

# Kamo Home and Hospital Limited - Parahaki Court

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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:

**Legal entity:** Kamo Home & Village Charitable Trust

**Premises audited:** Parahaki Court

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 21 January 2020      End date: 21 January 2020

**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:** 25

# 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

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

## General overview of the audit

Kamo Home and Village Charitable Trust – Parahaki Court Rest Home provides care for up to 25 residents requiring rest home level care.

This unannounced surveillance audit was conducted against a subset of the Health and Disability Services Standards and the provider's contract with the district health board. The audit process included the review of policies, procedures, residents' and staff files, observations and interviews with residents, families, a general practitioner, the management team and staff.

The two areas for improvement raised at the last audit related to staff training and the restraint and enabler policy have been addressed. There were no areas identified as requiring improvement at this audit.

Residents and family members interviewed were satisfied with the managers, staff and the services they provide.

## 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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Open communication between staff, residents and families is promoted and was confirmed to be effective.

Two complaints have been received in 2019. They have been acknowledged, investigated and responded to in a timely manner.

## 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 organisation's philosophy, mission and vision statement are identified in the business and strategic plans. The group general manager, the Parahaki Court Rest Home clinical charge nurse, and the other two members of the management team work together to ensure service planning covers business strategies for all aspects of service. The services offered meet residents' needs, legislative requirements and good practice standards.

The quality and risk system and processes support effective, timely service delivery. The quality management systems included having policies and procedures available, an internal quality check (audit) programme, complaints management, incident/accident reporting, hazard management, resident satisfaction surveys, restraint minimisation, and enabler and infection control data collection. Quality and risk management activities and results are shared among managers, staff, residents and families, as appropriate. Corrective action planning is well documented. A range of quality related data is monitored via an external benchmarking programme.

New staff have an orientation appropriate for their role. Staff participate in relevant ongoing education. Applicable staff and contractors maintain current annual practising certificates. Residents and family members confirmed during interview that their needs and wants were met.

## 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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Access to the facility is appropriate and efficiently managed with relevant information provided to the potential resident/family.

The clinical charge nurse and general practitioner assess residents' needs on admission. Care plans are individualised based on a range of information and accommodate any new problems that might arise. Records reviewed demonstrated that the care provided and needs of residents are reviewed and evaluated on a regular and timely basis. Residents are referred or transferred to other health services as required.

The planned activity programme provides residents with a variety of individual and group activities and maintains their links with family and the community.

Medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with any special needs catered for. Food is safely managed and the rest home has a food control plan. Residents verified 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.
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Parahaki Court has a current building warrant of fitness. There have been no changes to the building since the last audit except for ongoing maintenance and refurbishment. There have been no changes required to the approved fire evacuation plan.

## 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 restraint minimisation and safe use policy and associated procedures includes definitions that comply with the standard. Four residents have a bed rail used as an enabler. The use of the enabler is appropriately consented and documented in the applicable residents' care plans. Staff are provided with training on restraints and enablers during orientation and the ongoing staff training/competency assessment programme.

## 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 prevention and control programme is appropriate for the size and nature of this rest home service. The programme is led by the clinical charge nurse and the group manager and aims to prevent and manage infections. The programme is reviewed annually and aims are set. Specialist infection prevention and control advice is accessed when needed.

Staff demonstrated good principles and practice around infection control which is guided by relevant policies and supported with regular education.

Aged care specific infection surveillance is undertaken, and results are reported through all levels of the organisation. Follow-up action is taken as and when required. Benchmarking occurs nationally and internationally.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	16	0	0	0	0	0
Criteria	0	39	0	0	0	0	0

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

# Attainment against the Health and Disability Services Standards

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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
Standard 1.1.13: Complaints Management  The right of the consumer to make a complaint is understood, respected, and upheld.	FA	<p>Parahaki Court Rest Home implements organisational policies and procedures to ensure complaints processes reflect a fair complaints system that complies with the Code of Health and Disability Services Consumers' Rights (the Code). During interview, residents, family members, the managers and staff reported their understanding of the complaints process and this aligns with the facility's policy. Template forms and a drop box are available at the main entrance so residents and family members can provide feedback or make a complaint. One resident interviewed had made a complaint and advised the issue was addressed by staff in a timely manner.</p> <p>A complaints register is maintained by the group general manager (GGM) who is responsible for the complaint's management processes. Two complaints have been received in 2019. These complaints were acknowledged, investigated and responded to appropriately in a timely manner. There have been no complaints from the Ministry of Health, District Health Board or Health and Disability Commissioner since the last audit. Staff interviewed confirmed they would bring any resident or family member's concerns to the attention of the clinical charge nurse (CCN), or another member of the management team.</p>
Standard 1.1.9: Communication  Service providers	FA	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. All residents can effectively communicate in English. Staff are aware of how to access interpreter services should this be required.

