and process. Policies are based on best practice and were current. The document control system ensures a systematic and regular review process, referencing of relevant sources, approval, distribution and removal of obsolete documents.</p> <p>There is a current risk management plan which is monitored by the manager and the Board. The manager is familiar with the Health and Safety at Work Act (2015) and described processes for the identification, monitoring, review and reporting of risks and development of mitigation strategies. There have been no injuries reported to Worksafe NZ since the previous audit.</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>	<p>FA</p>	<p>Staff document adverse and near miss events on an accident/incident form. A sample of incident forms reviewed from 2019 revealed clear descriptions of the event, that the incidents were reviewed and investigated by the quality officer and the facility manager, and where necessary action plans developed. There was evidence that actions are monitored for implementation. Adverse event data is collated, analysed and reported to staff. Falls, urinary tract infections, skin tears and hospital admissions are benchmarked with the eight other facilities who belong to CTCA.</p> <p>A Section 31 notification to the Ministry of Health and the DHB was submitted in October 2019.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in</p>	<p>FA</p>	<p>Human resource management policies and processes are based on good employment practice and relevant legislation. The previous corrective action regarding police vetting is resolved. The recruitment process includes referee checks, police vetting and validation of qualifications and practising certificates (APCs), where required. A sample of five staff records reviewed confirmed the organisation's policies are being consistently implemented and records are maintained.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. Staff records reviewed showed documentation of completed orientation followed</p>

<p>accordance with good employment practice and meet the requirements of legislation.</p>		<p>by an initial performance review.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Records reviewed demonstrated completion of the required training and completion of annual performance appraisals. All RNs and other key personnel maintain competency in first aid and CPR. Four of the 35 carers have obtained level 4 of the National Certificate in Health and Wellbeing, eleven have obtained level 3, nine level 2 and 11 are at level 1.</p> <p>The GM and senior RN are maintaining annual competency requirements to undertake interRAI assessments, and two more RNs are enrolled to begin training.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week (24/7). The service provider adjusts staffing levels to meet the changing needs of residents. An afterhours on call roster is in place, and staff reported immediate access to advice is available when needed. Staff interviewed said there were sufficient number of staff rostered on all duties to meet the needs of residents. Observations and review of a four-week roster cycle and interviews with residents and their family supported this. There is an effective system to replace staff when there are unplanned absences. Four RN's have had to be replaced in the past year. The GM said it was an ongoing challenge to recruit and retain RN's. At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage.</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>The medication management policy at Moana House was current and identified all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>A safe system for medicine management using an electronic system was observed on the day of audit. The staff member observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. These medications are checked by an RN against the prescription. All medications sighted were within current use by dates. Clinical pharmacist input is provided on request.</p> <p>Controlled drugs were stored securely in accordance with requirements. Controlled drugs were checked by two staff for accuracy in administration. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>The records of temperatures for the medicine fridge and the medication room reviewed were within the recommended range.</p>

		<p>Good prescribing practices noted included the prescriber's electronic authorisation and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines met. The required three-monthly GP review was verified on the electronic medicine chart.</p> <p>There were no residents self-administer medications at the time of audit; however, appropriate processes were in place to ensure this can be managed in a safe manner if required.</p> <p>Medication errors are reported to the RN and general manager (GM) and recorded on an accident/incident form. The resident and/or the designated representative are advised. There was a process for comprehensive analysis of any medication errors, and compliance with this process was verified.</p> <p>Standing orders are seldom used; however, if needed, instructions and authorisations meet guidelines.</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 food service is provided on site at Moana House by a cook and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and was reviewed on the 25 November 2019 by a qualified dietitian. Recommendations made at that time have been implemented.</p> <p>A food control plan is in place and registered with the Thames Coromandel District Council. A verification audit of the food control plan was undertaken on the 3 May 2019. Four areas were identified as requiring corrective action and these have been evidenced as having been addressed. The food control plan is registered for a further eighteen months.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. Food temperatures, including for high risk items, are monitored appropriately and recorded as part of the plan. The cook has undertaken a safe food handling qualification, with kitchen assistants completing relevant food handling training.</p> <p>A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. Special equipment, to meet resident's nutritional needs, was available.</p> <p>Evidence of resident satisfaction with meals was verified by resident and family interviews, satisfaction surveys and residents' meetings minutes. Any areas of dissatisfaction were promptly responded to. Residents were seen to be given time to eat their meal in an unhurried fashion and those requiring assistance had this provided. There were enough staff on duty in the dining rooms at mealtimes to ensure appropriate assistance was available to residents as needed. Residents feedback at the observed mealtime, was complimentary of the meal provided.</p>

