

The Willows Home and Hospital Limited - The Willows Home and Hospital

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 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:	The Willows Home and Hospital Limited	
Premises audited:	The Willows Home and Hospital	
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)	
Dates of audit:	Start date: 14 January 2020	End date: 15 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:	27	

--

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

Indicator	Description	Definition
	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

The Willows Home and Hospital provides rest home and hospital level care for up to 28 residents. The service is operated privately, and the owner/director is the manager. She is supported by an administrator/maintenance manager and a nurse manager who is a registered nurse. Residents and families spoke positively about the care provided.

The certification 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, family members, managers, staff and a general practitioner.

The audit identified one area requiring improvement related to the safe storage of chemicals.

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.
--	--	--

Residents and their families/whanau are provided with information about the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) and these are respected. Services are provided that support personal privacy, independence, individuality and dignity. Staff interacted with residents in a respectful manner.

Open communication between staff, residents and families is promoted and confirmed to be effective. There is access to interpreting services if required. Staff provide residents and families with the information they need to make informed choices and to give informed consent.

Residents who identify as Maori have their needs met in a manner that respects their culture, values and beliefs. There was no evidence of abuse, neglect or discrimination.

The service has linkages with a range of specialist healthcare providers to support best practice and meet the needs of residents.

A complaints register is maintained with complaints resolved promptly and 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.
---	--	--

Business and quality and risk management plans include the scope, direction, goals, values and mission statement of the organisation. The owner/director works full time at the facility and monitors the services provided. The owner/director has owned and operated the business for the past 20 years. She is supported by a nurse manager who holds a current nursing annual practising certificate and who has also worked at the facility for 20 years and has held her current role for 16 years.

The quality and risk management system includes collection and analysis of quality improvement data and identifies trends. Staff are kept informed of findings. Staff are involved in making improvements, and feedback is sought from residents and families.

Adverse events are documented with corrective actions implemented. Actual and potential risks, including health and safety risks, are identified and mitigated. Policies and procedures support service delivery and were current and reviewed regularly.

The appointment, orientation and management of staff is undertaken by the management team. A systematic approach to identify and deliver ongoing training supports service delivery. An in-service education programme is provided, and staff are encouraged to complete a New Zealand Qualification Authority education programme. Staffing levels and skill mix meet the changing needs of residents. The nurse manager and owner/director, dependent on the situation, is on call after hours.

Residents' information is accurately recorded, securely stored and is not accessible to unauthorised people.

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.
--	--	--

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

The multidisciplinary team, including the general practitioner and a registered nurse, assess residents' needs on admission. Care plans are individualised based on a comprehensive range of information and accommodate any new problems that may 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 needed.

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

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 special needs catered for. Food is safely managed. 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.		Some standards applicable to this service partially attained and of low risk.
--	--	---

A current building warrant of fitness is displayed. A preventative and reactive maintenance programme includes equipment and electrical checks.

Residents' rooms have adequate personal space provided. Lounges, dining areas and alcoves are available. External areas for sitting and shade are provided. An appropriate call bell system is available, and security and emergency systems are in place.

Protective equipment and clothing are provided and used by staff. The facility has a policy to support the safe storage of chemicals and equipment and the safe disposal of soiled linen. All laundry is washed on site. Cleaning and laundry systems are audited for effectiveness.

Security is maintained. Fire evacuation procedures are regularly practised.

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 facility has clear policies and procedures that meet the requirements of the restraint minimisation and safe practice standard. There were no residents using a restraint or an enabler at the time of audit. Staff interviewed demonstrated a sound knowledge and understanding about the restraint and enabler processes.

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 led by an experienced registered nurse and is overseen currently by the nurse manager. The infection control co-ordinator aims to prevent and manage infections. The programme is reviewed annually. Specialist infection prevention and control advice is accessed when needed.

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

Aged specific infection surveillance is undertaken, and results are 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)
Standards	0	44	0	1	0	0	0
Criteria	0	92	0	1	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	The facility has developed policies, procedures and processes to meet its obligations in relation to the Code of Health and Disability Services Consumers' Rights (the Code). Staff interviewed understood the requirements of the Code and were observed demonstrating respectful communication, encouraging independence, providing options and maintaining dignity and privacy. Training on the Code is included in the orientation process for all staff employed and in ongoing training as was verified in training records.
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 consent.	FA	Nursing and healthcare assistants interviewed understood the principles of informed consent. Informed consent policies provide relevant guidance to staff. Clinical records showed that informed consent has been gained appropriately using the organisation's standard consent form. Advance care planning, establishing and documenting enduring power of attorney requirements and processes for residents unable to consent is defined and documented, as relevant, in the resident's record. Healthcare assistants were observed to gain consent for day to day care. Additional individual consent is gained for the annual influenza immunisation or for any individualised procedures when required.