communicate effectively with consumers and provide an environment conducive to effective communication.		<p>The family members interviewed confirmed that they were kept informed of their relative's wellbeing including any incidents adversely affecting their relative and were happy with the timeframes that this occurred. Residents also confirmed being informed. Communications with residents and family members are documented in sampled residents' files.</p>
<p><b>Standard 1.2.1: Governance</b></p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>The strategic plan and the business plan detail the mission, philosophy, values, scope, and goals of the organisation. The strategic plan was developed by the board of trustees for the period 2016 to 2025. The service is managed by the group general manager (GGM) who is responsible for services provided in the three aged related residential care facilities that are owned and operated by Kamo Home and Village Charitable Trust (KH&amp;VCT). The business plan was developed by the group general manager for a two year period 2018-2020. This is the first occasion the business plan has been developed for a two year period (rather than an annual plan).</p> <p>Kamo Home and Village Charitable Trust comprises seven trustees and meets monthly. The group general manager attends these meetings and provides a written report each month to the board.</p> <p>The GGM is a registered nurse, who has maintained an annual practicing certificate. Then GGM has worked for this organisation for ten years. The group general manager has oversight of services with the support of the clinical charge nurse at Parahaki Court who is the manager responsible for the services provided on site and ensuring the day to day care needs of residents are being met. The clinical charge nurse has worked at Parahaki Court Rest home for 18 years. There is a group support services manager who is responsible for oversight of the catering, laundry, housekeeping and maintenance services provided across the three KH&amp;VCT aged related residential care facilities. The group care manager is responsible for oversight of care related systems and processes and supporting the clinical charge nurses. The group general manager is also the restraint coordinator for Kamo Home and Village Charitable Trust.</p> <p>The clinical charge nurse at Parahaki Court has significantly exceeded the requirement to attend at least eight hours of education per annum related to managing an aged related residential care facility as required by the providers contract with Northland District Health Board (NDHB).</p> <p>The management team monitors the process in achieving goals via the quality and risk programme, resident and family feedback and during discussions at management meetings. The clinical charge nurse is on call one week in three. The other two weeks after hours on call cover is provided by the other two clinical charge nurses employed by Kamo Home and Village Charitable Trust, who share the on call across the three aged related care facilities between them.</p> <p>The facility has an Aged Related Residential Care Contract (ARRC) with NDHB for the provision of rest home level of care. There were 25 residents receiving care under this contract. There were no residents receiving respite</p>

		services and no boarders.
Standard 1.2.3: Quality And Risk Management Systems  The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.	FA	<p>Parahaki Court Rest Home has a quality and risk management system which is understood and implemented by service providers. This included monthly quality checks (internal audits/reviews), annual staff and resident satisfaction surveys, incident and accident reporting, health and safety reporting, hazard management, infection control data collection and management, and concerns/complaints management. The results of the monthly quality checks are grouped together with other relevant components as determined by an internal matrix, and the amalgamated results are reported in five different categories, as part of the balance score card to the management team, staff and the board of trustees. The service has reviewed these processes in the last 12 months and has imbedded a focus on pursuing system and process improvements rather than reactively responding to individual results. Staff and managers interviewed spoke positively about these changes. Staff are advised of the results. If a significant issue or deficit was found, or the same issue has been identified in two out of the last three quality reviews, a formal corrective action plan has been put in place to address the situation. In addition, corrective actions have been developed and implemented in response to sampled accidents/incidents, discussions during meetings, and reported maintenance issues. An electronic register is used to record any issues that require monitoring over time.</p> <p>A range of incidents/adverse event data and other quality data is included in the external benchmarking programme. The results/comparative data is reported back on a quarterly basis.</p> <p>Kamo Home and Village Charitable Trust undertakes an annual resident and family satisfaction survey. The feedback from the relative satisfaction survey conducted in March/April 2019 was positive about the services provided. A staff satisfaction survey has also been undertaken.</p> <p>Quality information is shared with staff via shift handover as well as via the monthly 'get the information out there' and quarterly staff meetings. The minutes of these meetings are detailed and made available to staff, and documents related to four meetings were sampled. Staff interviewed verified they were kept well informed of relevant quality and risk information. Opportunities for improvement are discussed, along with the organisation's expectations, policies/procedures, incidents/accidents, restraint minimisation, staff education/training, the results of internal audits/surveys, and facility/general business activities.</p> <p>The group care manager and has monthly meetings with the three KH&amp;VCT clinical charge nurses and discusses relevant issues. The health and safety committee meets three monthly and is now attended by representatives from each of the three KH&amp;VCT ARRC facilities, rather than each facility having their own meetings which was the previous practice.</p> <p>Regular meetings have been held with residents to obtain resident feedback on food, laundry services, the environment, and activities. The minutes of three meetings were sighted.</p> <p>Policies and procedures are available to guide staff practice. These are now available for staff electronically. The</p>