<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>Documentation, observations and interviews at Moana House verified that the care provided to residents was consistent with their needs, goals and the plan of care. The attention to meeting a diverse range of resident's individualised needs was evident in all areas of service provision. The GP interviewed, verified that medical input is sought in a timely manner, that medical orders are followed, and care is of a high standard. Care staff confirmed that care was provided as outlined in the documentation. A range of equipment and resources was available, suited to the levels of care provided and in accordance with the residents' needs.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The activities programme at Moana House is provided six days a week, by a combination of a full-time recreation co-ordinator, three part time activity assistants and several volunteers.</p> <p>A social assessment and history are undertaken on admission to ascertain residents' needs, interests, abilities and social requirements. Activities assessments are regularly reviewed to help formulate an activities programme that is meaningful to the residents. The resident's activity needs are evaluated regularly and as part of the formal six-monthly care plan review.</p> <p>The planned monthly activities programme sighted matches the skills, likes, dislikes and interests identified in assessment data. Several lounges are located throughout the facility and an array of activities were observed to be in progress. There are also smaller lounge spaces where individuals can read or meet quietly. Activities reflected residents' goals, ordinary patterns of life and included normal community activities. Individual, group activities and regular events are offered. Examples included a range of community groups that visit at Moana House, attendance at community events, lunches at the RSA, van outings, visiting entertainers, crafts, quiz sessions and daily news updates. 'Happy hour' is held every day at Moana House and family, friends, village residents and volunteers are welcome to attend.</p> <p>The activities programme is discussed at the bi-monthly residents' meetings and minutes indicated residents' input is sought and responded to. Resident and family satisfaction surveys demonstrated satisfaction with the activities programme. Any suggestions are used to improve the range of activities offered. Residents interviewed confirmed they find the programme meets their needs. Volunteers assist with activities and were complimentary and supportive of the activities programme at Moana House.</p> <p>A resident under 65 years is enabled to participate in community activities of interest and home visits.</p>
<p>Standard 1.3.8: Evaluation</p>	<p>FA</p>	<p>Residents' care is evaluated on each shift and reported in the progress notes. If any change is noted, it is reported to the RN.</p>

<p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>		<p>Formal care plan evaluations occur every six months in conjunction with the six-monthly interRAI reassessment or as residents' needs change. Evaluations are documented by the RN. Where progress is different from expected, the service responds by initiating changes to the plan of care. Examples were sighted of 'SOAP' documents being reviewed for infections, pain, weight loss and progress evaluated as clinically indicated and according to the degree of risk noted during the assessment process. Other plans, such as wound management plans were evaluated each time the dressing was changed. Residents and families/whānau of residents provided examples of involvement in evaluation of progress and any resulting changes.</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>There was a current Building Warrant of Fitness (BWOFF) due to expire on 16 June 2020. Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for their purpose and maintained.</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>	<p>FA</p>	<p>Moana House undertakes surveillance of infections as recommended for long term care facilities, with infection definitions reflecting a focus on symptoms rather than laboratory results. These included urinary tract, soft tissue, fungal, eye, gastro-intestinal, the upper and lower respiratory tract infections and scabies. When an infection is identified, a record of this is documented in the resident's clinical record. New infections and any required management plan are discussed at handover, to ensure early intervention occurs.</p> <p>Monthly surveillance data is collated by the senior RN. The senior RN and GM review all reported infections, these are then discussed with the infection control committee at their bimonthly meetings and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff via quality and staff meetings and at staff handovers. Surveillance data is entered in the organisation's electronic infection database. Graphs are produced that identify trends for the current year and comparisons against previous years. Data is benchmarked internally within the group's other aged care providers.</p> <p>There have been no norovirus outbreaks at Moana House in the past six years.</p>
<p>Standard 2.1.1: Restraint minimisation</p>	<p>FA</p>	<p>Policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of both restraints and enablers. The restraint coordinator provides support and oversight for enabler and restraint management in the facility and demonstrated a sound understanding of the</p>

<p>Services demonstrate that the use of restraint is actively minimised.</p>		<p>organisation's policies, procedures and practice and her role and responsibilities.</p> <p>The service provider is maintaining its goal of no restraint. Five residents were using enablers at their request, on the day of audit.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

No data to display
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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, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.2.1.1</p> <p>The purpose, values, scope, direction, and goals of the organisation are clearly identified and regularly reviewed.</p>	CI	<p>The CTCA is a business entity comprising nine aged care facilities who share common factors, such as being located rurally and governed by not for profit organisations.</p> <p>Members of the CTCA group have experienced significant improvements in their governance and business operations which leads to improving resident care. The sharing of innovative ideas and strategies across the facilities, cost savings in bulk purchasing for goods, power and insurance, use of the same bank and increased borrowing capacity, shared staff and board training and peer support for RNs and managers is of benefit to all, as evidenced in the reports generated across the group and through interviews.</p> <p>This group has elected its own governance subcommittee. Meetings between the DHB and the chairperson of the governance committee resulted in Moana House piloting the</p>	<p>Residents and their families are immediately updated and informed about outcomes from specialist appointments at Waikato Hospital as a result of staff being able to access the DHB based patient information portal. This has significantly reduced unnecessary delays in beginning treatment or ordering further tests and follow up. The DHB have evaluated this as effective and authorised access is continuing.</p> <p>The collegiality being built across all governing bodies and facility managers in the CTCA group is providing valuable peer support, generating innovation and ideas and providing strategic direction for all members. One of the members has recently built and opened a dementia unit as a direct result of the information and support provided within the group. This was evidenced by review of the</p>

		<p>use of a DHB based patient information portal. This allowed registered nursing staff to immediately access information about their residents who had been seen by medical staff at Waikato Hospital. This enables staff to initiate prescribed treatments and/or plan and arrange follow up appointments ordered by specialists and keep family informed about progress.</p>	<p>group reports, interviews with a board member and the manager.</p> <p>The group are regularly holding shared training sessions for care staff to attend which is cost efficient, provides more training opportunities and has fostered the participants' commitment to progress and achieve higher levels of education. Four of the 35 care staff employed have now achieved level 4 of the National Certificate in Health and Wellbeing. Eleven carers have completed level 3, nine have completed level 2 and eleven are at level 1. All care staff are engaged in the education programme.</p> <p>The cost benefits for the group are measured in savings gained from group discounts for insurance, bank fees, power supply and bulk purchasing for essential supplies such as continence products, chemicals and food supplies.</p>
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End of the report.