<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>Advocacy information is provided on admission in the admission information pack given to residents/family. Posters and brochures related to the National Advocacy Service were displayed and available in the facility. Family members and two community support visitors interviewed were fully aware of the advocacy service and how to access this and residents were informed of their individual right to have support persons of their choice.</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>Residents are assisted to maximise their own potential and independence and to maintain links with their family/whānau and the community. Activities are arranged and organised in the community (eg, home visits, shopping trips and entertainment).</p> <p>The facility has unrestricted visiting hours and encourages visits from residents' family members and friends. Family members interviewed stated they felt welcome when they visited and comfortable in their dealings with management and staff. There are internal and external areas throughout the facility, including two lounges, outside decks and a shaded area outside with seating where residents and visitors can sit, other than meeting in the resident's bedroom when visiting.</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/concerns/issues policy and associated forms meet the requirements of Right 10 of the Code. Information on the complaint process is provided to residents and families on admission and those interviewed knew how to do so.</p> <p>The complaints register reviewed showed that one complaint had been received over the past year and that actions taken, through to an agreed resolution, were documented and completed within the required timeframes. Action plans showed any required follow up and improvements have been made where possible. The owner/director is responsible for complaints management and follow up. All staff interviewed confirmed a sound understanding of the complaint process and what actions are required. There have been no complaints received from external sources since the previous audit. A hard copy complaints register is being maintained.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) as part of the admission process information provided and discussions with staff. The Code was displayed in the main entrance of the facility together with information on advocacy services, how to make a complaint and feedback forms.</p>

<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>Residents and families confirmed that they receive services in a manner that has regard for their dignity, privacy, sexuality, spirituality and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. The owner is the privacy officer for the facility.</p> <p>Residents are encouraged to maintain their independence by attending community activities and participation in clubs of their choosing. Care plans included documentation related to the resident's abilities and strategies to maximise independence.</p> <p>Records reviewed confirmed that each resident's individual cultural, religious and social needs, values and beliefs had been identified, documented and incorporated into their care plan.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Education on abuse and neglect was confirmed to occur during orientation and annually.</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>Staff support residents in the service who identify as Maori to integrate their cultural values and beliefs. The principles of the Treaty of Waitangi are incorporated into the day to day practice, as is the importance of whanau. The nurse manager confirmed that there are currently five residents who identify as Maori and two staff members. There are no barriers in supporting residents who are admitted to the facility who identify as Maori. There is no specific Maori Health Plan however policies and procedures are available to guide staff. The policies documented supports, values and beliefs acknowledged within the Te Whare Tapa Wha model with input from cultural advisers within the community as required to support and develop a Maori health care plan for the resident. Guidance on tikanga best practice is available and is supported by staff who identify as Maori in the facility. Families of residents interviewed spoke highly of how the needs for Maori residents are effectively met by staff.</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>Residents verified that they were consulted on their individual culture, values and beliefs and that staff respected these. Residents' personal preferences, required interventions and special needs were included in care plans reviewed. The resident satisfaction survey confirmed that individual needs are being met.</p>

Standard 1.1.7: Discrimination Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.	FA	Residents and family members interviewed stated that residents were free from any type of discrimination, harassment or exploitation and felt safe. The induction/orientation process for all staff included education related to professional boundaries, expected behaviours and the Code of Conduct. All registered nurses have records of completion of the required training on professional boundaries. Staff are guided by policies and procedures and demonstrated a clear understanding of the process they would follow, should they suspect any form of exploitation.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	<p>The service encourages and promotes good practice through evidenced-based policies with input from external quality specialist consultants and allied health professionals, for example, the hospice care nurse, diabetes nurse specialist, wound care specialist, psycho-geriatrician and mental health services for older persons and education of staff. The general practitioner (GP) confirmed the service sought prompt and appropriate medical intervention when required and were responsive to medical requests.</p> <p>Staff interviewed reported they receive management support for external education, however most education is now available on-line. The registered nurses can attend education sessions held at the DHB or their own professional networks to support their individual practice.</p> <p>Other examples of good practice observed during the audit included observation of conversations between residents, residents and staff, families and staff and the knocking on doors before entering. The activities coordinator was 'chair-dancing' with those with disabilities and they were enjoying this part of the activities provided.</p>
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	<p>Residents and family members interviewed stated they were kept well informed about any changes to their/their relative's health status, were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in residents' records reviewed. Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code.</p> <p>Staff know how to access interpreter services, although reported this was rarely required. Family and staff members are available to interpret as needed for the residents of various Pacifica nationalities and the residents that identify as Maori. The staff know the residents well and communication cards can be utilised if required. Residents with any sensory impairments had this documented on their individual long-term care plans reviewed. Appropriate resources and equipment were sighted.</p> <p>Each week the updated activities calendar is placed in the hallway near the main lounge/dining area</p>