		<p>group general manager is responsible for ensuring policies are updated according to a schedule with input from the management team and other applicable staff. The group care manager receives electronic reminders when documents are due for review. Electronic archiving of updated policies is occurring. All policies and procedures were current or in the process of being reviewed. Staff interviewed confirmed they can access required policies easily and were informed when policy documents have been updated. Requested policies and procedures were sighted during audit.</p> <p>Actual and potential hazards / risks are identified in the electronic hazard, risk and hazardous substances register. The group general manager described the organisation's risks and ongoing mitigation strategies. The chairperson of the board of trustees was interviewed and confirmed being satisfied that new or changing risks are being communicated in a timely manner and appropriate mitigation strategies are implemented. Resident specific risks are evaluated during interRAI assessment and care plan reviews.</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>Policy and procedure details the required process for reporting incidents and accidents including near miss events. Staff are provided with education on their responsibilities for reporting and managing accidents and incidents during orientation and as a component of the ongoing education programme.</p> <p>Applicable residents' events have been reported in a timely manner. Since the end of November 2019, applicable events are being reported electronically. Sampled events had been disclosed with the resident and/or designated next of kin as was appropriate. This was verified by residents and family members interviewed, and records of communications maintained in the sampled residents' files.</p> <p>A review of four reported events including witnessed and unwitnessed falls with and without injury, and a skin tear demonstrated that incident reports were completed, investigated and responded to in a timely manner. There have been no medication errors. The clinical charge nurse reports the electronic medicine management system that is now in use has been a positive change.</p> <p>Staff advised they reported all incidents/adverse events electronically. Reported events are electronically alerted to the clinical charge nurse and the group general manager and included in the shift handover. Events have been discussed with staff at the staff meetings as verified by interview. A range of incidents/adverse event data is also included in the external benchmarking programme.</p> <p>The clinical charge nurse and the group general manager advised there have been no essential notifications to the Ministry of Health and/or District Health Board since the last audit related to services provided at Parahaki Court Rest Home. The managers interviewed can detail the type of events that require reporting. There have been no events that required reporting to the Coroner.</p>

<p><b>Standard 1.2.7:</b> 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 management policies and processes are based on good employment practice and relevant legislation. The recruitment process included completing an application form, interview, and referee checks. Police vetting is now occurring as staff are employed and a summary of the interview is also being retained. The service has transitioned from having paper based human resource (HR) records to having all documents electronic. The paper based records for employees prior to the change have been retained as only specific information has been incorporated into the electronic file for these employees. The job description / employment contract was present in sampled files along with a privacy/confidentiality agreement. A sample of staff records reviewed confirmed that policies are being consistently implemented and records retained.</p> <p>All employed and contracted registered health professionals (RHPs) have a current annual practising certificate (APC). Copies of the APCs are on file. The clinical charge nurse is a registered nurse. The afterhours on call service is shared by the three clinical charge nurses (CCN) employed by Kamo Home and Village Charitable Trust with each CCN working one week of on call afterhours every three weeks. The CCN's have access to all residents' records across the three ARCC facilities as these records are now electronic. The Parahaki Court CCN has current interRAI competency.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared new staff for their role and responsibilities. Staff records reviewed showed documentation of completed orientation and the associated competency assessment applicable for the role is completed within three months.</p> <p>A comprehensive staff education programme is in place with in-service education planned and several opportunities/topics are provided every month. The topics align with these standards and the facility's contract with NDHB. Staff have the option of attending training at any of the KH&amp;VCT facilities. Staff are advised of upcoming education opportunities via electronic messages. Records of education attendance are maintained.</p> <p>There are ten caregivers employed. Care staff are encouraged to complete a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB.</p> <p>An annual performance appraisal is required for all staff. These have been completed. The process now includes the staff member completing self-reflection prior to meeting with their line manager and completing the mandatory competencies relevant to their role. There are systems in place to identify when these are next due. The shortfall from the last audit has been addressed.</p>
<p><b>Standard 1.2.8:</b> Service Provider Availability</p> <p>Consumers receive timely, appropriate,</p>	FA	<p>The clinical charge nurse is on site weekdays working 40 hours a week. The CCN has worked at Parahaki Court for over 18 years each. There are processes in place to ensure registered nurse (RN) cover in the CCN absence, and to cover the afterhours on call service (refer to 1.2.7).</p> <p>The roster is for a week period. The current and prior weeks rosters were sighted. The roster noted the names electronically of staff who covered for unplanned absences.</p>

<p>and safe service from suitably qualified/skilled and/or experienced service providers.</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. The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff available to complete the work allocated to them, with staff working as a team to ensure the care needs of residents are met. Residents and family members interviewed supported this and noted that staff works to maintain a 'homely environment'. All laundry services are provided at Kamo Home and Hospital, and maintenance staff work across all three ARRC sites. In addition to the caregivers, a cleaner is on site for four hours a day every day. Activities/diversional therapy staff work Monday to Friday between 9 am and 3 pm / 3.30 pm. A cook is on duty each day from 7 am to 3.30 pm, and the tea supervisor is present 4 pm to 6.30 pm.</p> <p>There is always a staff member rostered on duty with a current first aid certificate, and a staff member rostered on duty with a current medicine competency.</p> <p>The clinical charge nurse advised there are currently no staff vacancies.</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 service has an electronic medication management system in place and this system has significantly reduced medication errors since implemented. There are six senior care staff who are competent to administer medications and four care staff are competent as second checkers and signatures. There are no standing orders. Competencies are maintained annually by the CCN. The CCN is also competent and is responsible for medication management for this facility.</p> <p>The medications are supplied by the contracted pharmacist in a pre-packaged administration system. The medication packs are checked by the CCN on arrival from the pharmacy. The GP conducts a medication reconciliation for each resident on admission to the service and when the resident has any changes made by other specialists. Safe medication management was observed at the time of the audit.</p> <p>The medications are safely stored in the locked medication cupboard at reception. A medication trolley sighted was securely locked and pad-locked to a post so that it cannot be removed from the reception/nurses' station when not in use. One resident was using an analgesic patch, but no other controlled drugs are currently stored on-site. If and when controlled drugs are on site, they are managed to meet legislative and aged care medication guidelines. No vaccines are stored on-site.</p> <p>The medication records randomly selected electronically were prescribed appropriately and all administration requirements were met. Staff members competent to administer medicines have password access to the medication system in place.</p> <p>No residents were self-administering medicines at the time of audit. A protocol was in place and followed should this be required.</p> <p>There is a process in place for medication errors to be managed effectively.</p>