		to remind residents of what is being provided for them each day.
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>The strategic and business plans, which are reviewed annually, outline the purpose, values, scope, direction and goals of the organisation. The documents described annual and longer-term objectives and the associated operational plans.</p> <p>The service is managed by an owner/director who holds relevant qualifications and has been in the role for 20 years. Responsibilities and accountabilities are defined in a job description and individual employment agreement. The owner/director confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency through external training.</p> <p>The service holds the Aged Care Residential (ARRC) and Long-Term Chronic Health conditions contracts with the Auckland District Health Board, Residential – A non-aged contract with the Ministry of Health (MOH) and individual contracts with ACC. On the day of audit there were 14 Hospital level care and four rest home level care residents receiving services under the ARRC contract. Two rest home and five hospital level care residents were supported with a Long-Term chronic health conditions contract and two residents were receiving services under an individual ACC contract. There is currently one resident attending daily requiring hospital level care.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>When the owner/director is absent, the nurse manager carries out all the required duties under delegated authority. During absences of key clinical staff, the clinical management is overseen by the nurse manager who is experienced in the sector and able to take responsibility for any clinical issues that may arise. Staff reported the current arrangements work well.</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</p>	FA	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, monitoring of outcomes, clinical incidents including infections and satisfaction surveys.</p> <p>Meeting minutes reviewed confirmed regular review and analysis of quality indicators and that related information is reported and discussed at the management team and staff meetings. Staff reported their involvement in quality and risk management activities through discussions in staff meetings and audit findings. Resident and family satisfaction surveys are completed annually. The most recent</p>

principles.		<p>survey in September 2019, did not show follow-up and/or interventions or outcomes for an individual resident who identified four areas of concerns. These areas of concern were discussed with the resident and family and resolved at the time. A further review of this system confirmed that this is not a consistent pattern and that relevant corrective actions plans are developed and implemented where shortfalls are identified. Overall residents and families were very happy with the care provided.</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 were 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>The owner/director described the processes for the identification, monitoring, review and reporting of risks and development of mitigation strategies. The manager was familiar with the Health and Safety at Work Act (2015) and has implemented requirements.</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>Staff document adverse and near miss events on an accident/incident form. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. Adverse event data is collated, analysed and reported at alternative monthly staff meetings. The owner/director interviewed confirmed that she is notified of high-risk concerns.</p> <p>The owner/director was able to describe essential notification reporting requirements, including for pressure injuries. There have been two notifications made to the MOH as required under section 31. One notification in July 2019 was in relation to a resident been admitted to the home with one grade one, one grade two, one grade four-five and one grade four pressure injuries. The second notification related to the unavailability of a registered nurse for 180 hours (30 shifts over the last couple of months) in August 2019 (see 1.2.8).</p> <p>There have been no investigations by the Office of the Health and Disability Commissioner.</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</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting and validation of qualifications and practising certificates (APCs), where required. A sample of staff records reviewed confirmed the organisation's supporting health professionals had up to date APCs. All staff have been vetted by the NZ Police. Referee checks have been undertaken. Five of five staff folders reviewed showed evidence of annual performance appraisals. Confirmation of the cook having</p>

of legislation.		<p>achieved safe food handling training in 2017 and 2019 was sighted. Job descriptions for the infection control coordinator and restraint coordinator were allocated to appropriate staff.</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 and a performance review after a three-month period.</p> <p>Continuing education is planned on annual basis including mandatory training requirements. Attendance records confirmed that all care staff are participating in regular training provided. The owner/director is attending ongoing training relevant for managers of aged care facilities. Of seven care staff, two are trained RNs working as caregivers, two caregivers have completed the National Certificate in Health and Wellbeing (level 2) and two care staff have achieved level four.</p> <p>The only registered nurse trained and maintaining annual competency requirements to undertake interRAI assessments is the nurse manager. Two RN's employed in November 2019 and February 2019 are booked for interRAI training in January and February of 2020. The owner/director is awaiting confirmation of job acceptance offers for two RNs recently interviewed. An RN who commenced employment and resigned from the home in 2019 was not interRAI trained.</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>	FA	<p>There was 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). There is at least one RN on site 24/7. An afterhours on call roster is in place, with staff reporting that good access to advice is available when needed. A review of a four-week roster cycle confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence. A section 31 notice was sent to the MOH in August 2019 notifying a lack of RN availability; in these situations. The nurse manager took on the role of RN or the RN was replaced by a bureau RN (refer to 1.2.4). At least one staff member on duty has a current first aid certificate. Staff interviewed said there were enough staff available to meet residents' needs and this was confirmed by observations on the days of audit. Residents and family members interviewed stated that they had no concerns with care or availability of staff.</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 service residents' register was reviewed and contained all requirements for maintaining the health information records required for residential aged care and to meet legislative requirements. All necessary demographic, personal, clinical and health information was also fully completed in the residents' records sampled for review. Clinical notes were current and integrated with GP and allied health provider records. This also included the interRAI assessment information entered into the Momentum electronic database. Hard copy records were legible with the date, name and designation</p>

		<p>of the person making the entry identifiable.</p> <p>Archived records were held securely on site and readily retrievable.</p> <p>Residents' records are held for the required period before being destroyed. No personal or private resident information was on public display during the audit.</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>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Prospective residents and/or their families are encouraged to visit the facility prior to admission and are provided with written information about the service and the admission process. The organisation seeks updated information from the NASC and/or GP for residents accessing respite care.</p> <p>Family members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Records reviewed contained completed demographic details, assessment and signed admission agreements in accordance with contractual requirements. Service charges comply with contractual requirements.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>Exit, discharge or transfer is managed in a planned and co-ordinated manner with an escort as appropriate. The service uses the DHB's 'yellow envelope' system to facilitate transfer of residents to and from the acute care services. There is open communication between all services, the resident and the family/whanau or representative. At the time of transition between services appropriate information is provided for the ongoing management of the resident. All referrals are documented in the progress records. An example reviewed of a resident recently transferred to the local acute facility showed communication between the facility, hospital and ambulance staff was appropriately managed. Family of the resident reported being kept well informed during the transfer of their relative.</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>	FA	<p>The medication policy 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 the audit. The staff 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 fortnightly in a pre-packaged format from a contracted</p>

		<p>pharmacy. The registered nurse on duty checks the medications against the prescription. All medications sighted were within current use by dates. Clinical pharmacist input is provided on request.</p> <p>Controlled drugs are stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>The records of temperatures for the one medicine fridge were within the recommended range and are monitored daily. The facility offers influenza vaccination. All vaccines are provided by an external source and no vaccines are stored on site. Informed consent is provided prior to administration.</p> <p>Good prescribing practices were observed on the electronic records reviewed. The responsibilities for pro re nata (PRN) medicines are met. The three-monthly GP review was consistently recorded electronically on each individual resident's records. The facility does not use standing orders.</p> <p>There were no residents who were self-administering medications at the time of the audit. Appropriate and safe processes are in place should this be required.</p> <p>There is an implemented process for comprehensive analysis of any medication errors.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>The food service is overseen by the owner and two cooks and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and has been reviewed by a qualified dietitian within the last two years. Recommendations made at that time have been implemented.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. The service is registered with an approved food safety service provider (Auckland City Council) and has until 20 June 2020 to be audited. The service is prepared and has a folder with all requirements in readiness for the verification audit in conjunction with Care Association New Zealand. Food temperatures, including high risk items are monitored appropriately and recorded as part of the requirements. The owner and two cooks have completed relevant food handling courses.</p> <p>A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile is developed. The personal food preferences, any special diets and modified texture requirements are made known to the kitchen staff and accommodated in the daily meal plan. Special equipment to meet resident's nutritional needs is available.</p> <p>Evidence of resident satisfaction with meals was verified by resident and family interviews and satisfaction surveys. Residents were seen to be given sufficient time to eat their meal in an unhurried</p>