Standard 1.3.13: Nutrition, Safe Food, And Fluid Management  A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.	FA	<p>A dietitian reviewed the menu plans in August 2019 as being suitable for older persons living in long term care. The menu plans are seasonal summer/winter and four weekly cycles are developed and implemented. On admission to the rest home, the CCN completes a nutritional assessment inclusive of all dietary requirements and any special needs are identified are documented. A copy of this is provided to the cook. The cook interviewed is also trained to access the electronic resident records for information if needed. The cook takes into consideration any preferences, likes and dislikes to meet the needs of each individual resident. Special diets are catered for such as gluten free, high protein, low fat and diabetic diets.</p> <p>The cook interviewed orders food stuffs required and checks the orders when delivered. The kitchen was clean and tidy on inspection and all food was stored and rotated appropriately. Food disposal meets the requirements of current legislation and guidelines were available and were complied with. Fridge/freezer temperature monitoring occurs and was recorded daily. Adequate food supplies and water were available should an emergency situation occur and a first aid kit is located in the kitchen if needed.</p> <p>Two cooks manage the catering service and job share the role fortnightly and report to the GSSM who oversees this area of service provision. Both cooks have undertaken the required food handling, first aid and chemical training and this was verified in the staff personal records sighted. The rest home has undertaken an external food safety audit, and has the outcome displayed in the dining area. The food control plan is dated with an expiry 31 January 2021. Family members are used to evaluate meals as part of the internal audit system. The last audit was completed on the 12 January 2020. Family/whanau/residents' interviewed stated that they enjoyed the meals and the home baking.</p>
Standard 1.3.6: Service Delivery/Interventions  Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	Electronic documentation, observations and interviews verified that the care provided to residents was consistent with their identified 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 interview and the sampled medical records reviewed verified that medical input was sought in a timely manner and that medical orders were followed. Care staff confirmed that care was provided as outlined in the care summary documentation. A range of equipment and resources was available, suited to the level of care provided in accordance with the residents' needs and the obligations of the service agreement with the DHB.
Standard 1.3.7: Planned Activities  Where specified as	FA	The diversional therapist (DT) interviewed has been at this facility for three months though had been working as the DT at another of the organisation's facilities for the last two and a half years. The DT is currently covering Parahaki Court for 30 hours a week. The activities programme was reviewed and was developed monthly and displayed

<p>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>weekly on the notice board in the dining/lounge area. A life history is obtained for each individual resident on admission and used when the DT plans the programme. Attendance is voluntary and daily records are maintained electronically by the DT. The activities are varied and flexible at times to suit the residents.</p> <p>A van is available for activities and outings in the community. A list of designated drivers was available, and this was managed by the group support service manager (GSSM) interviewed. The GSSM was also responsible for maintaining the drivers' licences, the van registration and warrant of fitness processes.</p> <p>Activities are modified according to the capabilities and cognitive abilities of individual residents. All activities are provided to develop and maintain strengths, skills and interests that are meaningful to the individual residents. Family/whanau are encouraged to participate anytime with the planned activities.</p> <p>Residents and families interviewed enjoyed the activities programme.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Evaluations are planned and conducted six monthly by the CCN. The six monthly interRAI assessments are completed and are now electronically updated from the interRAI and input from the CCN. The group care manager (GCM) visits the rest home weekly and as needed to support the CCN. The GCM interviewed was well informed in regard to all residents at this rest home and across the organisation. Any issues raised on the progress records can be highlighted. The GCM accesses and reviews this information daily from all three sites owned by the organisation.</p> <p>Where progress is different from expected, the clinical charge nurse responded by initiating changes to the care plan and care summary. Any issues were highlighted and addressed. The residents and family/whanau reported satisfaction with the care provided by the care staff.</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>	FA	<p>There was a current building warrant of fitness (BWOF) with an expiry 3 September 2020. There have been no changes to the facility since the last audit except for ongoing maintenance and refurbishment. New carpet or linoleum has been installed in the lounge, kitchen and hallway floors. There have been no changes required to the fire evacuation plan that was approved by the New Zealand Fire Service on 17 March 2000 (prior to the last audit).</p>
<p>Standard 3.5: Surveillance</p>	FA	<p>Surveillance is appropriate to that recommended for long term care facilities and includes infections of the urinary tract, soft tissue, fungal, eye, gastro-enteritis, upper and lower respiratory tract and skin infections. The infection control team consists of the general group manager (GGM) and a clinical charge nurse. The team reviews all</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>reported infections, and these are documented. Any new infections and any required management plan are discussed at the handover between the shifts to ensure early intervention occurs.</p> <p>Monthly surveillance data is collated by the GGM and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff via the quality/staff meetings and at staff handover. Graphs are produced that identify any trends for the current year and are compared with the previous year. Benchmarking occurs with services within the organisation and internationally as part of a quality services initiative.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Policies and procedures guide staff practices related to restraint minimisation and safe practice and the use of enablers. Staff are provided with training on these topics during orientation, and as part of the mandatory training programme/competencies. There were no residents using restraints and four residents using bedrails as an enabler at the time of the audit. The use of the enablers was voluntary with written consent documented from the residents. The use of enablers is included in the applicable residents' interRAI assessments and care plans sighted. Staff interviewed demonstrated understanding of the differences between restraints and enablers. The group general manager is the restraint coordinator and maintains the register of all restraints and enablers in use. This document was sighted. The short fall from the last audit has been addressed.</p>

## **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**

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

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

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

No data to display

End of the report.