		fashion and those requiring assistance had this provided.
<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>If a referral is received but the prospective resident does not meet the entry criteria or there is no vacancy, the local NASC is advised to ensure the prospective resident and family are fully supported to find an appropriate care alternative. If the needs of a resident change and they are no longer suitable for the services offered, a referral for reassessment to the DHB NASC is made and a new placement is found, in consultation with the resident and whānau/family. There is a clause in the access agreement related to when a resident's placement can be terminated.</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>Information is documented using validated nursing assessment tools, such as a pain scale, falls risk, skin integrity, nutritional needs and continence screening, as a means to identify any deficits and to inform care planning. The sample of care plans reviewed had an integrated range of resident-related information. Long term care plans were sighted. All residents have current interRAI assessments completed by one of the three registered nurses. The nurse manager is a trained interRAI assessor. The nurse manager interviewed stated that currently one registered nurse is enrolled to complete the training and a second registered nurse will do the required training when the first registered nurse is a trained assessor. Residents and families confirmed their involvement in the assessment process.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Plans reviewed reflected the support needs of residents and the outcomes of the integrated assessment process and other relevant clinical information. The needs identified by the interRAI assessments were reflected in care plans reviewed.</p> <p>Care plans evidenced service integration with progress notes, activities notes, medical and allied health professionals' notations clearly written informative and relevant. Any change in care required is documented and verbally passed on to relevant staff. Residents and families reported participation in the development and ongoing evaluation of care plans.</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</p>	FA	<p>Documentation, observations and interviews verified 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 input is sought in a timely manner, that medical orders were followed and care provided is excellent. 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</p>

desired outcomes.		residents' needs.
<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>	FA	<p>The activities programme is provided by an activities co-ordinator who supports residents Monday to Friday, five hours a day. The activities co-ordinator was previously a health care assistant but always had a special interest in activities. The activities co-ordinator has been in this current role for eighteen months.</p> <p>A social assessment and history is 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 monthly and as part of the six-monthly care plan review.</p> <p>The activities programme is displayed weekly and reflected residents' goals, ordinary patterns of life and included normal community activities, individual, group activities and regular events. Residents and families/whanau are involved in evaluating and improving the programme through the satisfaction surveys annually. Residents interviewed confirmed they find the programme varied, interactive and interesting and this was observed on the days of the audit.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Residents' care is evaluated on each shift and was reported in the progress records reviewed. If any change occurs, it is recorded and reported to the registered nurse or the nurse manager.</p> <p>Formal care plan evaluations occur every six months in conjunction with the six monthly interRAI reassessment, or as the residents' need change. Where progress is different from expected, the service responds by initiating changes to the plan of care. Examples of short-term care plans being consistently reviewed and progress evaluated as clinically indicated were noted for infections, falls and wounds. When necessary and for unresolved problems, long term care plans are added to and updated. Residents and families/whanau interviewed provided examples of involvement in evaluation on progress and any resulting changes.</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</p>	FA	<p>Residents are supported to access or seek referral to other health and/or disability service providers. Although the service has a resident GP residents may choose to use another medical practitioner. If the need for other non-urgent services are indicated or requested the GP or registered nurse sends a referral to seek specialist input. Copies of referrals were sighted in residents' records, including to mental health services for older people, a wound care specialist and diabetes clinic at the DHB and radiology. The resident and the family/whanau are kept informed of the referral process, as verified by</p>

appropriately facilitated, or provided to meet consumer choice/needs.		documentation and interviews. Any acute/urgent referrals are attended to immediately, such as sending the resident to accident and emergency in an ambulance if the circumstances dictate. Escorts are provided as needed due to the nature of the service and the fact that many residents do not have any family.
<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>Staff follow documented processes for the management of waste and infectious and hazardous substances. Appropriate signage is displayed where necessary. The home is currently transferring to another external company which is contracted to supply and manage all chemicals and cleaning products. Compulsory and updated training for staff is booked for 30 January 2020. Material safety data sheets were available where chemicals are stored, and staff interviewed knew what to do should any chemical spill/event occur.</p> <p>There is provision and availability of protective clothing and equipment and staff were observed using this.</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>A current building warrant of fitness was publicly displayed in the main foyer and expires 11 February 2020.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for their purpose and maintained. The testing and tagging of electrical equipment and calibration of bio medical equipment was current as confirmed in documentation reviewed. This is next due July 2020. The environment was hazard free, residents were safe, and independence was promoted. There was sufficient shade and seating on the front veranda and side garden. The outside environment was safely maintained, and areas are appropriate for the resident groups and setting. Paths and walkways are well maintained.</p> <p>Residents and staff confirmed they know the processes they should follow if any repairs or maintenance is required, any requests are appropriately actioned and that they were happy with the environment.</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</p>	FA	<p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. All but one bedroom have a wash hand basin. Residents and families reported that there are sufficient toilets and they are easy to access. Appropriately secured and approved handrails are provided in the toilet/shower areas, and other equipment/accessories are available to promote residents' independence. Hot water is delivered at a safe temperature and is tested regularly.</p>

privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.		
<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	Adequate personal space is provided to allow residents and staff to move around within their bedrooms safely. All bedrooms provide single accommodation. Rooms are personalised with furnishings, photos and other personal items displayed. There is room to store mobility aids, wheelchairs and mobility scooters. Staff and residents reported the adequacy of bedrooms.
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	Communal internal and external areas are available for residents to engage in activities. The combined dining and lounge area is spacious and enables easy access for residents and staff. Residents can access areas for privacy. Furniture is appropriate to the setting and residents' needs.
<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>	PA Low	<p>Laundry is undertaken by care staff who take on a dual role of caregiving, cleaning and laundry services. Family can take home their relative's clothing if requested. Care staff demonstrated a sound knowledge of the laundry processes, dirty/clean flow and handling of soiled linen. Residents interviewed reported the laundry is managed well and their clothes are returned in a timely manner.</p> <p>Chemicals are stored in a locked cupboard in the laundry and were in appropriately labelled containers. At the time of audit, two of three sluice rooms had unsecured chemicals. Cleaning and laundry processes are monitored through the internal audit programme and staff training.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	Policies and guidelines for emergency planning, preparation and response are displayed and known to staff. Disaster and civil defence planning guides direct the facility in their preparation for disasters and described the procedures to be followed in the event of a fire or other emergency. The current fire evacuation plan was approved by the New Zealand Fire Service in December 2008. A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service, the most recent being on 29 May 2019. The orientation programme includes fire and security training. Staff confirmed

		<p>their awareness of the emergency procedures.</p> <p>Appropriate security arrangements are in place. Doors and windows are locked at a predetermined time.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including food, water, blankets, mobile phones and gas BBQ's were sighted and meet the requirements for a maximum 28 residents and the Ministry of Civil Defence and Emergency Management recommendations for the region. The emergency lighting system is regularly tested. Staff interviewed confirmed their awareness of the emergency procedure</p> <p>The call bell system was functioning on the day of the audit and residents and families reported staff respond promptly to call bells. Appropriate security arrangements are in place. Doors and windows are locked at a predetermined time. There have been no security incidents.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>All residents' rooms and communal areas are heated and ventilated appropriately. Rooms have natural light with opening external windows. The majority of residents' bedrooms have sliding doors that open out to the outside garden or internal courtyard. Heating is provided by individual electric heaters in residents' rooms which is currently been phased out and will be replaced with gas heating which is currently provided throughout the home and in the communal areas. Areas were warm and well ventilated throughout the audit and residents and families confirmed the facilities are maintained at a 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>	FA	<p>The service implements an infection prevention and control (IPC) programme to minimise the risk of infection to residents, staff and visitors. The programme is guided by a comprehensive and current infection control manual, with input from the GP and pharmacist. The infection control programme and manual are reviewed annually.</p> <p>The nurse manager has been the infection control co-ordinator (ICC) until recently before handing over the role to one of the registered nurses two months ago. The role and responsibilities were clearly defined in the job description reviewed. Infection control matters, including surveillance results are reported monthly at the staff/quality meetings. The infection control committee includes the nurse manger and two registered nurses.</p> <p>Signage at the main entrance to the facility requests anyone who is or has been unwell in the past 48 hours not to enter the facility. The infection control manual provides guidance for staff about how long they must stay away from work if they have been unwell. Staff interviewed understood these</p>

		responsibilities.
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The ICC has appropriate skills, knowledge and qualifications for the role and has been in this role for two months. The registered nurse is experienced and will be completing the required training at the DHB when next available. Additional support and information is accessed through the infection control team at the DHB, the community laboratory, the GP and public health unit as required. The ICC has access to residents' records and diagnostic results to ensure timely treatment and resolutions of any infections.</p> <p>The ICC confirmed the availability of resources to support the programme and any outbreak of an infection. There have been no infection outbreaks since the previous audit.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>The infection prevention and control policies reflected the requirements of the infection prevention and control standard and current accepted good practice. Policies were last reviewed in 2019 and included appropriate referencing.</p> <p>Care delivery, cleaning, laundry and kitchen staff were observed following organisational policies, such as appropriate use of hand-sanitisers, good hand washing techniques and use of aprons and gloves. Hand washing and sanitiser dispensers are readily available around the facility. Staff interviewed verified knowledge of infection control policies and practices.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>Interviews, observation and documentation verified staff have received education in infection prevention and control at orientation and ongoing education sessions. Education is provided by suitably qualified registered nurses. Content of the training was documented and evaluated to ensure it is relevant, current and understood. A record of attendance was maintained. Education with residents was generally on a one-to-one basis and has included reminders about handwashing, advice about remaining in their own room if unwell and increasing fluids during the summer months.</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>Surveillance is appropriate for the size and nature of the service and included urinary infections, respiratory tract infections, skin, wound, eye, gastro-enteritis and other infections. The ICC nurse reviews all reported infections and these were documented. Any new infections and any required management plans are discussed at handover, to ensure early intervention occurs. Short term care plans are developed and implemented.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the monthly surveillance programme were shared with staff via staff meetings and staff handovers between shifts.</p> <p>The facility has had minimal infections in recent months. The residents' records reviewed highlighted short term and long-term care planning to reduce and minimise the risk of infection. A monthly summary report from the community laboratory documents any infections and any antibiotics required. These reports are kept in the infection prevention and control workbook along with the infection report forms completed by the registered nurses, as sighted.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</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/nurse manager provides support and oversight for enabler and restraint management in the facility and demonstrated a sound understanding of the organisation's policies, procedures and practice and her role and responsibilities.</p> <p>On the day of audit, no residents were using restraints and no residents were using enablers. When enablers are used, these are the least restrictive and used voluntarily at a resident's request. A similar process is followed for the use of enablers as is used for restraints.</p> <p>A restraint register is maintained, updated every month and reviewed at each restraint approval group meeting which occurs monthly. The register was reviewed and sufficient information to provide an auditable record. The register showed that restraint has not been required in the last 12 months.</p> <p>Restraint is used as a last resort when all alternatives have been explored. Evidence of discussions about the possible need of restraint was evident in residents progress notes and staff minute meetings however other interventions currently in place are proving effective and currently replacing the need of restraints (eg, sensor mats, low low beds and intentional rounding). The restraint coordinator described how alternatives to restraints are discussed with staff and family members.</p> <p>The restraint approval group, made up of the nurse manager, owner/director and GP, are responsible for the approval of the use of restraints and the restraint processes. It was evident from review of restraint approval group meeting minutes and staff meetings that that the need for restraints has been</p>

		<p>discussed and the need analysed. Evidence of discussions about the possible need of restraint was evident in residents progress notes and staff minute meetings however other interventions currently in place are proving effective and currently replacing the need of restraints (eg, sensor mats, low low beds and intentional rounding). The restraint coordinator described how alternatives to restraints are discussed with staff and family members.</p> <p>The restraint co-ordinator/nurse manager interviewed stated that if a resident requires the support of a restraint, frequent monitoring occurs to ensure the resident remains safe. The restraint co-ordinator was able to show the documentation required when a restraint is in place. Access to advocacy is provided if requested and all processes ensure dignity and privacy are maintained and respected.</p> <p>Staff have received training in the organisation's policy and procedures and in related topics, such as positively supporting people with challenging behaviours. Staff spoken to understand that the use of restraint is to be minimised and how to maintain safety when in use.</p>
--	--	--

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.4.6.3 Service providers have access to designated areas for the safe and hygienic storage of cleaning/laundry equipment and chemicals.	PA Low	Staff interviewed were able to explain the safety requirements around the use and storage of chemicals. A cleaning audit in February 2019 highlighted no concerns. There are three sluice rooms that are easily accessible via the main corridor in the facility. Chemicals when not in use are in a locked cupboard in the laundry. While touring the home chemically labelled bottles were found in two of the three sluice rooms that were unlocked. At the end of day one and again on day two of the audit it was observed that the chemicals had been removed from the sluices and returned to the locked cupboard in the laundry.	In two of three sluice rooms there were chemicals that were not stored securely.	Ensure that all chemicals not in use are stored securely. 180 days

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.